Person Filing:		
Address (if not protected):		
City, State, Zip Code:		
Telephone:		
Email Address: Lawyer's Bar Number:		FOR CLERK'S USE ONLY
Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent		
SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY JUVENILE COURT		
In the matter of Emancipation of:	Case Number JE	
	JUVENILE EMANCIPATION SHEET	ON
A Minor		
NOTE: THIS FORM IS FOR COURT USE ONLY AND IS <u>NOT</u> A PUBLIC RECORD.		
COMPLETE THIS FORM AND RETURN IT TO THE CLERK WHEN FILING THE PETITION.		
INFORMATION ABOUT THE MINOR WHO WANTS TO BE EMANCIPATED		
Name		
First	Middle	Last
Is there currently an "Order of Protection" between you and either parent or any legal guardian? No Yes If "Yes", does that Order say your address is "protected"? No Yes		
Mailing Address (if same as above, leave blank) City, State, Zip		
Street Address (if different from mailing address) City, State, Zip Code		
Telephone Number (If different from above) ()		
Date of Birth (Month/Day/Year)		
Date of Birth (Month/Day/Year) Social Security Number		

If "Yes", what language(s)?