

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: _____

**OBJECTION TO PETITION FOR
 EMANCIPATION OF A MINOR**
 A.R.S. § 12-2451

 A Minor

The following statements are made under oath or affirmation. I want to tell the Court the following in response to what is written in the Petition:

1. PERSONAL INFORMATION ABOUT ME:

Name: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Telephone: () _____

2. NAME OF DOCUMENT. The Petition I object to is called: _____

2. HEARING DATE. The date and time of hearing, and the name of the Judge assigned to this matter is:

Date of Hearing: _____
 Time of Hearing: _____
 Name of Judge or Commissioner: _____

3. RELATIONSHIP. My relationship to the person who has request the emancipation is:

Case Number: _____

4. **REASONS WHY I OBJECT:** What I want the court to do, and what I want to say about the statements made in the Petition: (use additional sheets of paper, if needed):

5. **MAILING.** I mailed a copy of this Objection (after it was filled out by me) to the following individuals at the following addresses: the Petitioner or his/her attorney, the Petitioner's parents, the Petitioner's legal guardians and everyone to whom Petitioner identified on the Petition.

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

OATH OR AFFIRMATION OF INDIVIDUAL FILING THE OBJECTION

I have read the Objection and these statements are true and correct and complete to the best of my knowledge.

Signature of Minor

Date

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

Clerk of Superior Court

OR

Notary
My Commission Expires: _____

Deputy Clerk