





**5. I live there with** (name and relationship of **all** persons, including children): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. a.**  I attend (name of school) \_\_\_\_\_ and I am in the \_\_\_\_\_ grade.  
**b.**  I am NOT in school. The highest grade of education I have completed is \_\_\_\_\_ grade.  
**c. My plans concerning education or job training are as follows:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**7. a.**  I am not receiving public assistance or TANF and I do not intend to apply for either.  
**b.**  I am receiving public assistance or TANF. The monthly amount received is: \$ \_\_\_\_\_  
**c.**  I have applied for or intend to apply for public assistance or TANF.

**8. a.**  I am currently employed by: (List name, address, and contact phone number for employers.)

Employer # 1 (Attach pay stub)	Employer # 2 (Attach pay stub)

Job Title: \_\_\_\_\_ Job Title: \_\_\_\_\_

I started work: for Employer #1: (month/year) \_\_\_\_\_ Employer #2: \_\_\_\_\_

**b.**  I am NOT currently employed.

I last worked from: (starting month, year) \_\_\_\_\_

To: (ending month and year) \_\_\_\_\_

My gross **monthly earnings** (before taxes or other deductions) were: \$ \_\_\_\_\_

**9. My average gross monthly income** (annual amount divided by 12) **is shown below.**

	Amount
<b>a. Salary / Wages</b> , including bonuses and overtime, <b>before taxes or other deductions</b>	\$ _____
<b>b. Money received from others</b> (list name, your relationship to those persons and amounts (below))	
Name, Relation: _____	\$ _____
Name, Relation: _____	\$ _____
<b>c. Social Security <i>Survivor</i> Benefits</b> (received due to death of a parent)	\$ _____
<b>d. Social Security <i>Disability</i> Benefits</b>	\$ _____
<b>e. Child Support Received for MY Children</b>	\$ _____
<b>f. Other source of income</b> (specify source) _____	\$ _____
<b>g. TOTAL MONTHLY INCOME:</b>	(Add 9 a-f) \$ _____

**10. I have the following assets** (things of value that I own):

	<b>Value</b>
a. <b>Cash</b>	\$ _____
b. <b>Checking Account(s)</b> (total, if more than one)	\$ _____
c. <b>Savings Account(s)</b> (total, if more than one)	\$ _____
d. <b>Stocks, Bonds</b>	\$ _____
e. <b>Trust Fund(s)</b> (total, if more than one)	\$ _____
f. <b>Vehicle</b> (Year, Make, and Model _____)	\$ _____
g. <b>Other</b> (specify) _____	\$ _____
<b>h. TOTAL VALUE OF ASSETS:</b>	(Add 10 a-g) \$ _____

**11. I have the following monthly expenses:**

	<b>Amount</b>
a. <b>Housing</b>	\$ _____
b. <b>Food</b> (groceries plus dining out)	\$ _____
c. <b>Clothing</b>	\$ _____
d. <b>Utilities</b> (phone plus electric, gas, cellular, water & sewer)	\$ _____
<b>Medical</b>	
1. (insurance)	\$ _____
2. (doctor, dentist, hospital, urgent care)	\$ _____
3. (prescription medications)	\$ _____
e. <b>Total Medical Expenses</b> (add 1-3, carry to right column)	\$ _____
f. <b>Transportation</b> (public transit, bus and taxi)	\$ _____
<b>Vehicle</b>	
1. (monthly payments)	\$ _____
2. (insurance)	\$ _____
3. (fuel/gasoline)	\$ _____
4. (service, maintenance and repair)	\$ _____
g. <b>Total Vehicle Expenses</b> (add 1-4, carry to right column)	\$ _____
h. <b>Child Support <i>Paid for my Children</i></b> (Amount I pay to someone else)	\$ _____
i. <b>Other</b> (specify) _____	\$ _____
<b>j. TOTAL MONTHLY EXPENSES:</b>	(Add 11 a-i) \$ _____

**12.** I will provide for my health care through  insurance through employer  AHCCS  Other

If "Other", explain: \_\_\_\_\_

**13. At least one of the following is included with this request:** (*At least one box must be checked; you may check and attach more than one to further support your request.*)

- Attached is documentation that I have been living on my own for at least three consecutive months.
- Attached is a statement explaining why I believe the home of my parent(s) or legal guardian(s) is NOT a healthy or safe environment.
- Attached is a notarized statement by one or more of my parent(s) and/or legal guardian(s) that contains written consent to my emancipation and explanation.

**14.** I am aware that the Court may refer me and any parent or guardian to mediation.  
(optional)  I believe mediation is **not appropriate because of family violence or:**

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

### REQUESTS TO THE COURT

**15. I REQUEST THE COURT ENTER AN ORDER FOR MY EMANCIPATION.**

### 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.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's Signature

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

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

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

\_\_\_\_\_.

(notary seal)

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