

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

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

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 secretaria 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"/> \$25,000 <input type="checkbox"/> más de \$25,000 |
| <input type="checkbox"/> Acoso Civil | <input type="checkbox"/> Civil – otro tipo _____ |
| <input type="checkbox"/> Conservador | <input type="checkbox"/> Casos de Familia |
| <input type="checkbox"/> Casos para Terminar Derechos de Madre o Padre | <input type="checkbox"/> Juicio de Desalojo |
| <input type="checkbox"/> Abuso de Adultos Incapacitados | <input type="checkbox"/> Tutela |
| <input type="checkbox"/> Tribunal de Menores | <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 the 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

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
IN THE MATTER OF (NAME): <div style="text-align: right;">Petitioner, a minor</div>	
<div style="text-align: center;">PETITION FOR DECLARATION OF EMANCIPATION OF MINOR</div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ORDER PRESCRIBING NOTICE <input type="checkbox"/> DECLARATION OF EMANCIPATION </div> <div> <input type="checkbox"/> ORDER DENYING PETITION </div> </div>	CASE NUMBER:

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 _____ County.
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)

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:
- (1) ☐ Father
- (2) ☐ Mother
- (3) ☐ Legal guardian
- (4) ☐ Juvenile Court of _____ County
for service on social worker or probation officer
- (5) ☐ 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

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: _____

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. | <input type="checkbox"/> Mother: | Signature: _____ | Dated: _____ |
| | Address: _____ | | |
| | Telephone number: _____ | | |
| b. | <input type="checkbox"/> Father: | Signature: _____ | Dated: _____ |
| | Address: _____ | | |
| | Telephone number: _____ | | |
| c. | <input type="checkbox"/> Legal guardian: | Signature: _____ | Dated: _____ |
| | Address: _____ | | |
| | Telephone number: _____ | | |
| d. | <input type="checkbox"/> Social worker: | | |
| | <input type="checkbox"/> Probation officer: | Signature: _____ | Dated: _____ |
| | Address: _____ | | |
| | Telephone number: _____ | | |
| e. | <input type="checkbox"/> 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
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
IN THE MATTER OF (NAME): <div style="text-align: right;">Petitioner, a minor</div>		
<div style="text-align: center;">EMANCIPATION OF MINOR INCOME AND EXPENSE DECLARATION</div>		
		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:

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)

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 (<i>name</i>): |
| <input type="checkbox"/> Father | <input type="checkbox"/> Attorney (<i>name</i>): |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Attorney (<i>name</i>): |
| <input type="checkbox"/> Probation officer (<i>name</i>): | |
| <input type="checkbox"/> Social worker (<i>name</i>): | |
| <input type="checkbox"/> County counsel (<i>name</i>): | |
| <input type="checkbox"/> District attorney (<i>name</i>): | |
| <input type="checkbox"/> Other (<i>name and relationship to minor</i>): | |
2. **THE COURT FINDS THAT:**
- a. ☐ Notice was given as prescribed by the court.
- b. ☐ 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.
- c. The petitioner is a person described by Family Code section 7120.
- d. 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: _____

[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
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
IN THE MATTER OF (NAME):		
EMANCIPATED MINOR'S APPLICATION TO CALIFORNIA DEPARTMENT OF MOTOR VEHICLES		
		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)