

Name of Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Daytime/Evening Phone Number: _____
State Bar Number (If Applicable): _____
Representing: Self Petitioner Respondent

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

In the matter of Emancipation of _____

Case Number: _____

**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: _____

Daytime / Evening Telephone: _____

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

2. I have been notified that the minor child named above intends to file a *Petition for Emancipation* and I consent to the emancipation of the minor named above because: (Explanation REQUIRED).

**OATH OR AFFIRMATION OF PARENT OR GUARDIAN CONSENTING TO THE
EMANCIPATION OF A MINOR**

I have read, understood, and completed the above statements concerning the petition for the emancipation of the above named minor and I consent to his or her emancipation. All of the information I have provided in this document is true and correct to the best of my knowledge, information and belief.

Signature _____ **Date**

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

My Commission Expires: _____
Notary Public / Deputy Clerk