

# **EMANCIPATION PACKET**

What you will find in this packet:

- **Petition for Declaration of Emancipation of Minor (EM-100)**
- **Notice of Hearing-Emancipation of Minor (EM-109)**
- **Emancipation of Minor Income and Expense Declaration (EM-115)**
- **Declaration of Emancipation of Minor After Hearing (EM-130)**
- **Emancipated Minor's Application to California Department of Motor Vehicles (EM-140)**

**You Can Get Court Forms *FREE* at: [www.cc-courts.org/forms](http://www.cc-courts.org/forms)**

*If you don't find what you're looking for here, you may want to check out the additional resources listed on the back of this page*

# Superior Court of California, County of Contra Costa

## Interpreter Request

If you need an interpreter, please complete the form below and submit it to any Filing Window or courtroom.

Case Number: \_\_\_\_\_

**Case Type:**

<input type="checkbox"/> Criminal	<input type="checkbox"/> Small Claims – (\$12,500 or less)
<input type="checkbox"/> Traffic	<input type="checkbox"/> Civil - <input type="checkbox"/> \$25,000 <input type="checkbox"/> over \$25,000
<input type="checkbox"/> Civil Harassment	<input type="checkbox"/> Civil – Other _____
<input type="checkbox"/> Conservatorship	<input type="checkbox"/> Family Law
<input type="checkbox"/> Proceedings to terminate parental rights	<input type="checkbox"/> Unlawful Detainer
<input type="checkbox"/> Dependent Adult Abuse	<input type="checkbox"/> Guardianship
<input type="checkbox"/> Juvenile	<input type="checkbox"/> Elder Abuse

Party Requesting Interpreter: \_\_\_\_\_

Is interpreter for a witness?  Yes  No

Phone Number(s) where party can be reached: \_\_\_\_\_

Date of Hearing: \_\_\_\_\_ Time of Hearing: \_\_\_\_\_

Department: \_\_\_\_\_ Location:  Martinez  Pittsburg  Richmond  Walnut Creek

Language Needed:  Spanish  Mandarin  Cantonese  Vietnamese

Other: \_\_\_\_\_

To avoid the risk that your hearing will have to be postponed, please submit this form a minimum of one week in advance.

Current information about this program is available at our website:  
[www.cc-courts.org/interpreter](http://www.cc-courts.org/interpreter)

# Superior Court of California, County of Contra Costa

## **Solicitud Para Intérprete**

Si necesita un intérprete, favor completar este formulario y presentarlo en cualquier ventanilla para archivar documentos o con la secretaría del tribunal.

Número de Caso: \_\_\_\_\_

**Tipo de Caso:**

<input type="checkbox"/> Criminal	<input type="checkbox"/> Demanda Civil – (\$12,500 o menos)
<input type="checkbox"/> Tráfico	<input type="checkbox"/> Demanda Civil -
<input type="checkbox"/> Acoso Civil	<input type="checkbox"/> \$25,000 <input type="checkbox"/> más de \$25,000
<input type="checkbox"/> Conservador	<input type="checkbox"/> Civil – otro tipo _____
<input type="checkbox"/> Casos para Terminar Derechos de Madre o Padre	<input type="checkbox"/> Casos de Familia
<input type="checkbox"/> Abuso de Adultos Incapacitados	<input type="checkbox"/> Juicio de Desalojo
<input type="checkbox"/> Tribunal de Menores	<input type="checkbox"/> Tutela
	<input type="checkbox"/> Abuso de Personas Mayores

Persona que Necesita Intérprete: \_\_\_\_\_

Marque aquí si esta persona es un testigo

Número Telefónico: \_\_\_\_\_

Fecha de la Audiencia Judicial: \_\_\_\_\_ Hora: \_\_\_\_\_

Departamento: \_\_\_\_\_ Ciudad:  Martinez  Pittsburg  Richmond  Walnut Creek

Idioma Solicitado:  Español  Mandarín  Cantonés  Vietnamita

Otro Idioma: \_\_\_\_\_

Para evitar la posibilidad que su audiencia sea aplazada, favor de presentar este formulario al menos una semana antes de la fecha de su audiencia.

Información actualizada acerca de este servicio se encuentra en nuestra página web:  
[www.cc-courts.org/interpreter](http://www.cc-courts.org/interpreter)

ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE NO.:	FAX NO.:	
E-MAIL ADDRESS:		
ATTORNEY FOR (name):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
IN THE MATTER OF (NAME):	Petitioner, a minor	
<b>PETITION FOR DECLARATION OF EMANCIPATION OF MINOR</b>		
<input type="checkbox"/> ORDER PRESCRIBING NOTICE	<input type="checkbox"/> ORDER DENYING PETITION	CASE NUMBER:
<input type="checkbox"/> DECLARATION OF EMANCIPATION		

1. My name:  
My address:  
I am a resident of or temporarily domiciled in this county.
2. I request that the court declare me to be emancipated.
3. a. I am at least 14 years of age and my date of birth is:  
b. I am willingly living separate and apart from my parents or legal guardian, with the consent of my parents or legal guardian. I have been living apart from them since (date):  
c. I am managing my own financial affairs. I have completed my declaration of income and expenses on form EM-115 and attached it to this petition.  
d. No part of my income comes from any activity that is a crime under the laws of the State of California or of the United States.
4. My mother's name is:  
Her address is:  
 Her consent to my emancipation is attached.  
 Notice to her should not be required because (state reasons):
5. My father's name is:  
His address is:  
 His consent to my emancipation is attached.  
 Notice to him should not be required because (state reasons):
6.  I have a legal guardian.  
My guardian's name is:  
My guardian's address is:  
 My guardian's consent to my emancipation is attached.  
 Notice to my guardian should not be required because (state reasons):
7.  Other person entitled to notice.  
This person's name is:  
This person's address is:  
 This person's consent to my emancipation is attached.  
 Notice to this person should not be required because (state reasons):
8.  I am a  dependent child  [probation] ward of the Juvenile Court of  
Case number (if known):  
My  social worker  probation officer is (name):  
His / her consent is attached.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed at  
(place): , California.

Date:



(SIGNATURE)

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NAME OF MINOR	CASE NUMBER:
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### ORDER PRESCRIBING NOTICE

9. The court finds that

- a.  All persons entitled to notice of this proceeding have consented to the emancipation and waived notice of hearing.
- b.  The addresses of the following are unknown.
  - (1)  Father
  - (2)  Mother
  - (3)  Legal guardian
- c.  Notice to the following persons cannot or should not be given:
- d.  Other (specify):

10. IT IS ORDERED that notice of this proceeding

- a.  is not required. The declaration of emancipation may proceed without hearing.
- b.  is required to the following persons:
 

<input type="checkbox"/> Father	<input type="checkbox"/> Juvenile Court of	County
<input type="checkbox"/> Mother	for service on social worker or probation officer	
<input type="checkbox"/> Legal guardian	<input type="checkbox"/> Legal guardian	
- c.  This matter is set for hearing on (date): at (time): in (dept.):

Date:

(JUDGE OF THE SUPERIOR COURT)

### DECLARATION OF EMANCIPATION WITHOUT HEARING

(Only if the court has ordered item 10a above.)

The court finds that the petitioner is a person described by Family Code section 7120. All notice requirements have been met or waived by the court. Emancipation is not contrary to the best interests of the child.

**THE PETITION IS GRANTED. THE PETITIONER IS DECLARED TO BE EMANCIPATED FOR PURPOSES SET FORTH IN FAMILY CODE SECTION 7050 ET SEQ.**

Date:

(JUDGE OF THE SUPERIOR COURT)

### ORDER DENYING PETITION

The court finds that the petition on its face fails to establish that the petitioner is a person described by Family Code section 7120.

**THE PETITION IS DENIED.**

Date:

(JUDGE OF THE SUPERIOR COURT)

[SEAL]

### CLERK'S CERTIFICATE (Of Declaration of Emancipation)

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: Clerk, by \_\_\_\_\_, Deputy \_\_\_\_\_

ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER:	<b>FOR COURT USE ONLY</b>
NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE: ZIP CODE: FAX NO.:	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>		
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
IN THE MATTER OF (NAME):		Petitioner, a minor
<b>NOTICE OF HEARING—EMANCIPATION OF MINOR</b> <input type="checkbox"/> <b>CONSENT AND WAIVER OF NOTICE</b>		CASE NUMBER:

1. The minor (name): has filed a petition asking the court to declare the minor an **EMANCIPATED MINOR**. If the petition is granted, the minor will be considered to be over the age of majority for purposes set forth in California Family Code section 7050.
2. A HEARING for the court to consider the petition will be held:  
on (date): at (time): in Dept.: Room:

**TO PARENTS:**

**IF THE PETITION IS GRANTED, THE MINOR, THE MINOR'S REPRESENTATIVE, OR THE DISTRICT ATTORNEY MAY LATER PETITION THE COURT TO RESCIND THE DECLARATION OF EMANCIPATION AND YOU MAY BE LIABLE FOR SUPPORT AND MEDICAL COVERAGE FOR THE MINOR.**

Date:



(TYPE OR PRINT NAME)

 PETITIONER  CLERK
**CONSENT AND WAIVER OF NOTICE**

The undersigned give up the right to notice of a hearing on the Petition for Declaration of Emancipation, and consent to a declaration of emancipation without a hearing.

- a.  Mother: Signature: \_\_\_\_\_ Dated: \_\_\_\_\_  
Address:  
Telephone number:
- b.  Father: Signature: \_\_\_\_\_ Dated: \_\_\_\_\_  
Address:  
Telephone number:
- c.  Legal guardian: Signature: \_\_\_\_\_ Dated: \_\_\_\_\_  
Address:  
Telephone number:
- d.  Social worker: Signature: \_\_\_\_\_ Dated: \_\_\_\_\_  
 Probation officer:  
Address:  
Telephone number:
- e.  District attorney: Signature: \_\_\_\_\_ Dated: \_\_\_\_\_  
Address:  
Telephone number:

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
IN THE MATTER OF (NAME): Petitioner, a minor		
<b>EMANCIPATION OF MINOR INCOME AND EXPENSE DECLARATION</b>		CASE NUMBER:

1. My name and address are:

My telephone number is:

I have been living at this address since:

I live there with (name and relationship of all persons, including children):

2. My date of birth is:

3. a.  I am attending school (name of school and grade):

b.  I am not attending school. The highest year of education I have completed is:

4. My occupation is:

5. a.  I am employed. My place of employment is (name and address):

I started work there on (date):

b.  I am not employed at the present time. I last worked from (starting month and year):

to (ending month and year): My gross monthly earnings were: \$

6. a.  I am not receiving welfare or AFDC and I do not intend to apply for welfare or AFDC.

b.  I am receiving welfare or AFDC. Monthly amount received: \$

c.  I have applied for welfare or AFDC.

d.  I intend to apply for welfare or AFDC.

IN THE MATTER OF (name):	CASE NUMBER:
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7. The average of my gross monthly earnings is: Amount

- a.  Salary and wages, including bonuses and overtime \$
- b.  Money received from parents or other adults assisting me \$  
(name and relationship):
- c.  Other (specify source and amount): \$

8. I have the following assets: Value

- a.  Cash \$
- b.  Checking account \$
- c.  Savings account \$
- d.  Stocks, bonds \$
- e.  Vehicle (year, make, model): \$
- f.  Other (specify): \$

9. My monthly expenses are: Amount

- a.  Rent or  Mortgage \$
- b.  Food \$
- c.  Clothing \$
- d.  Phone and utilities \$
- e.  Vehicle \$  
(1) Loan payments \$  
(2) Maintenance \$

I declare under penalty of perjury that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF PETITIONER)

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
<b>IN THE MATTER OF (NAME):</b>		Petitioner, a minor
<b>DECLARATION OF EMANCIPATION OF MINOR AFTER HEARING</b>		CASE NUMBER:

## 1. This proceeding came on for hearing as follows:

a. Date: \_\_\_\_\_ Time: \_\_\_\_\_  Dept.: \_\_\_\_\_  Room: \_\_\_\_\_

b. Judge (name): \_\_\_\_\_

c. Present in court:

<input type="checkbox"/> Petitioner	<input type="checkbox"/> Attorney (name):
<input type="checkbox"/> Father	<input type="checkbox"/> Attorney (name):
<input type="checkbox"/> Mother	<input type="checkbox"/> Attorney (name):
<input type="checkbox"/> Probation officer (name):	
<input type="checkbox"/> Social worker (name):	
<input type="checkbox"/> County counsel (name):	
<input type="checkbox"/> District attorney (name):	
<input type="checkbox"/> Other (name and relationship to minor):	

## 2. THE COURT FINDS THAT:

- Notice was given as prescribed by the court.
- Warning has been given to the petitioner's  Mother  Father that a court may rescind the declaration of emancipation and the parents may become liable for the minor's support and medical coverage.
- The petitioner is a person described by Family Code section 7120.
- Emancipation is not contrary to the best interests of the petitioner.

## 3. THE PETITION IS GRANTED. THE PETITIONER IS DECLARED TO BE EMANCIPATED FOR THE PURPOSES SET FORTH IN FAMILY CODE SECTION 7050 ET SEQ.

Date: \_\_\_\_\_

(JUDGE OF THE SUPERIOR COURT)

[SEAL]

**CLERK'S CERTIFICATE**

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
<b>IN THE MATTER OF (NAME):</b>		
<b>EMANCIPATED MINOR'S APPLICATION TO CALIFORNIA DEPARTMENT OF MOTOR VEHICLES</b>		CASE NUMBER:

On \_\_\_\_\_ I was declared to be emancipated for the purposes set forth in Family Code  
(DATE OF EMANCIPATION ORDER)

section 7050 et seq. by order of the Honorable \_\_\_\_\_,  
(NAME OF JUDICIAL OFFICER)

Judge of the Superior Court of \_\_\_\_\_ County.  
(NAME OF COUNTY)

I apply to the California Department of Motor Vehicles for entry of identifying information in its law enforcement computer network and for inclusion of the fact of my emancipation on any identification card issued to me by the Department. I have attached a certified copy of the Declaration of Emancipation.

Date:



(SIGNATURE OF EMANCIPATED MINOR)