

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 \_\_\_\_\_

**RESPONSE TO PETITION FOR  
EMANCIPATION OF A MINOR**  
(optional) A.R.S. § 12-2451

\_\_\_\_\_

A Minor

**I state to the Court under oath or affirmation that the following information is true:**

**1. PERSONAL INFORMATION ABOUT ME:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Telephone: (      ) \_\_\_\_\_

My relationship to the Minor who is requesting emancipation is: \_\_\_\_\_

**2. RESPONSE, CORRECTIONS, or COMMENTS:** State any reasons you support or object to the Minor being emancipated. If information contained in the *“Petition for Emancipation”* is wrong or incomplete, explain. Provide additional information you believe the Court should know. Attach additional pages if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional pages are attached.

**3. Check all that are true.**

- I **plan to attend** the hearing
- I will need a court interpreter for the \_\_\_\_\_ language.
- I will **not attend** the hearing.

**4. MAILING.** I mailed a copy of this Response (after it was filled out by me) to the following individuals at the following addresses: the Petitioner (the Minor) or his/her attorney.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

**OATH OR AFFIRMATION AND VERIFICATION**

I state to the Court under oath or affirmation that I have read this document and that the information I have provided is true, correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

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

\_\_\_\_\_.

(notary seal)

\_\_\_\_\_  
Deputy Clerk or Notary Public