



**2. PERSON(S) ENTITLED TO NOTICE** of this matter 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 a 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: \_\_\_\_\_

**2. 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).

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

**3. 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.

**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. EDUCATION:**

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

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

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

**8. EMPLOYMENT:**

- a.  I am **currently employed** by:

**Employer # 1:** (Attach pay stub) \_\_\_\_\_

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

Telephone: \_\_\_\_\_ I started work (month/year): \_\_\_\_\_

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

**Employer # 1:** (Attach pay stub) \_\_\_\_\_

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

Telephone: \_\_\_\_\_ I started work (month/year): \_\_\_\_\_

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

- b.  I am **NOT currently employed. I last worked:**  
**From:** (starting month/year) \_\_\_\_\_ **To:** (month/year) \_\_\_\_\_  
**My gross monthly earnings** (before taxes or other deductions) **were:** \$ \_\_\_\_\_

- c.  I have obtained an **offer of employment**.

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):  
 Name, Relation \_\_\_\_\_ \$ \_\_\_\_\_  
 Name, Relation \_\_\_\_\_ \$ \_\_\_\_\_
  - c. **Social Security *Survivor* Benefits** (received due to death of a parent) \$ \_\_\_\_\_
  - d. **Social Security *Disability* Benefits** \$ \_\_\_\_\_
  - d. **Child Support Received for MY Children** \$ \_\_\_\_\_
  - f. **Other sources 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 Accounts(s)**, (total, if more than one) \$ \_\_\_\_\_
  - d. **Stocks, Bonds** \$ \_\_\_\_\_
  - d. **Trust Fund(s)** (total, if more than one) \$ \_\_\_\_\_
  - f. **Vehicle** (Year, Make, and Model): \_\_\_\_\_ \$ \_\_\_\_\_
  - g. **Other** (specify): \_\_\_\_\_ \$ \_\_\_\_\_
  - h. **TOTAL MONTHLY INCOME:** (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) \$ \_\_\_\_\_
  - e. **Medical** (total, if more than one) \$ \_\_\_\_\_
    - 1. Insurance \$ \_\_\_\_\_
    - 2. Doctor, dentist, hospital, urgent care \$ \_\_\_\_\_
    - 3. Prescription medications \$ \_\_\_\_\_
    - 3. **Total Medical Expenses** (add 1-3) \$ \_\_\_\_\_

- f. **Transportation** (public transit, bus and taxi): \$ \_\_\_\_\_
- g. **Vehicle** \$ \_\_\_\_\_
  - 1. Monthly payments \$ \_\_\_\_\_
  - 2. Insurance \$ \_\_\_\_\_
  - 3. Service, maintenance and repair \$ \_\_\_\_\_
  - 3. **Total Vehicle Expenses** (add 1-4) \$ \_\_\_\_\_
- h. **Child Support Paid for my Children** (Amount I pay to someone else) \$ \_\_\_\_\_
- i. **Other** (specify) \$ \_\_\_\_\_
- j. **TOTAL MONTHLY INCOME:** (Add 11 a-i) \$ \_\_\_\_\_

13. I will provide for my health care through [ ] **insurance** through employer [ ] **AHCCCS** [ ] **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 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) 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 best of my knowledge and belief.**

\_\_\_\_\_  
Date

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

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ (date)

by \_\_\_\_\_

(notary seal)

\_\_\_\_\_  
Notary Public / Deputy Clerk