

EMANCIPATION PACKET

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NAME OF MINOR

CASE NUMBER:

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) ☐ District attorney
- 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 (<i>Name and Address</i>): <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (<i>Name</i>): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
IN THE MATTER OF (<i>NAME</i>): <div style="text-align: right;">Petitioner, a minor</div>		
<div style="text-align: center;"> NOTICE OF HEARING — EMANCIPATION OF MINOR <input type="checkbox"/> CONSENT AND WAIVER OF NOTICE </div>		
		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 (<i>date</i>):	at (<i>time</i>):	in Dept.:	Room:
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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: _____

Address: _____

Telephone number: _____

b. ☐ Father Signature: _____

Address: _____

Telephone number: _____

c. ☐ Legal guardian Signature: _____

Address: _____

Telephone number: _____

d. ☐ Social worker Signature: _____

☐ Probation officer Signature: _____

Address: _____

Telephone number: _____

e. ☐ District attorney Signature: _____

Address: _____

Telephone number: _____

Dated:

Dated:

Dated:

Dated:

Dated:

Dated:

Dated:

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>): ATTORNEY FOR (<i>Name</i>):	TELEPHONE 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 (<i>NAME</i>): Petitioner, a minor	
EMANCIPATION OF MINOR INCOME AND EXPENSE DECLARATION	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 end 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: Amounta. ☐ 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: Valuea. ☐ Cash \$b. ☐ Checking account \$c. ☐ Savings account \$d. ☐ Stocks, bonds \$e. ☐ Vehicle (year, make, model) \$f. ☐ Other (specify): \$9. My monthly expenses are: Amounta. ☐ 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 (<i>Name and Address</i>): ATTORNEY FOR (<i>Name</i>): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	TELEPHONE NO.:	FOR COURT USE ONLY
IN THE MATTER OF (<i>NAME</i>): <div style="text-align: right;">Petitioner, a minor</div>		CASE NUMBER:
DECLARATION OF EMANCIPATION OF MINOR AFTER HEARING		

1. This proceeding came on for hearing as follows:
- a. Date: _____ Time: _____ Dept.: ☐ Div.: ☐ 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: _____

(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

