

Case Number: _____

- 2. PERSON(S) ENTITLED TO NOTICE** of this matter under Arizona law, A.R.S. 12-2451:
If **applicable**, check the box for "Parental Rights Terminated by Court Order" or "Deceased" and attach proof (e.g. copy of order terminating parental rights, copy of death certificate or obituary notice).

MOTHER Name: _____
 Deceased Parental Rights Terminated by Court Order
Mailing Address: _____
City, State, Zip Code: _____
Daytime/Evening Telephone: _____

FATHER Name: _____
 Deceased Parental Rights Terminated by Court Order
Mailing Address: _____
City, State, Zip Code: _____
Daytime/Evening Telephone: _____

LEGAL GUARDIAN Name: _____ Deceased
Mailing Address: _____
City, State, Zip Code: _____
Daytime/Evening Telephone: _____

LEGAL GUARDIAN Name: _____ Deceased
Mailing Address: _____
City, State, Zip Code: _____
Daytime/Evening Telephone: _____

EXPLAIN IN THE SPACE PROVIDED WHY YOU HAVE A GUARDIAN:

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; and maintain my educational or vocational training and my employment situation.

- 3. MY STREET ADDRESS:** _____
City, State, Zip code: _____
I have been living there since: (month / date / year) _____

4. I LIVE THERE WITH (name and relationship of **all** persons, including children):

5. EDUCATION:

- a. I am attending (name of school) _____ school and I am in the _____ grade.
- b. I am NOT attending school. The highest grade I have completed is _____ grade.
- c. My plans concerning education or job training as follows: _____

6. EMPLOYMENT:

- a. I am employed and my occupation is: _____

I am employed by: (List name, address, and contact phone number for all employers)

Employer # 1: _____ Employer # 2: _____

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

- b. I am NOT currently employed.

I last worked from (month / year) _____ to (month / year) _____

My gross monthly earnings (before taxes or other deductions) were: \$ _____

7. PUBLIC ASSISTANCE:

- a. I am not receiving welfare or TANF and I do not intend to apply for welfare of TANF.
- b. I am receiving welfare or TANF. Monthly amount received is: \$ _____
- c. I have applied for or intend to apply for welfare or TANF.

8. AVERAGE MONTHLY INCOME (before taxes or other deductions)

a. Salary and Wages, including bonuses and overtime: \$ _____

b. Money received from adults (name and relationship to adults):

Name, Relation _____ \$ _____

Name, Relation _____ \$ _____

c. Social Security benefits \$ _____

d. Other sources of income (specify source and amount): \$ _____

TOTAL MONTHLY INCOME: \$ _____

9. I HAVE THE FOLLOWING ASSETS (things of value that I own):

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

10. I HAVE THE FOLLOWING EXPENSES:

- a. **Rent** \$ _____
 - b. **Food** (groceries plus dining out) \$ _____
 - c. **Clothing** \$ _____
 - d. **Utilities** (phone plus electric, gas, cellular, water and sewer) \$ _____
 - e. **Medical**
 - 1. insurance \$ _____
 - 2. doctor, dentist, hospital, urgent care \$ _____
 - 3. prescription medications \$ _____

Total Medical Expenses \$ _____
 - f. **Transportation** (public transit, bus and taxi) \$ _____
 - g. **Vehicle**
 - 1. monthly payments \$ _____
 - 2. insurance \$ _____
 - 3. fuel/gasoline \$ _____
 - 4. service, maintenance and repair \$ _____

Total Vehicle Expenses \$ _____
 - h. **Child Support** \$ _____
 - i. **Other** (specify) \$ _____
- TOTAL MONTHLY EXPENSES:** \$ _____

11. AT LEAST ONE OF THE FOLLOWING IS INCLUDED WITH MY REQUEST (*At least one box must be checked; you may check and attach more than one to 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 that the home of my parent(s) and/or legal guardian(s) is not a health and/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 along with an explanation.

12. Is there currently an "Order of Protection" between you and any parent or legal guardian?

- Yes No

If an "Order of Protection" has been issued, provide the name of the Court which issued this Order:

13. I REQUEST THAT THE COURT SCHEDULE A HEARING AND ENTER AN ORDER FOR MY EMANCIPATION.

OATH OR AFFIRMATION OF MINOR PETITIONING FOR EMANCIPATION

I swear or affirm that I have read this document and that the contents are true and correct to the best of my knowledge, information, and belief, under penalty of law.

Signature of Minor

Date

Subscribed and sworn to before me this _____ day of _____, 20_____.

My Commission Expires: _____

Notary Public / Deputy Clerk