

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

SUPERIOR COURT OF ARIZONA
IN _____ COUNTY JUVENILE COURT

In the Matter of the Emancipation of: _____

Case Number: _____

**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: _____

Daytime / Evening Telephone: () / () _____

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

2. I have been notified that the minor child named above intends to file a *Petition for Emancipation* and I consent to the emancipation of the minor named above because: (Explanation REQUIRED).

**OATH OR AFFIRMATION OF PARENT OR GUARDIAN CONSENTING TO THE
EMANCIPATION OF A MINOR**

I have read, understood, and completed the above statements concerning the petition for the emancipation of the above named minor and I consent to his or her emancipation. All of the information I have provided in this document is true and correct to the best of my knowledge, information and belief.

Signature

Date

Subscribed and sworn to or affirmed before me this date: _____

Clerk of Superior Court

OR

Notary
My Commission Expires: _____

Deputy Clerk