Name of Person Filing:	FOR CLERK'S USE ONLY
Mailing Address:	
City, State, Zip Code:	
Day/Evening Phone Number:	
State Bar Number (If Applicable):	
Representing: Self (No Attorney) OR	
Attorney for: Detitioner Respondent	

SUPERIOR COURT OF ARIZONA MOHAVE COUNTY

In the Matter of Emancipation of

Case Number: _____

PETITION FOR EMANCIPATION OF A MINOR A.R.S. § 12-2451

A Minor [] Female [] Male

STATEMENTS TO THE COURT UNDER OATH OR BY AFFIRMATION

- I am at least 16 years old.
- I am a resident of Arizona and of the county where I am filing this request.
- I am financially self-sufficient; I am able to support myself and provide for my own food, housing, and medical care.
- I have read and understand the information provided by the Court that explains the rights and obligations of an emancipated minor and the potential risks and consequences of emancipation.

1. PERSONAL INFORMATION ABOUT ME, "THE MINOR", REQUESTING EMANCIPATION:

My Name:				
-	First		Middle	Last
Mailing Addres	s:			
City, State, Zip	Code:			
Daytime/Evenii	ng Telephone	:		
Date of Birth:	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	(D)	()/)	
	(Month)	(Day)	(Year)	

Case Number: _____

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.

IOTHER Name:	
Deceased Deceased Parental Rights Terminated by Court Order	
Mailing Address:	
City, State, Zip Code:	
Daytime/Evening Telephone:	
ATHER Name:	
Deceased Deceased Deceased Parental Rights Terminated by Court Order	
Mailing Address:	
City, State, Zip Code:	
Daytime/Evening Telephone:	
EGAL GUARDIAN Name: Deceas	sed
Mailing Address:	
City, State, Zip Code:	
Daytime/Evening Telephone:	
EGAL GUARDIAN Name: Deceas	sed
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)

		Case Number:		
	LIVE THERE WITH (name and relationship of <i>all</i> persons, including children):			
EDU	CATION:			
а. 🗌	I attend (name of school)	and I am in the	grade.	
b. 🗌	I am NOT in school. The highes	st grade I have completed is	grade.	
с. М	ly plans concerning education or job	o training are as follows:		
-				
 a] I am not receiving public assistar	nce of TANF and I do not intend to	o apply for eith	
_				
b. [I am not receiving public assistar I am receiving public assistance of I have applied for or intend to appl	of TANF. The monthly amount re	ceived is: \$	
b. [c. [I am receiving public assistance of I am receiving public assistance of I have applied for or intend to ap	of TANF. The monthly amount re	ceived is: \$	
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b. c. EMPI a. Empl	 I am receiving public assistance of I have applied for or intend to applicate the second state of the sec	of TANF. The monthly amount re pply for public assistance of TAN	ceived is: \$ F.	
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b. c. EMPI a. Empl Addre Telep Job T Empl Addre Telep Job T	I am receiving public assistance of I have applied for or intend to applied by: LOYMENT: I am currently employed by: loyer # 1: (Attach pay stub) ess: bhone: fitle: loyer # 1: (Attach pay stub) ess: fitle: loyer # 1: (Attach pay stub) ess: j ham NOT currently employed.	of TANF. The monthly amount re pply for public assistance of TAN I started work (month/y I started work (month/y	ceived is: \$ F. /ear): /ear):	

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9.	My average gross month	l y income (annua	I amount divided by	12) is	shown below.	Amount
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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):	
Na	ame, Relation	\$
	ame, 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.	nave 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.	nave 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)	\$

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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 <u>and</u> 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