

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <p style="color:blue; text-align:center;"><i>List the name of the person requesting the emancipation from the court.</i></p>	TELEPHONE NO.: <p style="color:blue; text-align:center;">Enter your telephone number here</p>	FOR COURT USE ONLY
ATTORNEY FOR (Name): write "self-represented"		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: 2317 Tuolumne St CITY AND ZIP CODE: Fresno, CA 93711 BRANCH NAME: Civil Division		<p style="color:blue; text-align:center;">**write the address for the court in which you are filing these documents**</p>
IN THE MATTER OF (NAME): <p style="color:blue; text-align:center;"><i>NAME OF PERSON BEING EMANCIPATED (You)</i></p> <p style="text-align:right;">Petitioner, a minor</p>		
NOTICE OF HEARING — EMANCIPATION OF MINOR <input type="checkbox"/> CONSENT AND WAIVER OF NOTICE		CASE NUMBER:

1. The minor (name): _____ has filed a petition asking the court

1) Enter the minors name here (the person who is being emancipated)

to declare the minor an **EMANCIPATED MINOR**. If the petition is granted, the minor will be considered to be over the age of majority for purposes set forth in California Family Code section 7050.

2. A HEARING for the court to consider the petition will be held:

2) LEAVE BLANK. The court will fill in the date, time and location of the hearing in which the court will decide whether or not to approve your emancipation request

on (date):	at (time):	in Dept.:	Room:
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TO PARENTS:

IF THE PETITION IS GRANTED, THE MINOR, THE MINOR'S REPRESENTATIVE, OR THE DISTRICT ATTORNEY MAY LATER PETITION THE COURT TO RESCIND THE DECLARATION OF EMANCIPATION AND YOU MAY BE LIABLE FOR SUPPORT AND MEDICAL COVERAGE FOR THE MINOR.

Date:

The minor who is requesting the emancipation will PRINT/SIGN/Mark box selecting "petitioner"

..... (TYPE OR PRINT NAME) PETITIONER CLERK

CONSENT AND WAIVER OF NOTICE

If your parents or legal guardians have waived their right to attend the hearing where the judge will decide whether or not to approve your emancipation request then you **MUST** have all of those people sign and date in the box below. For example if your mother has indicated that she will not attend the hearing then your mother would need to sign and date in the box below.

The undersigned give up the right to notice of a hearing on the Petition for Declaration of Emancipation, and consent to a declaration of emancipation without a hearing.

- a. Mother Signature: _____ Dated:
- Address: _____
- Telephone number: _____
- b. Father Signature: _____ Dated:
- Address: _____
- Telephone number: _____
- c. Legal guardian Signature: _____ Dated:
- Address: _____
- Telephone number: _____
- d. Social worker
- Probation officer Signature: _____ Dated:
- Address: _____
- Telephone number: _____
- e. District attorney Signature: _____ Dated:
- Address: _____
- Telephone number: _____