

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 _____



**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**

In the Matter of the Emancipation of:

Case Number: _____

**(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).

UNDER OATH OR BY AFFIRMATION

I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

Signature

Date

STATE OF _____

COUNTY OF _____

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

_____.

(Notary seal)

Deputy Clerk or Notary Public