

**F16**

# **EMANCIPATION**

# **1**

## **To Request a Court Order For Emancipation of a Minor**

Part 1: Preparing the First Court Papers  
(Forms and Instructions)

**SELF-SERVICE CENTER**  
**EMANCIPATION OF A MINOR**

**CHECKLIST**

**YOU MAY USE THESE FORMS IF:**

- ✓ You are at least 16 years old and less than 18. Note that this court process will generally take about 3 months, so if you are 17 and nine months or older, you may turn 18 and emancipate automatically before this process is completed.
- ✓ You are **not** legally married.
- ✓ You are a resident of Arizona and of the county where you are filing this request. AND
- ✓ You are financially self-sufficient, that is, you can prove you are able to support yourself and provide your own food, housing, and medical care, etc., without parental assistance, and you want to be declared legally “an Adult” responsible for your own support, AND
- ✓ You understand emancipation will release your parents from any further legal obligation to provide you with food, housing, medical care (or insurance), AND
- ✓ You have read and understand the “***Information on Emancipation in Arizona***” packet, AND
- ✓ You understand the Court will give notice of this request to your parent(s) if their parental rights have not been terminated by Court Order and to any legal guardian.

**YOU MAY NOT USE THESE FORMS IF:**

- ✗ **YOU ARE A WARD OF THE COURT, that is**, you may not apply for emancipation if you are on probation or parole or in the care or custody of CPS or other state agency if a “final” order of **Dependency** has been issued.
- ✗ **YOU ARE LEGALLY MARRIED** in which case you are *already* emancipated.

**READ ME:** Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website.

## INFORMATION ON EMANCIPATION IN ARIZONA

In 2005, the Arizona Legislature passed a law that permits “Minors”, persons who are at least 16, but not yet 18, to apply to be EMANCIPATED, that is, to be declared legally “an adult” responsible for their own food, housing, and medical care.

The law that permits emancipation, contained in Arizona Revised Statutes (A.R.S.) § 12-2451, imposes numerous requirements to qualify for emancipation (see the “Checklist” in this packet) and defines the rights and responsibilities of the emancipated minor.

### Under this law an emancipated minor has the right to:

- enter into binding contracts
- sue – and be sued
- buy and sell real estate
- live independently
- apply for loans and go into debt
- consent to medical, dental and mental care for you and your children
- obtain your medical records
- apply for school
- obtain social services
- operate certain equipment and perform certain services

### Under this law you may also have the legal duty to PAY child support if you have a child.

### If the Court grants your request to be emancipated:

- Your parents will have no legal duty to provide food, housing, or medical care;
- Your parents will have no claim to your income;
- Your parents cannot be held legally responsible for your actions.

### **The Court will consider the following factors in deciding whether to grant your request for emancipation:**

- Your wishes
- The opinion of your parents and / or legal guardians
- Your financial and employment situation and whether you can support yourself without assistance from your parents
- Your educational background and plans for education and job training for the future
- Whether you have a criminal record
- Whether you understand the rights and risks of emancipation
- Whether you have the maturity to handle your own personal, financial, and social affairs.

### **You will also have to submit at least ONE of these to the Court:**

- Proof you have been living on your own, apart from your parents for at least 3 months. OR
- A statement explaining why the home of your parent(s) or guardian(s) is not safe or healthy. OR
- A signed, notarized consent to your emancipation from a parent or guardian.

**Refer to the Checklist in this packet and to A. R. S. § 12-2451 for full details.**

## SELF-SERVICE CENTER

# HOW TO REQUEST A COURT ORDER FOR EMANCIPATION OF A MINOR

**FIRST STEPS:** Follow each step carefully.

- 1 MAKE SURE YOU MEET THE QUALIFICATIONS.** See the Checklist at the beginning of the forms packet. **Note that if you are older than 17 and 9 months, you may turn 18 and be emancipated automatically before this court process is completed.**
- 2 COMPLETE THE COURT FORMS IN THIS PACKET:** Fill out all forms completely and in **black ink**. Some of these forms have separate instruction sheets to help you. The **“Consent”** and **“Motion to Seal”** forms listed below are **OPTIONAL**. They may be used if needed but are not required.
  - **“JUVENILE EMANCIPATION INFORMATION SHEET”** Complete everything but the “Case Number”. The Clerk of the Court will stamp a Juvenile Court Case Number, starting with the letters “JE” when you file the papers. You will use this case number on all court papers you file with the Clerk in this case.
  - **“PETITION FOR EMANCIPATION OF A MINOR”** (and any required attachments). See the separate instructions for this form.
  - **“CONSENT TO EMANCIPATION OF A MINOR”** If any parent or guardian consents to your emancipation, have each of them complete the **“Consent”** form and sign it in the presence of a deputy clerk of court or a notary public. Consent is **NOT REQUIRED**, but does support your request to the court.
  - **“MOTION TO SEAL” (Request to Keep Information Confidential)** If you believe you would be in danger if your contact or location information was publicly available or distributed to the persons required to receive notice of your request for emancipation, fill out this form to request that information be kept confidential. You will have to explain to the Court why this information should be kept out of the public file.

**NOTICE OF HEARING.** Once a hearing is scheduled Court staff will provide notice of the date, time, and location of the hearing to you by U. S. mail and to other parties required to receive notice by Certified Mail.

- 3 MAKE COPIES AND SEPARATE YOUR PAPERS.**  
Assemble your papers so that you have **2 packets: one set of originals and one set of copies**. The originals will be filed by the Clerk of Court and placed in the court file; the copies will be stamped by the Clerk and returned to you to keep for your records.

**ORIGINALS** should include:

- One **(1)** “**Juvenile Emancipation Information Sheet**”
- One **(1)** “**Petition for Emancipation of a Minor**” and
- One **(1)** **original signed, notarized “Consent to Emancipation” for each** parent or legal guardian that signed one. (This document is **optional** – not required.)
- One **(1)** “**Motion to Seal**” (Request to Keep Information Confidential). **(Optional)**

**SET 2, COPIES FOR YOUR RECORDS** should include:

- One **(1)** **COPY** of the “**Petition for Emancipation of a Minor**” and
- One **(1)** **COPY** of each signed “**Consent to Emancipation**” **for each** parent or legal guardian that signed one. (This document is **optional** – not required.)
- One **(1)** “**Motion to Seal**” (Request to Keep Information Confidential). **(Optional)**

## FILE THE PAPERS AT THE COURT:

### 4 DETERMINE WHERE TO FILE THE COURT FORMS:

There are two facilities for the Graham County Juvenile Court:

**GRAHAM COUNTY CLERK OF THE COURT  
800 W MAIN ST  
SAFFORD, AZ 85546**

Cases are assigned to a facility based upon the zip code of the residence of the Minor. If the zip code is 85200 through and including 85299, or any zip code area that is east of Central Avenue in Phoenix, the case will probably be assigned to the Southeast Facility. Any zip code that is west of Central Avenue will probably be assigned to the Durango Facility.

You can present your documents for filing at either location; **however**, your hearing will be held at the facility to which your case is assigned.

### 5 TAKE THE ORIGINALS AND COPIES TO THE CLERK TO BE FILED:

Take the **originals** and **copies** to the Clerk of the Court, Juvenile Division, on the first floor of the court, for processing. Court staff will review the papers and speak to you before the papers are filed with the Clerk's Office.

### 6 PAY YOUR FILING FEE OR REQUEST A DEFERRAL:

There are fees for filing petitions, responses, requests, motions, objections, and various forms with the Court. A list of current fees is available from the Self Service Center and from the Clerk of Court's website.

If you cannot afford the filing fee and/or the fee for having the papers served by the Sheriff or by publication, you may request a deferral (payment plan) when you file your papers with the Clerk of the Court. Deferral Applications are available at no charge from the Self-Service Center.

### 7

Once the "**Petition for Emancipation of A Minor**" is filed, the Court will schedule a hearing to be held within 90 days. The Court will notify those required to receive notice of the hearing date and time. This would include your biological or adoptive parents, if living, and any current legal guardian. If you are unable to locate a parent or legal guardian, be prepared to explain to the Court at the hearing why you cannot locate that person and to prove to the Court you did everything you could to try to find that parent or legal guardian.

**Note that the following persons cannot give consent and are not entitled to notice:**

- A parent whose rights have been terminated by court order.
- Step-parents, *unless* they legally adopted you,

### 8 OTHER HELP:

Court personnel can answer certain limited questions about the procedures involved, but only an attorney can provide legal advice. You can call the Maricopa County Bar Association's Lawyer Referral Service at 602-257-4434 to schedule a half-hour consultation for a fee.

Also, the Self-Service Center has a list of lawyers who will, for a fee, assist you on a task-by-task basis or advise you on how to conduct your own case. The list shows where the lawyers are located, how much they charge to look over the court papers or answer your questions, and what their experience is. You may view the list at the Self Service Center or on the Court's web site.

Person Filing: \_\_\_\_\_  
 Address (if not protected): \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Lawyer's Bar Number: \_\_\_\_\_



FOR CLERK'S USE ONLY

Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## SUPERIOR COURT OF ARIZONA IN GRAHAM COUNTY

In the matter of Emancipation of:

Case Number JE \_\_\_\_\_

### JUVENILE EMANCIPATION INFORMATION SHEET

A Minor  Female  Male

**NOTE: THIS FORM IS FOR COURT USE ONLY AND IS NOT A PUBLIC RECORD.**

COMPLETE THIS FORM AND RETURN IT TO THE CLERK WHEN FILING THE PETITION.

### INFORMATION ABOUT THE MINOR WHO WANTS TO BE EMANCIPATED

Name \_\_\_\_\_  

First
Middle
Last

**Is there currently an "Order of Protection" between you and either parent or any legal guardian?**  
 No  Yes If "Yes", does that Order say your address is "protected"?  No  Yes

**Mailing Address** (if same as above, leave blank) \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Street Address** (if different from mailing address) \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

**Telephone Number** (If different from above) (      ) \_\_\_\_\_

**Date of Birth** (Month/Day/Year) \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Will you or any person required to receive notice need a court interpreter?**  Yes  No

**If "Yes", what language(s)?** \_\_\_\_\_

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_

FOR CLERK'S USE ONLY

Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## SUPERIOR COURT OF ARIZONA IN GRAHAM COUNTY

In the matter of Emancipation of:

Case Number: JE \_\_\_\_\_

\_\_\_\_\_  
A Minor

**Motion to Seal Court Record**  
**(Request to Keep Information Confidential)**  
*(Optional – Not a required document)*

Petitioner requests the Court seal the record in the above matter. The Petition for Emancipation contains information of the following nature, which may contain or infer matters of confidentiality or privacy, pursuant to Rule 123, Rules of the Supreme Court and Rule 19(A)(2), Rules of Procedure for the Juvenile Court.

- Address information involving petitioner, petitioner's parents, or petitioner's guardians.
- Financial information to include the amount and potential source of such earnings.
- Potential allegations of abuse or neglect against petitioner's parents or guardians.
- Medical expense information of the petitioner, from which the public may ascertain or infer petitioner's current medical health.
- Social history information of the petitioner regarding how petitioner came to be in the custody of the guardian.

Public disclosure of any of the above items serves neither the best interest of the petitioner nor public access to judicial records.

\_\_\_\_\_  
Signature of Minor

\_\_\_\_\_  
Date

## SELF-SERVICE CENTER

### INSTRUCTIONS: HOW TO FILL OUT THE PETITION FOR EMANCIPATION OF A MINOR

Use these instructions to fill out the Petition. Fill out the form completely in black ink.

- Fill in the information requested about your self in the top, left corner. If you are represented by an attorney, write in your attorney's bar number and telephone
- Under "In the matter of", write in your name. Leave the Case Number blank. The Clerk of the Court will stamp in the case number when you file the documents with the Court.

#### STATEMENTS TO THE COURT UNDER OATH OR AFFIRMATION

Read each of the listed statements. **All** of these statements **must** be true for the Court to order your emancipation. When you sign the final page of this document you are stating to the Court these statements and all of the information you have provided on this document are true and correct under penalty of law.

1. **INFORMATION ABOUT ME:** Write in all the information requested.
2. **PERSONS ENTITLED TO NOTICE: INFORMATION ABOUT THE PARENTS and any CURRENT LEGAL GUARDIAN(S).** The Court **requires** notice of the hearing on your request for emancipation be given to **any living parent whose parental rights have not been terminated by a court order as well as to any current legal guardian-** Do not list a step-parent unless he or she has legally adopted you.

**You must list both parents and any current legal guardian(s)** even if you have no contact with them. If you do not have current contact information for any of these persons, be prepared to explain to the Court **why** you cannot provide this information.

If any parent or guardian listed is deceased or if a parent's rights have been terminated by Court Order, check the appropriate box under (or beside) that person's name. If any person listed is deceased, attach proof such as a death certificate or obituary notice.

3. **IF YOU HAVE A LEGAL GUARDIAN, WHY?** Explain what happened to cause someone to request to be appointed as your guardian or what caused the State or the Court to appoint your guardian(s).

#### FACTS SUPPORTING EMANCIPATION (Sections numbered 4-11)

**4 – 7** Complete this section providing written answers *in English*. If the Court is not satisfied with your answers, your request for emancipation may be delayed or denied. Answer each question to the best of your ability. The Court may require more or different information or explanation on any topic.

**8-11 ASSETS, INCOME AND EXPENSES.** Supply all information to the best of your ability.

9(g): Add 9(a) through 9(f) and enter the total in the right most column.

10((g): Add 10(a) through 10(h) and enter the total in the right most column.

11(h): Add 11(a) through 11(l) and enter the total in the right most column.



12. **How will you pay for your health care expenses?** Check the appropriate box to indicate you have medical insurance through your employer or AHCSS, or check the box for “Other” and briefly explain.
13. **In addition to any documentation required to support your “Facts Supporting Emancipation”, you MUST attach AT LEAST ONE of the three items listed below.** You *may* choose to include more than one to further support your request – but you MUST include *at least* one.
- (a) **“Documentation (Proof) you have been living on your own for at least 3 consecutive months”** Examples:
- Notarized statements from your landlord or other persons who can verify that you have been living apart from your parents (or guardians) for at least three months;
  - Pay stubs spanning 3 months listing an address other than your parent(s)’ (or guardians)’;
  - Mail addressed to you listing an address other than your parents showing postmarks indicating you have received mail at this address for at least three months;
  - Utility bills (home or cell phone, electricity) or subscriptions indicating you have received bills or magazines, etc. at this address for at least three months.
- \*The examples above are offered for your consideration only and are not necessarily a “correct” or complete response as far as providing documentation satisfactory to the Court. The Court may require more or different information.
- (b) **“A statement explaining why I believe the home of my parent(s) or legal guardian(s) is not a healthy or safe environment.”**
- (c) **“A notarized statement by my parent(s) or legal guardian(s) that contains written consent to the emancipation along with an explanation.”**
14. **Objection to Mediation** (*optional*). If a parent or guardian objects to your request for emancipation, the Court may refer you and your parent(s) or guardian(s) to mediation. The Court may also refer the case for mediation if it feels mediation is appropriate. If you do not feel mediation is appropriate in your case, check the box to indicate your objection and explain why by checking the box to indicate if there has been family / domestic violence or threats, and / or providing brief written explanation.

**WHEN YOU HAVE COMPLETED THIS FORM: Sign and date your petition** in the presence of a Deputy Clerk of Court or a Notary Public. You will need to show valid photo identification. Attach all supporting documents then follow the instructions and procedures listed in **“How to Request a Court Order for Emancipation of a Minor”**.



2. **PERSONS ENTITLED TO NOTICE** of this matter as required by the Court and under Arizona law, A.R.S. 12-2451. **If applicable**, check the box for "Parental Rights Terminated by Court Order" or "Deceased." If "Deceased", attach proof such as death certificate or obituary notice.

**MOTHER** Name: \_\_\_\_\_  
 Deceased     Parental Rights Terminated by Court Order  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Day/Evening Telephone: (    )                                  / (    )

**FATHER** Name: \_\_\_\_\_  
 Deceased     Parental Rights Terminated by Court Order  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Day/Evening Telephone: (    )                                  / (    )

**LEGAL GUARDIAN** Name: \_\_\_\_\_  Deceased  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Day/Evening Telephone: (    )                                  / (    )

**LEGAL GUARDIAN** Name: \_\_\_\_\_  Deceased  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Day/Evening Telephone: (    )                                  / (    )

3. **I CURRENTLY HAVE ONE OR MORE LEGAL GUARDIANS BECAUSE:** Explain what happened to cause someone to request to be appointed your guardian or the reasons or circumstances that caused the Court to appoint your guardian(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FACTS TO SUPPORT MY REQUEST FOR EMANCIPATION:** The following answers and statements explain how I will handle my financial, personal, and social affairs, provide for my own food, housing and medical care, maintain my educational or vocational training, and my employment situation.

4. My Street Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 I have been living there since: (month/date/year) \_\_\_\_\_

5. I live there with (name and relationship of all persons, including children): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. a.  I attend (name of school) \_\_\_\_\_ and I am in the \_\_\_\_\_ grade.  
 b.  I am NOT in school. The highest grade of education I have completed is \_\_\_\_\_ grade.  
 c. My plans concerning education or job training are as follows: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. a.  I am not receiving public assistance or TANF and I do not intend to apply for either.  
 b.  I am receiving public assistance or TANF. The monthly amount received is: \$ \_\_\_\_\_  
 c.  I have applied for or intend to apply for public assistance or TANF.

8. a.  I am currently employed by: (List name, address, and contact phone number for employers.)

Employer # 1 (Attach pay stub)	Employer # 2 (Attach pay stub)

Job Title: \_\_\_\_\_ Job Title: \_\_\_\_\_

I started work: for Employer #1: (month/year) \_\_\_\_\_ Employer #2: \_\_\_\_\_

b.  I am NOT currently employed.  
 I last worked from: (starting month, year) \_\_\_\_\_  
 To: (ending month and year) \_\_\_\_\_  
 My gross monthly earnings (before taxes or other deductions) were: \$ \_\_\_\_\_

9. My average gross monthly income (annual amount divided by 12) is shown below. Amount

a. Salary / Wages, including bonuses and overtime, before taxes or other deductions \$ \_\_\_\_\_

b. Money received from others (list name, your relationship to those persons and amounts (below))

Name, Relation: \_\_\_\_\_ \$ \_\_\_\_\_

Name, Relation: \_\_\_\_\_ \$ \_\_\_\_\_

- c. **Social Security *Survivor* Benefits** (received due to death of a parent) \$ \_\_\_\_\_
- d. **Social Security *Disability* Benefits** \$ \_\_\_\_\_
- e. **Child Support *Received* for MY child(ren)** \$ \_\_\_\_\_
- f. **Other source of income** (specify source) \_\_\_\_\_ \$ \_\_\_\_\_
- g. **TOTAL MONTHLY INCOME:** (Add 9 a-f) \$ \_\_\_\_\_

**10. I have the following assets** (things of value that I own):

**Value**

- a. **Cash** \$ \_\_\_\_\_
- b. **Checking Account(s)** (total, if more than one) \$ \_\_\_\_\_
- c. **Savings Account(s)** (total, if more than one) \$ \_\_\_\_\_
- d. **Stocks, Bonds** \$ \_\_\_\_\_
- e. **Trust Fund(s)** (total, if more than one) \$ \_\_\_\_\_
- f. **Vehicle** (Year, Make, and Model \_\_\_\_\_) \$ \_\_\_\_\_
- g. **Other** (specify) \_\_\_\_\_ \$ \_\_\_\_\_
- h. **TOTAL VALUE OF ASSETS:** (Add 10 a-g) \$ \_\_\_\_\_

**11. I have the following monthly expenses:**

**Amount**

- a. **Housing** \$ \_\_\_\_\_
- b. **Food** (groceries plus dining out) \$ \_\_\_\_\_
- c. **Clothing** \$ \_\_\_\_\_
- d. **Utilities** (phone plus electric, gas, cellular, water & sewer) \$ \_\_\_\_\_
- Medical**
  - 1. (insurance) \$ \_\_\_\_\_
  - 2. (doctor, dentist, hospital, urgent care) \$ \_\_\_\_\_
  - 3. (prescription medications) \$ \_\_\_\_\_
- e. **Total Medical Expenses** (add 1-3, carry to right column) \$ \_\_\_\_\_
- f. **Transportation** (public transit, bus and taxi) \$ \_\_\_\_\_
  
- Vehicle**
  - 1. (monthly payments) \$ \_\_\_\_\_
  - 2. (insurance) \$ \_\_\_\_\_
  - 3. (fuel/gasoline) \$ \_\_\_\_\_
  - 4. (service, maintenance and repair) \$ \_\_\_\_\_
- g. **Total Vehicle Expenses** (add 1-4, carry to right column) \$ \_\_\_\_\_
- h. **Child Support *Paid* for my children** (Amount I pay to someone else) \$ \_\_\_\_\_
- i. **Other** (specify) \_\_\_\_\_ \$ \_\_\_\_\_
- j. **TOTAL MONTHLY EXPENSES:** (Add 11 a-i) \$ \_\_\_\_\_

12. I will provide for my health care through  insurance through employer  AHCCS  Other  
If "Other", explain: \_\_\_\_\_

13. **At least one of the following is included with this request:** (At least one box must be checked; you may check and attach *more than* one to further support your request.)

- Attached is documentation that I have been living on my own for at least three consecutive months.
- Attached is a statement explaining why I believe the home of my parent(s) or legal guardian(s) is NOT a healthy or safe environment.
- Attached is a notarized statement by one or more of my parent(s) and/or legal guardian(s) that contains written consent to my emancipation and explanation.

14. I am aware that the Court may refer me and any parent or guardian to mediation.  
(optional)  I believe mediation is **not appropriate because of family violence or:**

\_\_\_\_\_  
\_\_\_\_\_

### REQUESTS TO THE COURT

15. I REQUEST THE COURT ENTER AN ORDER FOR MY EMANCIPATION.

### UNDER OATH OR BY AFFIRMATION

**I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's Signature

Sworn to or Affirmed before me  
this \_\_\_\_\_ by \_\_\_\_\_  
(Date)

\_\_\_\_\_  
Printed Name

My Commission Expires:  
(or \_\_\_\_\_  
Seal below)

\_\_\_\_\_  
Deputy Clerk or  Notary Public

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_



Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## SUPERIOR COURT OF ARIZONA IN GRAHAM COUNTY

In the Matter of the Emancipation of:

Case Number JE: \_\_\_\_\_

### (Optional) 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

Signed and sworn or affirmed before me this date: \_\_\_\_\_

Michael K. Jeanes, Clerk of Superior Court

\_\_\_\_\_  
Notary

OR By:

My Commission Expires:

\_\_\_\_\_  
Deputy Clerk

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_



For Clerk's Use Only

Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## SUPERIOR COURT OF ARIZONA IN GRAHAM COUNTY JUVENILE COURT

In the Matter of the Emancipation of: \_\_\_\_\_ Case Number JE: \_\_\_\_\_

### (Optional) 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

Signed and sworn or affirmed before me this date: \_\_\_\_\_

Darlee Maylen, Clerk of Superior Court

\_\_\_\_\_  
Notary

OR By:

My Commission Expires:

\_\_\_\_\_  
Deputy Clerk



## SELF-SERVICE CENTER

# PREPARING FOR and ATTENDING THE COURT HEARING FOR EMANCIPATION OF A MINOR

### BEFORE THE COURT HEARING

PREPARE THE **“ORDER FOR EMANCIPATION OF A MINOR”**:

- Write in the name of the Minor asking to be emancipated and the case number *and leave the rest blank.*
- Make and bring the original and 1 copy of the **“Order”** to the hearing.

**If you need a court interpreter, call 602-506-0490 at least 10 days before the hearing.**

The Juvenile Court utilizes a digital audio recording system to preserve the official record of proceedings. If a party wants a court reporter to record a proceeding in this Court, a written request must be filed with the Clerk of the Court and a copy provided to Juvenile Court Administration at least 72 hours before the commencement of the proceeding. There will be a fee for this service.

### AT THE HEARING

1. ARRIVE AT LEAST 15 MINUTE BEFORE YOUR SCHEDULED HEARING TIME. Check in with receptionist and wait to be called and seated in the courtroom.
2. IF YOU ARE LATE, YOUR HEARING MAY BE RESCHEDULED TO A DIFFERENT DAY.
3. EXPECT TO BE IN THE COURTHOUSE UP TO SEVERAL HOURS; PLAN YOUR CHILD CARE NEEDS ACCORDINGLY. Bringing children to court is not encouraged.
4. TURN YOUR CELL PHONE OFF BEFORE ENTERING THE COURTROOM.
5. DO NOT BRING FOOD OR DRINKS OR CHEWING GUM INTO THE COURTROOM.
6. DRESS APPROPRIATELY.
7. BE PREPARED TO ANSWER THE JUDGE'S QUESTIONS.
8. Be prepared to testify at the court hearing about why you think emancipation is needed. You may also bring witnesses to testify in support of your request as well as any documents that are not already in the court file.

### IMPORTANT!

- **AFTER the hearing, YOU must take the original signed Order to the Clerk of the Court BEFORE LEAVING THE BUILDING! IF YOU LEAVE WITHOUT GOING TO THE CLERK, THERE WILL BE NO RECORD OF THE ORDER FOR EMANCIPATION.**
- **DO NOT LEAVE THE COURT BUILDING BEFORE GOING TO THE CLERK WITH YOUR DOCUMENTS.**
- **THE CLERK WILL ISSUE DOCUMENTS FOR YOU TO TAKE WITH YOU.**

Court staff can answer certain limited questions about court procedures. If you still have questions or need legal advice, you will need to consult a lawyer. You can find lawyers in the yellow pages or online telephone directory listings under “attorneys.” The Self-Service Center has a list of lawyers who can give you legal advice and who can help you on a task-by-task basis for a fee, and a list of court-approved mediators as well. You may view the lists at the Self-Service Center or on the web.

**ALL FORMS REFERRED TO IN THESE INSTRUCTIONS ARE AVAILABLE AT THE SELF SERVICE CENTER FOR PURCHASE, OR FOR FREE ON THE WEB.**

Person Filing: \_\_\_\_\_

Address (if not protected): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Lawyer's Bar Number: \_\_\_\_\_

Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

FOR CLERK'S USE ONLY

## SUPERIOR COURT OF ARIZONA IN GRAHAM COUNTY

In the Matter of the Emancipation of: \_\_\_\_\_

Case Number JE: \_\_\_\_\_

### ORDER FOR EMANCIPATION OF A MINOR

A.R.S. §12-2454

\_\_\_\_\_ A Minor  Female  Male

**The Court has considered the following factors:**

1. The potential risks and consequences of emancipation and to what degree the Minor understands these risks and consequences.
2. The financial resources of the Minor including the Minor's employment history.
3. The Minor's ability to be financially self-sufficient.
4. The Minor's level of education and the Minor's success in school.
5. Whether the Minor has a criminal record.
6. The opinions and recommendations of the Minor's parent or legal guardian.
7. Whether child abuse or neglect has been present.
8. The wishes of the Minor.
9. The best interests of the Minor.

**In accordance with A.R.S. § 12-2451, based upon clear and convincing evidence, and the best interests of the Minor, the Court finds as follows:**

1. The Minor is at least sixteen years of age.
2. The Minor is a resident of this state.
3. The Minor is financially self-sufficient.
4. The Minor acknowledges in writing that the minor has read and understands information that is provided by the court and that explains the rights and obligations of an emancipated Minor and the potential risks and consequences of emancipation.
5. The Minor is not a ward of the court and is not in the care, custody and control of a state agency.

**IT IS ORDERED that:**

- The Petition for Emancipation of the above-named minor is DENIED, OR**  
 **The Petition for Emancipation of the above-named minor is GRANTED.**

**If granted, this Order:**

1. Is conclusive evidence that the Minor is emancipated.
2. Terminates a dependency action concerning the Minor by operation of law.

**If granted, this Order issued pursuant to Section 12-2454 recognizes the Minor as an adult for the following purposes:**

1. The right to enter into a binding contract.
2. The ability to sue and be sued.
3. The right to buy and sell real property.
4. The right to establish a legal residence.
5. The obligation to pay child support.
6. The right to incur debts.
7. The right to access medical treatment and records.
8. The right to consent to medical, dental and psychiatric care without parental consent, knowledge or liability.
9. The right to consent to medical, dental and psychiatric care for the emancipated Minor's child.
10. Eligibility for social services.
11. The right to obtain a license to operate equipment or perform a service.
12. The right to apply for enrollment in any school or college.
13. The ability to apply for loans.

**If granted, this Order issued pursuant to Section 12-2454 terminates a parent's or legal guardian's:**

1. Right to the emancipated Minor's income.
2. Future child support obligations relating to the emancipated Minor.
3. Tort liability for the emancipated Minor's actions.
4. Obligation to financially support the emancipated Minor after the first day of the month following entry of this order.
5. Obligation to provide medical support for the emancipated Minor.

**IT IS ORDERED that** the record in this matter shall be destroyed once the Minor reaches 24 years of age.

**IT IS ORDERED that** any request for waiver of fees in this matter be  Denied  Granted

**Done in open court this** \_\_\_\_\_

\_\_\_\_\_  
Judge/Commissioner