Reset

Name of Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Day/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

_____
A Minor

Case Number: _____

JUVENILE EMANCIPATION INFORMATION SHEET

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

Mailing Address _____

City, State, Zip _____

Street Address (if different from mailing address) _____

City, State, Zip Code _____

Daytime / Evening Telephone: _____

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 a party requires an interpreter, please provide their *name and the language needed*:

_____