

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



SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY JUVENILE COURT

In the Matter of the Emancipation of: _____ Case Number JE: _____

(Optional) 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: _____

Day / Evening Phone: (____) _____ | (____) _____

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

2. I have read the "*Petition for Emancipation of a Minor*" and consent to the emancipation of the named minor because: (Explanation REQUIRED).

OATH OR AFFIRMATION OF PARENT OR LEGAL GUARDIAN

I have read, understood, and completed the above statements concerning the petition for emancipation of the above named minor. By signing this document I am stating to the Court the information I have provided is true and correct to the best of my knowledge, information and belief, under penalty of perjury.

Signature of Parent or Guardian

Month/Date/Year

Signed and sworn or affirmed before me this date: _____

Michael K. Jeanes, Clerk of Superior Court

Notary

OR By: _____

My Commission Expires: _____

Deputy Clerk