Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Day/Evening Phone: _____ / _____
Person Filing is: ☐ SELF (No Attorney) OR ☐ Attorney
If Attorney, Bar No.: _____ Atty. Phone: _____

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY JUVENILE COURT

In the matter of Emancipation of

_____
A Minor ☐ Female ☐ Male

Case Number JE _____

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

Is there currently an "Order of Protection" between you and either parent or any legal guardian?
☐ **No** ☐ **Yes** **If "Yes", does that Order say your address is "protected"?** ☐ **No** ☐ **Yes**

Mailing Address (if same as above, leave blank) _____

City, State, Zip _____

Street Address (if different from mailing address) _____

City, State, Zip Code

Telephone Number (If different from above) ( ) _____

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 "Yes", what language(s) ? _____

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July 11, 2007
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JE10f
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