

Person Filing: \_\_\_\_\_

Address (if not protected): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Lawyer's Bar Number: \_\_\_\_\_

Licensed Fiduciary Number: \_\_\_\_\_

Representing  Self, without a Lawyer OR  Attorney for \_\_\_\_\_



FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA  
IN MARICOPA COUNTY**

**In the matter of Emancipation of:**

**Case Number:** \_\_\_\_\_

**JUVENILE EMANCIPATION  
INFORMATION SHEET**

A Minor  Female  Male

**Note: This form is for court use only and is not 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 \_\_\_\_\_  
Name 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

Case Number: \_\_\_\_\_

Mailing Address (if same as above, leave blank) \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Street Address (if different from mailing address) \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Telephone Number (If different from above) (\_\_\_\_) \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Will you or any person required to receive notice need a court interpreter?  Yes  No

If "Yes," what language(s)? \_\_\_\_\_