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Person Filing: _____
Address (if not protected):_____
City, State, Zip Code:_____
Telephone:_____
Email Address:_____
Lawyer's Bar Number:_____

Representing ☐ **Self, without a Lawyer or** ☐ **Attorney for** ☐ **Petitioner OR** ☐ **Respondent**

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY JUVENILE COURT

In the Matter of the Emancipation of:

Case Number JE:_____

(Optional) 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: _____

Day / Evening Phone: ( ) _____ ( ) _____

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

2. I have read the ***"Petition for Emancipation of a Minor"*** and consent to the emancipation of the named minor because: (Explanation REQUIRED).

_____

_____

_____

OATH OR AFFIRMATION OF PARENT OR LEGAL GUARDIAN

I have read, understood, and completed the above statements concerning the petition for emancipation of the above named minor. By signing this document I am stating to the Court the information I have provided is true and correct to the best of my knowledge, information and belief, under penalty of perjury.

_____ _____
Signature of Parent or Guardian **Month/Date/Year**

Signed and sworn or affirmed before me this date: _____

Michael K. Jeanes, Clerk of Superior Court

_____
Notary

OR By:

_____
Deputy Clerk

My Commission Expires:

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