

Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Day/Evening Phone: _____
Person Filing is: [] SELF (No Attorney) OR [] Attorney
Attorney Name: _____
Attorney, Bar No.: _____ Atty. Phone: _____

For Clerk's Use Only

**SUPERIOR COURT OF ARIZONA
IN YAVAPAI COUNTY JUVENILE COURT**

In the Matter of the Emancipation of:

Case Number: 1300JE

**CONSENT TO EMANCIPATION
OF A MINOR**

A Minor

REQUIRED INFORMATION FROM PARENT OR LEGAL GUARDIAN:

1. INFORMATION ABOUT ME:

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Day/Evening Phone: () _____ () _____

I am the [] MOTHER or [] FATHER or [] LEGAL GUARDIAN of the minor child named above, who is requesting emancipation.

2. I have read the "*Petition for Emancipation of a Minor*" and consent to the emancipation of the named minor because: (Explanation REQUIRED)

OATH OR AFFIRMATION OF PARENT OR LEGAL GUARDIAN

I have read, understood, and completed the above statements concerning the petition for emancipation of the above named minor. By signing this document, I am stating to the Court the information I have provided is true and correct to the best of my knowledge, information and belief, under penalty of perjury.

Signature of Parent or Guardian

Month/Date/Year

Donna McQuality, Clerk of Superior Court

Deputy Clerk

OR BY:

Signed and sworn or affirmed before me this date: _____

Notary

My Commission Expires: _____