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Person Filing: _____
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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 AND VERIFICATION

I swear or affirm that the information on this document is true and correct under penalty of perjury.

_____ Signature

_____ Date

STATE OF _____

COUNTY OF _____

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

_____.

(notary seal)

_____
Deputy Clerk or Notary Public

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