

### SUPERIOR COURT OF CALIFORNIA COUNTY OF TULARE

www.tulare.courts.ca.gov 559-737-5500

### **EMANCIPATION OF A MINOR**

Forms included in this packet:			
	Instructions	This packet	
To read	Emancipation Pamphlet	Judicial Council Form # EM-100-INFO	
	Petition for Declaration of Emancipation of a	Judicial Council Form # EM-100	
To complete	Minor		
and file	Notice of Hearing – Emancipation of a Minor	Judicial Council Form # EM-109	
	Emancipation of Minor Income and Expense	Judicial Council Form # EM-115	
	Declaration		
	Declaration of Emancipation of Minor After	Judicial Council Form # EM- 130	
	Hearing		
For server to	Proof of Personal Service	Judicial Council Form # FL-330	
complete after			
service and			
you to file			
To file with	Emancipated Minor's Application to	Judicial Council Form #EM-140	
DMV if	California Department of Motor Vehicles		
Petition is			
Granted			
SAMPLE			
FORMS			

### **SELF HELP RESOURCE CENTER**

If you are filing for Emancipation and do not have an attorney representing you, free assistance is available. Please contact:

### Superior Court of California, County of Tulare SELF-HELP RESOURCE CENTER (559) 737-5500

221 S. Mooney Blvd. (County Civic Center), Room 203, Visalia CA 93291

OR

300 E. Olive Ave. (South County Justice Center), Porterville, CA 93257

Email: tcscselfhelpinfo@tulare.courts.ca.gov

The Self-Help Resource Center (also known as the Family Law Facilitator's office) will provide instructions on how to complete and file all the necessary forms to complete the emancipation process. They can answer your procedural questions and explain the court process. The Resource Center cannot give you legal advice or tell you what to say to the judge, but staff can review your forms and tell you if they are complete and correct before you file. The Self-Help Resource Center **CANNOT** represent you in court.

This is an instructional guide to filing a **Petition for Declaration of Emancipation of a Minor**, designed to explain the process of filing your paperwork and going to court.

Fillable, printable pdf versions of the Judicial Council forms contained in this packet are available online at <a href="https://www.courts.ca.gov/forms.htm">https://www.courts.ca.gov/forms.htm</a>. You can print and handwrite forms, or type them online and print them out to file.

If you have further questions or concerns regarding your emancipation case, you may wish to consult with an attorney, use the assistance of a paralegal or typing service, or do self-research at the Tulare County Law Library (on the ground floor of the Visalia Courthouse, with Law Library computer terminals also available in the Self-Help Resource Center in the Porterville courthouse) or on the California Courts' Self-Help website at <a href="https://www.courts.ca.gov/1044.htm">https://www.courts.ca.gov/1044.htm</a>. Select the Spanish icon at the right of the webpage for information in Spanish.

### **INSTRUCTIONS AND GENERAL INFORMATION**

### What Is Emancipation?

Emancipation is the legal process by which a minor can be legally considered an adult before turning 18. Once a child is emancipated, the parents or legal guardian(s) no longer have custody of them and are no longer responsible for supporting the child. They still must give permission in order for the minor to marry.

A person under the age of 18 is considered emancipated if: 1) The person as entered into a valid marriage, 2) the person is on active duty with the US armed forces, or 3) the person receives a declaration of emancipation

An emancipated child can get medical care, apply for a work permit, sign up for school or college, and decide where to live without parental permission. However, emancipated children still go to Juvenile court if they break the law. Obtaining a declaration of emancipation from a judge is one way to become emancipated. However, you must convince a judge that you **meet all of these requirements**:

- You are at least 14 years old
- You do not want to live with your parents
- Your parents do not mind if you move out
- You can handle your own money
- You have a legal way to make money
- Emancipation would be good for you

### What are some alternatives to emancipation?

- Counseling or mediation
- Live with another adult relative
- Guardianship
- Help from public or private agencies
- Agree with your parents/guardian to live somewhere else without going to court

If you want to learn more about the laws about emancipation, Family Code sections 7000-43 and California Rules of Court, Rules 270 and 1437 set out the requirements for emancipation. Family Code section 7050 lists the effects of the emancipation. Family Code sections 7120-23 state the procedure and notice requirements and requirements for issuance of the Declaration of Emancipation.

### What Forms do I Need?

This packet contains the forms you need to request emancipation of a minor. The form "Emancipation Pamphlet" (Form EM-100-INFO) will give you a basic overview on the process and purpose of emancipation. The instructions in this packet will explain how to complete these forms and the process of submitting them to the Clerk's Office for filing, as well as the court process you will follow to request your order of emancipation. You will fill out the following Judicial Council forms to start your request:

- ❖ Form # EM-100 Petition for Declaration of Emancipation of a Minor
- Form # EM-109 Notice of Hearing Emancipation of a Minor
- Form # EM-115 Emancipation of Minor Income and Expense Declaration
- ❖ Form # EM- 130 Declaration of Emancipation of Minor After Hearing

You must file your forms in the county in which you live.

<u>Fee Waiver</u>: There is a \$435 fee for filing these forms. If you would like to request the court to excuse you from paying this fee, you will file the form **FW-001** (Application for Waiver of Court Fees and Costs) and **FW-003** (Order on Application for Waiver of Court Fees and Costs). These forms are available online, in the clerk's office, or at the Self-Help Resource Center.

You will complete your forms by typing or printing them legibly in <u>blue or black</u> ink. **Detailed** instructions for completing and filing your forms are included below.

### Complete the following forms:

### 1. Form # EM-100 - Petition for Declaration of Emancipation of a Minor

- Caption at the top of the page, write your name, address and telephone number. Where
  the caption states "In the Matter Of (name):" write your full name. Under the caption
  "Petition for Declaration of Emancipation of Minor," leave the boxes blank for the judge to
  check after reviewing your Petition.
- Section 1 Write your name and address.
- **Section 3** Write in your birthdate.
- Section 4 Write in your mother's name and current address. You will need to include your mother's signed consent on the Notice of Hearing Emancipation of a Minor, Form #EM-109 or explain why you should not be required to give her notice of your petition.
- Section 5 Write in your father's name and current address. You will need to include your father's signed consent on the Notice of Hearing Emancipation of a Minor, Form #EM-109 or explain why you should not be required to give him notice of your petition.
- Section 6 complete this section if you have a legal guardian. Include your guardian's name and current address. You will need to include your guardian's signed consent on the Notice of Hearing Emancipation of a Minor, Form #EM-109 or explain why you should not be required to give him or her notice of your petition.
- Section 7 complete this section if there is any person other than a parent or legal guardian who is legally entitled to custody of you.
- Section 8 If you are a dependent child or probation ward of the Juvenile court, write your Juvenile Court case number (if you know it), the county of the case, and your social worker or probation officer's name. Have them complete and sign their consent on the Notice of Hearing Emancipation of a Minor, Form #EM-109. Date and sign at the bottom of the form.
- o Page 2 Leave this page blank for the court to complete.

### 2. Form EM-109 - Notice of Hearing - Emancipation of a Minor

- Caption at the top of the page, write your name, address and telephone number. Where
  the caption states "In the Matter Of (name):" write your full name.
- Notice of Hearing if you are having your parent(s) or guardian, social worker, probation
  officer or district attorney sign the consent and waiver of notice, check the box under
  Notice of Hearing that states "Consent and Waiver of Notice" in the title.
- Section 1 Write your full legal name (the same one you wrote in the caption under "In the Matter of."
- o Section 2 Leave section 2 blank for the clerk to complete if a hearing date is set.

- Date and Sign Under the bold statement beginning with "To Parents."
- "Consent and Waiver of Notice" have your parents, legal guardian, social worker or the district attorney date and sign as appropriate (see instructions for Form #EM-100, above).

### 3. Form EM-115 - Emancipation of Minor Income and Expense Declaration

- Caption at the top of the page, write your name, address and telephone number. Where
  the caption states "In the Matter Of (name):" write your full name.
- Section 1 write in your full legal name, address and telephone number, state how long you have been living at this address and with whom you live.
- Section 2 write in your date of birth.
- Section 3 State whether you are attending school (and if so, where) or that you are not attending school and what grade you completed.
- Section 4 If you are working, state what your occupation is (what you are doing for a job).
- Section 5 State that you are employed (and where, and when you started) or that you are not employer (and when you last worked and how much you earned).
- Section 6 check the appropriate box indicating whether you have applied for, will apply, or are receiving cash aid.
- Section 7 List all sources of income and amounts. If you like, you may attach copies of your recent paystubs (black out personal information such as Social Security number, account number, etc.)
- Section 8 List the dollar value of each asset in your name (property, money, stocks, vehicle, etc. of value).
- Section 9 List each of your monthly expenses.
- Signature date and sign at the bottom of the page.

### 4. Form EM-130 – Declaration of Emancipation After Hearing

- Caption at the top of the page, write your name, address and telephone number. Where
  the caption states "In the Matter Of (name):" write your full name.
- Leave the rest of the form blank for the judge to complete.

### Filing the Documents

Make 1 copy of each of the following forms and file the original and copy with the court clerk in the Visalia Courthouse, Clerk of the Court, located at 221 S. Mooney Blvd, Room 201, Visalia, CA 93291 **OR** the South County Justice Center, Court Clerk's window located at 300 E. Olive Ave, Porterville, CA 93257:

- Form # EM-100 Petition for Declaration of Emancipation of a Minor
- Form # EM-109 Notice of Hearing Emancipation of a Minor
- Form # EM-115 Emancipation of Minor Income and Expense Declaration
- Form # EM- 130 Declaration of Emancipation of Minor After Hearing
- FW-001 Request to Waive Court Fees and FW-003 Order on Court Fee Waiver (if applying for fee waiver) original and 1 copy each (if requesting to waive filing fees)

**NOTE:** If you are a dependent or ward of the Juvenile Court, you must file your paperwork in your Juvenile case at the Juvenile Justice Center clerk's office, located at 11200 Ave. 368, Room 201, Visalia CA 93291 (559) 738-2300, or in any clerk's office. The case will still be heard in Family Court, however, in either Visalia or Porterville.

When you file in the clerk's office, the Court Clerk will file the forms and return your filed copies to you when you file. of the *Fee Waiver* forms (if you qualify for a Fee Waiver based on section 5a or 5b, otherwise the Request will be sent to the judge for review). The Petition, Notice of Hearing, and Income and Expense Declaration will be kept and sent to the judge for review. The Declaration of Emancipation of Minor After Hearing form will be kept in the file to be signed by the judge after hearing if the judge sets a hearing.

### **Next Steps**

### Within 30 days, one of three things will happen:

### 1. Decision Without Hearing:

After reviewing your papers, the judge may grant your request without a hearing if the judge finds that (1) you have gotten all necessary consents and waivers signed and (2) that emancipation is not contrary to your best interest. In that case, the clerk will provide you with an endorsed-filed copy of the order (which is signed on the second page of your **Petition** (**EM-100**)). If you provide the court with a stamped, self-addressed envelope, the clerk's office can mail the order back to your directly. You may need to show these copies to employers, landlords, doctors, school officials or others who would usually require parental consent.

### 2. Hearing:

The judge may want more information before making a decision. In that case, the court makes an order on the second page of the **Petition (EM-100)** in the section entitled "Order Prescribing Notice." The court will indicate whether notice of the hearing is required and who (if anyone) must be served with notice. This hearing will be set on a date within 30 days of the order setting a hearing. Additionally, the court may request the Family Court Services department of the court to conduct a limited investigation for additional information.

If a hearing is set, the clerk will write the date, time, and department (courtroom) number on the **Notice of Hearing (#EM-109).** If the judge orders you to give notice of the hearing, you must have the server (someone other than you, 18 years or older), serve (give or mail) a copy of the Petition (EM-100) and Notice of Hearing (EM-109) to each person listed as requiring notice. The person who serves the copies must complete and sign the **Proof of Personal Service (FL-330), or Proof of Service by Mail (FL-335)**. A separate proof of service form is required for each person who is served. You or the server must file the original and one copy of the Proof(s) of Service with the clerk's office.

### 3. Denial Without Hearing

After reviewing your Petition, the judge may deny your petition without setting a hearing. If this happens, you can call the clerk's office at 559-750-5000 Option 3 to schedule a hearing. If you schedule a hearing yourself, you must have your server serve the Petition and Notice of Hearing on everyone who has not signed the consent and waiver of service on your Notice of Hearing (EM-109) and file the original and one copy of each Proof of Service (FI-330 or FL-335) with the clerk's office.

At the hearing, your Petition may be granted, or it may still be denied. If it is denied, you may seek review by filing a *Writ of Mandate*. (Even if the Petition is granted, your parents/guardians can file a *Writ of Mandate* as well if they disagree with the decision). A Writ of Mandate must be filed with the Court of Appeal. If you want to file a Writ, please seek the advice and guidance of an attorney.

**IF YOUR PETITON IS GRANTED**, you can file the completed form **Emancipated Minor's Application to California Department of Motor Vehicles (EM-140)** with the Department of Motor Vehicles. **As directed in the form, remember to attach a <u>certified copy</u> of your Declaration of Emancipation** (which you can obtain from the clerk's office for a fee unless you obtain it within 60 days of the order and have a fee waiver). This Declaration is on page 2 of your Petition or, if emancipation was granted after hearing, is on Declaration of Emancipation of Minor After Hearing (EM-130).

### **Further Assistance and Resources**

You can learn a lot a lot more about emancipation by reading Legal Services for Children's Emancipation Manual, available online at <a href="Emancipation-Manual-September-2018.pdf">Emancipation-Manual-September-2018.pdf</a> (Isc-sf.org). This manual has further information about the emancipation process.

living with another responsible adult (aunt, uncle, grandparent, or family friend)

seeking assistance from public and private agencies

an informal agreement with your parents allowing you to live outside your home

### EMANCIPATION PAMPHLET

This pamphlet provides only basic information about emancipation proceedings.

If you need additional information, you may wish to consult an attorney.

Form Approved for Optional Use Judicial Council of California EM-100 -INFO (Rev. September 1, 2018)

EM-100-INFO

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## WHAT IS EMANCIPATION?

Emancipation is a legal procedure that frees children from the custody and control of their parents or guardians before they reach the age of majority. (In California, this is age 18.) If you become emancipated, you will be able to do certain things without your parent's consent, such as:

papers back to the clerk's office and file them. The clerk will

If the judge grants your petition for emancipation after a

WHAT DO I DO IF THE JUDGE GRANTS MY PETITION FOR EMANCIPATION?

hearing is held or without a hearing, you must take your

copies to keep as proof of emancipation. You may need to show these copies to employers, landlords, doctors, school

officials, or others who would otherwise require parental

file the original declaration of emancipation, and give you

- consent to medical treatment
- apply for a work permit
- enroll in school or college

You will also give up your right to be supported by your parents.

(DMV) about your emancipation, complete an Emancipated

If you want to notify the Department of Motor Vehicles

Vehicles (EM-140) form and take it to the DMV along with

a certified copy of the declaration of emancipation.

Minor's Application to California Department of Motor

Even if you are emancipated:

- You must still attend school.
- You cannot get married without parental consent.
- You probably will remain under juvenile court jurisdiction, if you commit a crime.

## IF YOU HAVE A LEGAL GUARDIAN:

become unable to support yourself, the court may set aside

the declaration of emancipation.

statements on your petition that are not true, or if you

Emancipation is usually permanent. However, if there are

IS EMANCIPATION PERMANENT?

All references in this pamphlet to parent or parents include legal guardians or guardians.

## **HOW DO I BECOME EMANCIPATED?**

There are three ways you can become emancipated:

Emancipation is only one of several alternatives available to

DO I HAVE CHOICES OTHER THAN EMANCIPATION?

you if you feel you cannot live with your parents. You may

want to consider other options such as:

1. You can get married (This requires parental consent and permission from the court.)

### CEB Essential Forms

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The clerk will provide you with an endorsed filed copy of the judge's order.

# Declaration of emancipation without hearing

If the judge finds that all notice and consent requirements have been met or waived, and that emancipation is not contrary to your best interests, the judge may grant your petition without a hearing.

## Setting a hearing and giving notice

If the judge wants more information, a hearing will be held within 30 days of the order prescribing notice and setting for hearing. If the judge orders the matter set for hearing, the clerk will notify the district attorney of the time and date of the hearing. The judge may require that you give notice to your parents and other people of the time and place of the hearing. This is very important, because the judge may be very strict about making sure that your parents were given proper notice before granting an emancipation petition.

Notice is provided by giving or mailing a copy of the emancipation petition to each person the judge lists for you. An adult, 18 years or older, must personally give or mail the copies for you as soon as possible after the hearing date is set, and complete a *Proof of Service* form to be filed with the clerk.

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- 2. You can join the armed forces. (This requires parental consent and acceptance by the service.)
- 3. You can obtain a declaration of emancipation from a judge.

This pamphlet tells you only about how to be declared emancipated by a judge. If you want to be declared emancipated by a judge, you must convince the judge that you meet **ALL of the following requirements:** 

- l. You are at least 14 years old.
- 2. You willingly want to live separate and apart from your parents with the consent or acquiescence of your parents. (Your parents do not object to you living apart from them.)
- 3. You can manage your own finances.
- 4. You have a source of income that does not come from any illegal activity.
- 5. Emancipation would not be contrary to your best interests; it is good for you.

# HOW DO I GET DECLARED EMANCIPATED BY A JUDGE?

You will need to complete certain forms and file them with the court. You can get blank forms to fill out from the court clerk's office. The forms you *must* fill out are:

- Petition for Declaration of Emancipation of Minor, Order Prescribing Notice, Declaration of Emancipation, and Order Denying Petition (EM-100)
- Emancipation of Minor—Income and Expense Declaration (EM-115)

EM-100-INFO

Declaration of Emancipation of Minor After Hearing (EM-130)

## **Emancipation petition**

You must file a Petition for Declaration of Emancipation of dependent or ward of the juvenile court, the petition must be residence address. You must also complete and attach to the filed in juvenile court.) Only you may petition the court for petition an Emancipation of Minor—Income and Expense division of the court handles emancipations. If you are a emancipation. You will be asked to provide a verifiable Minor form (EM-100) in the county in which you live. (Check with your local clerk's office to find out which *Declaration* form (EM-115)

### Filing fee or waiver

afford to pay the fee, you can file an application to have the pay the filing fee as specified. The ability or inability to pay Fees and Costs form and an Order on Application of Court You may be required to pay a fee to file your emancipation the filing fee is not in and of itself evidence of the financial fees waived, including an Application for Waiver of Court Fees and Costs form. Unless waived, the petitioner shall responsibility of the minor as required for emancipation. petition. Ask the clerk if a fee is required. If you cannot

### Filling out the forms

- Print or type ALL information requested on the forms.
- Sign and date the petition.
- Include a statement explaining your living situation,

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why you want to be emancipated, and how you are supporting yourself. If you have children, tell how you are supporting them. You could also include etters from your employer and your landlord.

- If you do not know where your parents or guardians live, you must tell the court when you last saw your parents and what efforts you have made to find out where your parents live.
- to sign the consent, you must get a hearing date from the clerk, and give notice of the hearing to your If you know where your parents live, but they refuse parents.
- wish to notify one or both of them about this petition, If you know where your parents live, but you do not you must state ALL your reasons and request the court to waive notification to your parents.

## Filing the petition and the other forms

office for filing. (When you pick up the blank forms, ask the Within 30 days from the filing of the petition, the judge will for emancipation and show the clerk your papers. The clerk clerk how many copies of each form you will need to bring possible), take the forms and the attachments to the clerk's will keep at least one copy of your petition. The clerk will with you. Be sure to keep a copy for yourself.) When you get to the court, tell the clerk that you are filing a petition either give or direct you to give the petition to the judge. After you have completed the forms and all necessary attachments, and obtained your parents' signatures (if

- grant your petition; or
- deny your petition; or

	EIVI-100
ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:	
FIRM NAME:	
STREET ADDRESS:	
CITY: STATE: ZIP CODE:	
TELEPHONE NO.: FAX NO.:	
E-MAIL ADDRESS:	
ATTORNEY FOR (name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
IN THE MATTER OF (NAME):	
Detitioner a miner	
Petitioner, a minor PETITION FOR DECLARATION OF EMANCIPATION OF MINOR	CASE NUMBER
ORDER PRESCRIBING NOTICE ORDER DENYING PETITION	CASE NUMBER:
DECLARATION OF EMANCIPATION	
DECLARATION OF EMIANCIPATION	
1. My name:	
My address:	
I am a resident of or temporarily domiciled in this county.	
I request that the court declare me to be emancipated.	
3. a. I am at least 14 years of age and my date of birth is:	
b. I am willingly living separate and apart from my parents or legal guardian, with the cons	ent of my parents or legal guardian. I
have been living apart from them since (date):	
c. I am managing my own financial affairs. I have completed my declaration of income and	d expenses on form EM-115 and
attached it to this petition.	
d. No part of my income comes from any activity that is a crime under the laws of the State	e of California or of the United States.
4. My mother's name is:	
Her address is:	
Her consent to my emancipation is attached.	
Notice to her should not be required because (state reasons):	
5. My father's name is:	
His address is:	
His consent to my emancipation is attached.	
Notice to him should not be required because (state reasons):	
6. I have a legal guardian.	
My guardian's name is:	
My guardian's address is:	
My guardian's consent to my emancipation is attached.	
Notice to my guardian should not be required because (state reasons):	
7. Other person entitled to notice.  This person's name is:	
·	
This person's address is:  This person's consent to my emancipation is attached.	
Notice to this person should not be required because (state reasons):	
8. I am a dependent child [probation] ward of the Juvenile Court of	County.
Case number (if known):	Gounty.
My social worker probation officer is (name):	
His/her consent is attached.	
I declare under penalty of perjury that the foregoing is true and correct and that this declaration	on is executed at
(place):	ni o oxoditoù at
, oamorna.	
Date:	
<del></del>	(SIGNATURE) Page 1 of 2

NAME OF MINOR		CASE NUMBER:
	ORDER PRESCRIBING NOTICE	
<ul> <li>9. The court finds that</li> <li>a. All persons entitled to notice of this</li> <li>b. The addresses of the following are</li> <li>(1) Father</li> <li>(2) Mother</li> <li>(3) Legal guardian</li> <li>c. Notice to the following persons cand</li> <li>d. Other (specify):</li> </ul>		ion and waived notice of hearing.
b. a is required to the following persons	emancipation may proceed without hearing.	
(1)  Father (2)  Mother	(4) Juvenile Court of for service on social work	County
(3) Legal guardian	(5) District attorney	ker of probation officer
c. This matter is set for hearing on (da	· · · —	in (dept):
Date:		
	(J	JUDGE OF THE SUPERIOR COURT)
waived by the court. Emancipation is not contrible PETITION IS GRANTED. THE PETITION FAMILY CODE SECTION 7050 ET SEQ.	•	OR PURPOSES SET FORTH IN
Date:		IUDGE OF THE SUPERIOR COURT)
	ORDER DENYING PETITION	
The court finds that the petition on its face fails THE PETITION IS DENIED.	s to establish that the petitioner is a person des	scribed by Family Code section 7120.
Date:	(J	JUDGE OF THE SUPERIOR COURT)
[SEAL]	CLERK'S CERTIF (Of Declaration of Ema rtify that the foregoing is a true and correct cop	ancipation)
Date:	Clerk, by	, Dep



ATTORNEY OR PARTY WITHOUT ATTORNEY			
ATTORNET OR FARTT WITHOUT ATTORNET	STATE BAR NUMBER:	FOR COURT USE ONLY	
NAME:			
FIRM NAME:			
STREET ADDRESS:			
CITY:	STATE: ZIP CODE:		
TELEPHONE NO.:	FAX NO.:		
E-MAIL ADDRESS:			
ATTORNEY FOR (name):			
SUPERIOR COURT OF CALIFORNIA, COUNT	Y OF		
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
IN THE MATTER OF <i>(NAME):</i>			
	Petitioner, a mi	nor	
	MANCIPATION OF MINOR	CASE NUMBER:	
CONSENT AND	WAIVER OF NOTICE		
The prince (a.e., )		h 79 1 20 1 1	
. The minor (name):	MINOR If the medial of the least	has filed a petition asking the cour	Ţ
		inor will be considered to be over the age of	
majority for purposes set forth in Californ	nia Family Code section 7050.		
. A HEARING for the court to consider the	petition will be held:		
	ime): in Dept.:	Room:	
TO PARENTS: F THE PETITION IS GRANTED, THE MIN PETITION THE COURT TO RESCIND THE		E, OR THE DISTRICT ATTORNEY MAY LATER AND YOU MAY BE LIABLE FOR SUPPORT A	
TO PARENTS: F THE PETITION IS GRANTED, THE MIN			
O PARENTS: F THE PETITION IS GRANTED, THE MIN PETITION THE COURT TO RESCIND THE MEDICAL COVERAGE FOR THE MINOR.			
TO PARENTS: F THE PETITION IS GRANTED, THE MIN PETITION THE COURT TO RESCIND THE MEDICAL COVERAGE FOR THE MINOR. Date:		AND YOU MAY BE LIABLE FOR SUPPORT A	
F THE PETITION IS GRANTED, THE MIN PETITION THE COURT TO RESCIND THE MEDICAL COVERAGE FOR THE MINOR.  Oate:  (TYPE OR PRINT NAME)	CONSENT AND WAIVER OF NO	AND YOU MAY BE LIABLE FOR SUPPORT A	ND
F THE PETITION IS GRANTED, THE MIN PETITION THE COURT TO RESCIND THE MEDICAL COVERAGE FOR THE MINOR.  Date:  (TYPE OR PRINT NAME)	CONSENT AND WAIVER OF NO	AND YOU MAY BE LIABLE FOR SUPPORT A	ND
TO PARENTS: F THE PETITION IS GRANTED, THE MIN PETITION THE COURT TO RESCIND THE MEDICAL COVERAGE FOR THE MINOR.  Oate:  (TYPE OR PRINT NAME)  The undersigned give up the right to notice	CONSENT AND WAIVER OF NO	AND YOU MAY BE LIABLE FOR SUPPORT A	ND
TO PARENTS: F THE PETITION IS GRANTED, THE MIN PETITION THE COURT TO RESCIND THE MEDICAL COVERAGE FOR THE MINOR.  Oate:  (TYPE OR PRINT NAME)  The undersigned give up the right to notice of emancipation without a hearing.	CONSENT AND WAIVER OF NO	PETITIONER CLERK  TICE  tion of Emancipation, and consent to a declaration	ND
TO PARENTS: F THE PETITION IS GRANTED, THE MINDETITION THE COURT TO RESCIND THE MEDICAL COVERAGE FOR THE MINOR.  Oate:  (TYPE OR PRINT NAME)  The undersigned give up the right to notice of emancipation without a hearing.  a. Mother:	CONSENT AND WAIVER OF NO	PETITIONER CLERK  TICE  tion of Emancipation, and consent to a declaration	ND
TO PARENTS: F THE PETITION IS GRANTED, THE MINDETITION THE COURT TO RESCIND THE MEDICAL COVERAGE FOR THE MINOR.  Oate:  (TYPE OR PRINT NAME)  The undersigned give up the right to notice f emancipation without a hearing.  a. Mother: Address:	CONSENT AND WAIVER OF NO of a hearing on the Petition for Declarate Signature:	PETITIONER CLERK  TICE  tion of Emancipation, and consent to a declaration	ND
TO PARENTS: F THE PETITION IS GRANTED, THE MIN PETITION THE COURT TO RESCIND THE MEDICAL COVERAGE FOR THE MINOR.  Oate:  (TYPE OR PRINT NAME)  The undersigned give up the right to notice of emancipation without a hearing.  a. Mother: Address: Telephone number:	CONSENT AND WAIVER OF NO of a hearing on the Petition for Declarate Signature:	PETITIONER CLERK  TICE  tion of Emancipation, and consent to a declaration  Dated:	ND
The undersigned give up the right to notice of emancipation without a hearing.  a. Mother: Address: Telephone number: Address: Address: Address: Address: Address:	CONSENT AND WAIVER OF NO of a hearing on the Petition for Declarate Signature:	PETITIONER CLERK  TICE  tion of Emancipation, and consent to a declaration  Dated:	ND
THE PETITION IS GRANTED, THE MINDETITION THE COURT TO RESCIND THE MEDICAL COVERAGE FOR THE MINOR.  Oate:  (TYPE OR PRINT NAME)  The undersigned give up the right to notice of emancipation without a hearing.  a. Mother: Address: Telephone number:  b. Father: Address: Telephone number:	CONSENT AND WAIVER OF NOtation of a hearing on the Petition for Declarate Signature:  Signature:	PETITIONER CLERK  TICE tion of Emancipation, and consent to a declaration  Dated:  Dated:	ND
CO PARENTS: F THE PETITION IS GRANTED, THE MIN DETITION THE COURT TO RESCIND THE MEDICAL COVERAGE FOR THE MINOR.  Pate:  (TYPE OR PRINT NAME)  The undersigned give up the right to notice of emancipation without a hearing.  a. Mother: Address: Telephone number: b. Father: Address: Telephone number: C. Legal guardian:	CONSENT AND WAIVER OF NOtation of a hearing on the Petition for Declarate Signature:  Signature:	PETITIONER CLERK  TICE  tion of Emancipation, and consent to a declaration  Dated:	ND
THE PETITION IS GRANTED, THE MINDETITION THE COURT TO RESCIND THE MEDICAL COVERAGE FOR THE MINOR.  Oate:  (TYPE OR PRINT NAME)  The undersigned give up the right to notice f emancipation without a hearing.  a. Mother: Address: Telephone number: b. Father: Address: Telephone number: c. Legal guardian: Address:	CONSENT AND WAIVER OF NOtation of a hearing on the Petition for Declarate Signature:  Signature:	PETITIONER CLERK  TICE tion of Emancipation, and consent to a declaration  Dated:  Dated:	ND
The Petition is Granted, the Min Petition the Court to rescind the Medical Coverage for the Minor.  The undersigned give up the right to notice of emancipation without a hearing.  a. Mother: Address: Telephone number: b. Father: Address: Telephone number: c. Legal guardian: Address: Telephone number:	CONSENT AND WAIVER OF NOtation of a hearing on the Petition for Declarate Signature:  Signature:	PETITIONER CLERK  TICE tion of Emancipation, and consent to a declaration  Dated:  Dated:	ND
THE PETITION IS GRANTED, THE MINDETITION THE COURT TO RESCIND THE MEDICAL COVERAGE FOR THE MINOR.  The undersigned give up the right to notice of emancipation without a hearing.  a. Mother: Address: Telephone number: b. Father: Address: Telephone number: c. Legal guardian: Address: Telephone number: d. Social worker:	CONSENT AND WAIVER OF NOT of a hearing on the Petition for Declarate Signature:  Signature:  Signature:	TICE tion of Emancipation, and consent to a declaration  Dated:  Dated:  Dated:	ND
The Petition is Granted, the Minderition the Court to rescind the Medical Coverage for the Minor.  The undersigned give up the right to notice of emancipation without a hearing.  a. Mother: Address: Telephone number: b. Father: Address: Telephone number: c. Legal guardian: Address: Telephone number: d. Social worker: Probation officer:	CONSENT AND WAIVER OF NOtation of a hearing on the Petition for Declarate Signature:  Signature:	TICE tion of Emancipation, and consent to a declaration  Dated:  Dated:  Dated:	ND
TO PARENTS: F THE PETITION IS GRANTED, THE MIN PETITION THE COURT TO RESCIND THE MEDICAL COVERAGE FOR THE MINOR.  Oate:  (TYPE OR PRINT NAME)  The undersigned give up the right to notice of emancipation without a hearing.  a. Mother:     Address:     Telephone number: b. Father:     Address:     Telephone number: c. Legal guardian:     Address:     Telephone number: d. Social worker:     Probation officer:     Address:	CONSENT AND WAIVER OF NOT of a hearing on the Petition for Declarate Signature:  Signature:  Signature:	TICE tion of Emancipation, and consent to a declaration  Dated:  Dated:  Dated:	ND
TO PARENTS: F THE PETITION IS GRANTED, THE MINDETITION THE COURT TO RESCIND THE MEDICAL COVERAGE FOR THE MINOR.  Date:  (TYPE OR PRINT NAME)  The undersigned give up the right to notice of emancipation without a hearing.  a. Mother:     Address:     Telephone number: b. Father:     Address:     Telephone number: c. Legal guardian:     Address:     Telephone number: d. Social worker:     Probation officer:     Address:     Telephone number:	CONSENT AND WAIVER OF NOT of a hearing on the Petition for Declarate Signature:  Signature:  Signature:  Signature:	TICE tion of Emancipation, and consent to a declaration  Dated:  Dated:  Dated:  Dated:	ND
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TO PARENTS: F THE PETITION IS GRANTED, THE MINPETITION THE COURT TO RESCIND THE MEDICAL COVERAGE FOR THE MINOR.  Oate:  (TYPE OR PRINT NAME)  The undersigned give up the right to notice of emancipation without a hearing.  a.  Mother:  Address:  Telephone number:  Address:  Telephone number:  C.  Legal guardian:  Address:  Telephone number:  C.  Cocial worker:  Probation officer:  Address:  Telephone number:	CONSENT AND WAIVER OF NOT of a hearing on the Petition for Declarate Signature:  Signature:  Signature:  Signature:	TICE tion of Emancipation, and consent to a declaration  Dated:  Dated:  Dated:  Dated:	ND

Page 1 of 1

		•	_ IVI - I I
ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY	
NAME:			
FIRM NAME:			
STREET ADDRESS:			
CITY:	STATE: ZIP CODE:		
TELEPHONE NO.:  E-MAIL ADDRESS:	FAX NO.:		
ATTORNEY FOR (name):			
SUPERIOR COURT OF CALIFORNIA, COUNT	TY OF		
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
IN THE MATTER OF (NAME):			
	Petitioner, a minor		
EMANCIPATION OF I		CASE NUMBER:	
EXPENSE DE			
My telephone number is: I have been living at this address since: I live there with (name and relationship of	of all persons, including children):		
<ul><li>2. My date of birth is:</li><li>3. a.   I am attending school (name of state of state</li></ul>			
b. L I am not attending school. The h	nighest year of education I have completed is:		
4. My occupation is:			
5. a.	ployment is (name and address):		
to (ending month and year):	OC.	nings were: \$	
d. 🔲 I intend to apply for welfare or Al	FDC.		

CEB\* Essential Forms

EM-115

IN THE MATTER OF (name):	CASE NUMBER:	
7. The average of my gross monthly earnings is:	<u>Amount</u>	
a.   Salary and wages, including bonuses and overtime	\$	
<ul> <li>b. Money received from parents or other adults assisting me (name and relationship):</li> </ul>	\$	
c. Other (specify source and amount):	\$	
8. I have the following assets:	<u>Value</u>	
a. Cash	\$	
b. Checking account	\$	
c. Savings account	\$	
d. Stocks, bonds	\$	
e.  Vehicle (year, make, model):	\$	
f. Other (specify):	\$	
9. My monthly expenses are:	<u>Amount</u>	
a. Rent or Mortgage	\$	
b. 🔲 Food	\$	
c. Clothing	\$	
d. Phone and utilities	\$	
e.  Vehicle	\$	
(1) Loan payments	\$	
(2) Maintenance	\$	
I declare under penalty of perjury that the foregoing is true and correct.		
Date:		

EM-115 [Rev. September 1, 2018]

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

ATTORNEY OR PARTY WITHOUT ATTORNEY	Y STATE BA	AR NUMBER:	FOR COURT USE ONLY	
NAME:				
FIRM NAME:				
STREET ADDRESS:				
CITY:	STATE:	ZIP CODE:		
TELEPHONE NO.:	FAX NO.:			
E-MAIL ADDRESS:				
ATTORNEY FOR (name):				
SUPERIOR COURT OF CALIFORN	IIA, COUNTY OF			
STREET ADDRESS:				
MAILING ADDRESS:				
CITY AND ZIP CODE:				
BRANCH NAME:				
IN THE MATTER OF (NAME):				
		Petitioner, a minor		
DECLARATION OF EMA	ANCIPATION OF MINO	R AFTER HEARING	CASE NUMBER:	
This proceeding came on for head of the control of the contro	earing as follows:			
a. Date:	Time:	Dept.:	Room:	
b. Judge (name):				
c. Present in court:				
Petitioner		Attorney (name):		
Father		Attorney (name):		
Mother Mother		Attorney (name):		
Probation officer (name	<del>:</del> ):			
Social worker (name):				
County counsel (name)				
District attorney (name)				
Other (name and relation	onship to minor):			
2. THE COURT FINDS THAT:				
a. Notice was given as pre				
<del></del>	n to the petitioner's	· · · · · · · · · · · · · · · · · · ·	t a court may rescind the declaration	
		ole for the minor's support ar	nd medical coverage.	
c. The petitioner is a person de	scribed by Family Code s	ection 7120.		
<ul> <li>d. Emancipation is not contrary</li> </ul>	to the best interests of the	e petitioner.		
3. THE PETITION IS GRANTED.	THE PETITIONER IS DEC	CLARED TO BE EMANCIPA	TED FOR THE PURPOSES SET FORTH	I IN
FAMILY CODE SECTION 7050	) ET SEQ.			
		<b>.</b>		
Date:		<u>/</u>		
			(JUDGE OF THE SUPERIOR COURT)	
(SEAL)				
(02/12)		CLERK'S CEF	RTIFICATE	
	I certify that the f		et copy of the original on file in my office.	
	22,	g. g.s.a.a.a.a.a.a	, ,	
	Date:	Clerk, by		, Deputy
	·-	, <del></del>		, - F <b>y</b>
				Page 1 of 1

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, State Bar number, and address).	FOR COURT USE ONLY
— (Name, Giale Bai humber, and address).	
TELEPHONE NO.: FAX NO.:	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS: CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	(If analizable manida)
	(If applicable, provide): HEARING DATE:
OTHER PARENT/PARTY:	HEARING TIME:
PROOF OF PERSONAL SERVICE	DEPT.:
I am at least 18 years old, not a party to this action, and not a protected person listed in a	inv of the orders
<ol> <li>Person served (name):</li> </ol>	my of the orders.
I served copies of the following documents (specify):	
4. By personally delivering copies to the person served, as follows:	
a. Date: b. Time:	
c. Address:	
5. I am	
a.  not a registered California process server. d. exempt from regist	ration under Business & Profession
b. a registered California process server. Code section 2235	
c. an employee or independent contractor of a e. a California sheriff	or marshal.
registered California process server.	
6. My name, address, and telephone number, and, if applicable, county of registration and r	number (specify):
7.    I declare under penalty of perjury under the laws of the State of California that the fo	
8.	
Date:	
<b>\</b>	
(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS) (SIGNA'	TURE OF PERSON WHO SERVED THE PAPERS)
(Sidiya	. C C CHOOK WHO CENTED THE LAI LING

### EM-140

ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY:	STATE: ZIP CODE:	
TELEPHONE NO.:	FAX NO.:	
E-MAIL ADDRESS:		
ATTORNEY FOR (name):		
SUPERIOR COURT OF CALIFORNIA, COUN	TY OF	
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
IN THE MATTER OF (NAME):		
EMANCIDATED MINOR'S	APPLICATION TO CALIFORNIA	CASE NUMBER:
	F MOTOR VEHICLES	
DEPARTMENT O	F MOTOR VEHICLES	
On	Lwas dealared to be on	nancipated for the purposes set forth in Family Code
		nancipated for the purposes set forth in Family Code
(DATE OF EMANCIPATION OR	DER)	
section 7050 et seq. by order of the Honora	able	
	(NAN	ME OF JUDICIAL OFFICER)
Judge of the Superior Court of		County
Judge of the Superior Court of		County.
	(NAME OF COUNTY)	
Laurely to the California Department of Mat	au Malaiala a fau ambu , af islambif in a infausachi	
		on in its law enforcement computer network and
	on any identification card issued to me by	the Department. I have attached a certified copy
of the Declaration of Emancipation.		
	_	
Deter		
Date:	<u> </u>	
		(SIGNATURE OF EMANCIPATED MINOR)

			EIVI-100
ATTO NAME	rney or party without attorney state bar number:  Minor's full legal name	FOR COURT USE O	NLY
FIRM	NAME:		
STRE	ET ADDRESS: Minor's address		
	Minor's city of residence STATE CA ZIP CODE Minor's zip co	de	
	PHONE NO.: Minor's telephone number fax No.:		
E-MAI	LADDRESS: Tn Pro Per		
ATTO	RNEY FOR (name): In Pro Per		
	RIOR COURT OF CALIFORNIA, COUNTY OF TULARE SET ADDRESS: Address of court where you are filing		
	NG ADDRESS:		
	AND ZIP CODE:		
	RANCH NAME:		
IN T	HE MATTER OF ( <i>NAME</i> ):		
	Minor's full legal name		
	Petitioner, a mino	r	
	PETITION FOR DECLARATION OF EMANCIPATION OF MINOR	CASE NUMBER:	
	ORDER PRESCRIBING NOTICE ORDER DENYING PETITION	Leave blank for cler	k to stamp
	DECLARATION OF EMANCIPATION		•
1. My	name: Minor's full legal name		
	address: Minor's address		
l ar	n a resident of or temporarily domiciled in this county.		
2. I re	quest that the court declare me to be emancipated.		
	am at least 14 years of age and my date of birth is:		
b.	am willingly living separate and apart from my parents or legal guardian, with the c	onsent of my parents or legal gua	ardian. I
	have been living apart from them since (date): Write the date when minor		
	I am managing my own financial affairs. I have completed my declaration of income	and expenses on form EM-115 a	ind
	attached it to this petition.	State of California or of the United	l Ctataa
u. ⊿Mv	No part of my income comes from any activity that is a crime under the laws of the S mother's name is: Full legal name of minor's mother	state of California of of the Officeu	i States.
	raddress is: Street address, city, state, zip code of minor's mother	•	
	Her consent to my emancipation is attached. Check this box, file signed E		consents
	Notice to her should not be required because (state reasons): OR Check this		
5. My	father's name is: Full legal name of minor's father		
His	address is: Street address, city, state, zip code of minor's father		
	His consent to my emancipation is attached. Check this box, file signed E	M-109 if minor's father c	onsents
	Notice to him should not be required because (state reasons): OR Check this	oox and attach an explana	ition
	I have a legal guardian. Check this box if you have a legal guardian		
	guardian's name is: Full name of minor's guardian		
IVIY	guardian's address is: Street address, city, state, zip code of minor's	3 mother	, condonta
$\vdash$	My guardian's consent to my emancipation is attached. Check this box, file Notice to my guardian should not be required because (state reasons): OR Che	signed EM-109 if guardian	avalenation
<sub>7</sub> 🗔	Other person entitled to notice.	ck this box and attach an	explanation
	s person's name is: Full name of person entitled to notice		
Thi	s person's address is: Street address city state zin code of other n	erson	
	s person's address is: Street address, city, state, zip code of other p This person's consent to my emancipation is attached. Check this box, file	signed EM-109 if other pe	erson consents
$\Box$	Notice to this person should not be required because (state reasons): OR chec	k this box and attach an e	explanation
8. 🔲	I am a dependent child [probation] ward of the Juvenile Court of <b>Cour</b>	ity where Juvenile case is	filed County.
	se number (if known): Check here if you are a dependent child or prob	ation ward of the Juvenile	e court
My			
		ned EM-109 signed by that	ι ιπαινιαμαί
i decia (place	are under penalty of perjury that the foregoing is true and correct and that this decla	ation is executed at	
(Place			
Date:	Write the date you signed Sign her	e	
	·	(SIGNATURE)	Page 1 of 2

NAME OF MINOR Full name of minor	CASE NUMBER:
OI	RDER PRESCRIBING NOTICE
<ul> <li>9. The court finds that</li> <li>a. All persons entitled to notice of this proceed</li> <li>b. The addresses of the following are unknown</li> <li>(1) Father</li> <li>(2) Mother</li> <li>(3) Legal guardian</li> <li>c. Notice to the following persons cannot or sh</li> <li>d. Other (specify):</li> </ul>	
<ul> <li>10. IT IS ORDERED that notice of this proceeding</li> <li>a.  is not required. The declaration of emancip</li> <li>b.  is required to the following persons:</li> </ul>	pation may proceed without hearing.
(1) Father (2) Mother (3) Legal guardian	(4) Juvenile Court of Count for service on social worker or probation officer  (5) District attorney
c. This matter is set for hearing on (date):	at (time): in (dept):
Date:	(JUDGE OF THE SUPERIOR COURT)
DECLARATIO	ON OF EMANCIPATION WITHOUT HEARING
waived by the court. Emancipation is not contrary to the THE PETITION IS GRANTED. THE PETITIONER IS D FAMILY CODE SECTION 7050 ET SEQ.  Date:	e best interests of the child.  PECLARED TO BE EMANCIPATED FOR PURPOSES SET FORTH IN
	(JUDGE OF THE SUPERIOR COURT)
	ORDER DENYING PETITION
The court finds that the petition on its face fails to estate THE PETITION IS DENIED.	blish that the petitioner is a person described by Family Code section 7120.
Date:	(JUDGE OF THE SUPERIOR COURT)
[SEAL]	CLERK'S CERTIFICATE (Of Declaration of Emancipation) the foregoing is a true and correct copy of the original on file in my office.
Date:	Clerk, by, De



				OD COURT HOE ONLY	
ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER:		F	FOR COURT USE ONLY	
NAME: Minor's full name					
FIRM NAME:					
TREET ADDRESS: Minor's street address	<b>a</b> 4	Minan'a zin aada			
Y: City where Minor resides	STATE: CA ZIP COD	<sub>E:</sub> Minor's zip code			
ELEPHONE NO.: Minor's telephone number	FAX NO.:				
E-MAIL ADDRESS:					
ITTORNEY FOR (name): In Pro Per	T. II A D. C		_		
UPERIOR COURT OF CALIFORNIA, COUNTY OF					
STREET ADDRESS: Address of court where you o	ire filing				
MAILING ADDRESS:					
CITY AND ZIP CODE:					
BRANCH NAME:			_		
N THE MATTER OF (NAME):					
Minor's full legal r		) a titi a man manina m			
NOTICE OF HEARING-EMANC		Petitioner, a minor	CACE NUMBER		
T parents CONSENT AND WAIVE		OII	CASE NUMBER:	_eave blank	
consenting CONSENT AND WAIVE	OI NOTICE			Leuve Diulik	
The minor (name): Minor's full legal name			has filed	a petition asking the	court
to declare the minor an <b>EMANCIPATED MINOF</b>	If the netition is a	ranted the minor will			
majority for purposes set forth in California Fam			be considered	to be over the age	JI .
, , , ,	•				
A HEARING for the court to consider the petition		_	_		
on (date): at (time):			R	loom:	
O PARENTS: F THE PETITION IS GRANTED, THE MINOR, TH PETITION THE COURT TO RESCIND THE DECL	E MINOR'S REPRE		IE DISTRICT A	ATTORNEY MAY LA	
O PARENTS: THE PETITION IS GRANTED, THE MINOR, THE ETITION THE COURT TO RESCIND THE DECL. STATE THE MINOR.  Pate: Write date here	E MINOR'S REPRE	ESENTATIVE, OR TH NCIPATION AND YO	IE DISTRICT A	ATTORNEY MAY LA	
O PARENTS: THE PETITION IS GRANTED, THE MINOR, THE ETITION THE COURT TO RESCIND THE DECLIFICAL COVERAGE FOR THE MINOR.  Write date here	E MINOR'S REPRE	ESENTATIVE, OR TI	IE DISTRICT A	ATTORNEY MAY LA	
O PARENTS: THE PETITION IS GRANTED, THE MINOR, THE PETITION THE COURT TO RESCIND THE DECLIFICAL COVERAGE FOR THE MINOR.	E MINOR'S REPRE	ESENTATIVE, OR TH NCIPATION AND YO	IE DISTRICT A	ATTORNEY MAY LA	
O PARENTS: F THE PETITION IS GRANTED, THE MINOR, THE PETITION THE COURT TO RESCIND THE DECL. MEDICAL COVERAGE FOR THE MINOR. Date: Write date here Write your name here  (TYPE OR PRINT NAME)	E MINOR'S REPRE	ESENTATIVE, OR THE NCIPATION AND YOU	IE DISTRICT A	ATTORNEY MAY LA	
F THE PETITION IS GRANTED, THE MINOR, THE PETITION THE COURT TO RESCIND THE DECL. MEDICAL COVERAGE FOR THE MINOR.  Date: Write date here  Write your name here  (TYPE OR PRINT NAME)  CONSTITUTE OF A POST OF A PERINT NAME	IE MINOR'S REPRE ARATION OF EMA	Sign here	DE DISTRICT ADU MAY BE LI	ATTORNEY MAY LA	RT AND
F THE PETITION IS GRANTED, THE MINOR, THE PETITION THE COURT TO RESCIND THE DECL. MEDICAL COVERAGE FOR THE MINOR.  Date: Write date here  Write your name here  (TYPE OR PRINT NAME)  CONSTITUTE CONTROL OF A HEAD OF THE MINOR.	SENT AND WAIV	Sign here Sign bere ER OF NOTICE In for Declaration of E	PETITIONER	ATTORNEY MAY LAABLE FOR SUPPO	RT AND
TO PARENTS: F THE PETITION IS GRANTED, THE MINOR, THE PETITION THE COURT TO RESCIND THE DECLAR MINOR.  PARENTS: Write date here Write your name here  (TYPE OR PRINT NAME)  CONSTITUTE OF A PRINT NAME)  The undersigned give up the right to notice of a head femancipation without a hearing.  A Mother: Mother's name	SENT AND WAIV	Sign here	PETITIONER	ATTORNEY MAY LA	RT AND
TO PARENTS: F THE PETITION IS GRANTED, THE MINOR, THE PETITION THE COURT TO RESCIND THE DECLARIZED TO THE MINOR.  PARENTS: Write date here Write your name here  (TYPE OR PRINT NAME)  CONSTITUTE TO THE MINOR.  CONSTITUTE OR PRINT NAME  Address: Mother's name Address: Mother's address	SENT AND WAIV aring on the Petitior Signature:	Sign here Sign bere ER OF NOTICE In for Declaration of E	PETITIONER	ATTORNEY MAY LAABLE FOR SUPPO	RT AND
F THE PETITION IS GRANTED, THE MINOR, THE PETITION THE COURT TO RESCIND THE DECL. MEDICAL COVERAGE FOR THE MINOR.  Date: Write date here  Write your name here  (TYPE OR PRINT NAME)  CONSTITUTE CONSTITUTE OF A PERINT NAME OF A P	SENT AND WAIV aring on the Petition Signature:	Sign here Sign bere For Declaration of E Mother signs here	PETITIONER  mancipation, a	CLERK  CLERK  CLERK  CLERK  CLERK  CLERK	laration
O PARENTS: THE PETITION IS GRANTED, THE MINOR, THE ETITION THE COURT TO RESCIND THE DECL. EDICAL COVERAGE FOR THE MINOR.  ate: Write date here  Write your name here  (TYPE OR PRINT NAME)  CONSTRUCTED TO THE MINOR.  Address: Mother's name Address: Mother's address Telephone number: Mother's teleph b. Father: Father's name	SENT AND WAIV aring on the Petition Signature:	Sign here Sign bere ER OF NOTICE In for Declaration of E	PETITIONER  mancipation, a	CLERK  CLERK  CLERK  CLERK  CLERK  CLERK	laration
O PARENTS: F THE PETITION IS GRANTED, THE MINOR, THE ETITION THE COURT TO RESCIND THE DECLAR IEDICAL COVERAGE FOR THE MINOR.  Pate: Write date here  Write your name here  (TYPE OR PRINT NAME)  CONSIDER THE MINOR.  CONSIDER THE MINOR.  Write your name here  (TYPE OR PRINT NAME)  CONSIDER THE MINOR.  Address: Mother's name Address: Mother's name Address: Mother's name Address: Father's name Address: Father's name Address: Father's address	SENT AND WAIV aring on the Petition Signature: none number Signature:	Sign here Sign bere For Declaration of E Mother signs here	PETITIONER  mancipation, a	CLERK  CLERK  CLERK  CLERK  CLERK  CLERK	laration
CONSTITUTE OF THE MINOR, THE MINOR, THE MINOR, THE MINOR, THE MINOR THE COURT TO RESCIND THE DECL.  MEDICAL COVERAGE FOR THE MINOR.  Mate: Write date here  Write your name here  (TYPE OR PRINT NAME)  CONSTITUTE  The undersigned give up the right to notice of a head femancipation without a hearing.  a. Mother: Mother's name Address: Mother's address Telephone number: Mother's telephone father's address Telephone number: Father's telephone number: Fat	SENT AND WAIV aring on the Petition Signature: none number Signature:	Sign here Sign here  ER OF NOTICE  for Declaration of E  Mother signs here	PETITIONER  mancipation, a	CLERK  CLERK  CLERK  CLERK  CAN Dated: Mother description	laration ates here
CONSIDERATE OF THE MINOR, THE MINOR, THE PETITION IS GRANTED, THE MINOR, THE ETITION THE COURT TO RESCIND THE DECL.  EDICAL COVERAGE FOR THE MINOR.  ate: Write date here  Write your name here  (TYPE OR PRINT NAME)  CONSIDERATE AND ADDRESS	SENT AND WAIV aring on the Petition Signature: Signature: Signature: Signature: Signature: Signature:	Sign here Sign bere For Declaration of E Mother signs here	PETITIONER  mancipation, a	CLERK  CLERK  CLERK  CLERK  CAN Dated: Mother description	laration ates here
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Page 1 of 1

ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER:		FOR COURT USE ONLY
NAME: Minor's full legal name			
FIRM NAME:   STREET ADDRESS: Minor's street address			
city: Minor's city of residence	STATE: CA ZIP CODE: Minor's zip code		
TELEPHONE NO.: Minor's telephone number	FAX NO.:		
E-MAIL ADDRESS:	TAXNO		
ATTORNEY FOR (name): In Pro Prer			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	TULARE		
STREET ADDRESS: Address of court			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
IN THE MATTER OF (NAME):			
Minor's full legal name			
EMANOIDATION OF MINO	Petitioner, a minor		
EMANCIPATION OF MINO		CASE NUMBER:	
EXPENSE DECLAR	TATION		
My telephone number is: Minor's teleph I have been living at this address since: date I live there with (name and relationship of all p	e when minor began living at this ad		ently living
2. My date of birth is: Minor's birth date	Charle have if wines is		المحاجم طحا المحاجم ما المحا
3. a.   I am attending school (name of school)	name and minor's curre	nt grade	olled in school, list school
b. I am not attending school. The highes		List highest not attending	
4. My occupation is: Minor's job title		nor arrenang	y car r chrry
5. a. a memployed. My place of employment Check here and list name and according to the control of the control	ent is <i>(name and address):</i> ddress of minor's employer if minoi	r is currently	working.
I started work there on (date): Write th	e date minor began working at this	employer	
b. I am not employed at the present time.	I last worked from (starting month and )	<sub>/ear):</sub> Check h	nere and state beginning and ending dates of prior work
to (ending month and year):  6. a.   I am not receiving welfare or AFDC an	My gross monthly earr d I do not intend to apply for welfare or A	•	and earnings if minor is not
b.	,	. 50.	currently working
<u> </u>	-	propriate box	k in section 6 to indicate
c. I have applied for welfare or AFDC.			y or will be receiving cash aid.
d. I intend to apply for welfare or AFDC.		-, <del>,</del> ,	,

		□IVI= 1 1
IN THE MATTER OF (name):	CASE NUMB	BER:
7. The average of my gross monthly earnings is:	<u>Amount</u>	
a.   Salary and wages, including bonuses and overtime		ALL of minor's sources of ne and the amount per mont
b. Money received from parents or other adults assisting me (name and relationship):	\$ rece	ived BEFORE taxes and actions.
c.  Other (specify source and amount):	\$	
8. I have the following assets:	<u>Value</u>	
a. Cash		all of minor's possessions of
b. Checking account	\$ and a	dollar value of each.
c. Savings account	\$	
d. Stocks, bonds	\$	
e.  Vehicle (year, make, model):	\$	
f. Other (specify):	\$	
9. My monthly expenses are:	<u>Amount</u>	
a. Rent or Mortgage		ll of minor's monthly
b.  Food	\$ expen	ses with amount of each.
c. Clothing	\$	
d. Phone and utilities	\$	
e.  Vehicle	\$	
(1) Loan payments	\$	
(2) Maintenance	\$	
I declare under penalty of perjury that the foregoing is true and correct.		
Date: Date here		
Minor's full legal name here	Minor signs here	

EM-115 [Rev. September 1, 2018]

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

ATTORNEY OR PARTY WITHOUT ATTORNED NAME: Minor's full legal name		STATE BAR NUMBER:	FOR COURT USE ONLY	
FIRM NAME:				
STREET ADDRESS: Minor's stree	t address			
CITY: City of minor's reside		STATE: CA ZIP CODE: Minor's zip code		
TELEPHONE NO .: Minor's telephone		FAX NO.:		
E-MAIL ADDRESS:				
ATTORNEY FOR (name): In Pro Per				
SUPERIOR COURT OF CALIFORN		TULARE		
STREET ADDRESS: Court address	5			
MAILING ADDRESS:				
CITY AND ZIP CODE:  BRANCH NAME:				
IN THE MATTER OF (NAME):				
	inor's full lega	al name		
		Petitioner, a minor		
DECLARATION OF EM	ANCIPATION O	OF MINOR AFTER HEARING	CASE NUMBER:	
1. This proceeding came on for h	-			
a. Date:	Time:	Dept.:	Room:	
b. Judge (name):				
c. Present in court:  Petitioner		Attorney (name):		
Father		Attorney (name):		
Mother		Attorney (name):		
Probation officer (name	e):	_		
Social worker (name):				
County counsel (name,				
District attorney (name,				
Other (name and relation	onship to minor):	:		
<ol> <li>THE COURT FINDS THAT:</li> <li>a. Notice was given as pre</li> </ol>	accribed by the a	oourt.		
b. Warning has been give	-		a court may rescind the declaration	
	•	ecome liable for the minor's support and		
c. The petitioner is a person de			ca.ca. co.rorago.	
d. Emancipation is not contrary				
			ED FOR THE PURPOSES SET FORTH	IN
FAMILY CODE SECTION 705	0 ET SEQ.			
Date:		•		
			(JUDGE OF THE SUPERIOR COURT)	
(SEAL)				
		CLERK'S CERT		
	I certify	y that the foregoing is a true and correct	copy of the original on file in my office.	
	Date:	Clerk, by _		, Deputy
				Page 1 of 1

ATTORNEY OR PARTY WITHOUT ATTORN NAME: Minor's full legal		STATE BAR NUMBER:	FOR COURT USE ONLY
FIRM NAME:			
STREET ADDRESS: Minor; s street		<b>64 44 1 1 1 1</b>	
CITY: Minor's city of reside		STATE: CA ZIP CODE: Minor's zip code	
TELEPHONE NO .: Minor's teleph	ione number	FAX NO.:	
E-MAIL ADDRESS:	_		
ATTORNEY FOR (name): In Pro Per		TIII 400	
SUPERIOR COURT OF CALIFOR	•	TULARE	
	55		
MAILING ADDRESS: CITY AND ZIP CODE:			
BRANCH NAME:			
IN THE MATTER OF (NAME):			
in the wither or (wine).	Minor's full l	egal name	
		ICATION TO CALIFORNIA TOR VEHICLES	CASE NUMBER:
On Write date of order h	ere	I was declared to be emanci	pated for the purposes set forth in Family Code
	NCIPATION ORDER)	1 was assisted to be simulated	salod for the purposed out forth in Family Code
section 7050 et seq. by order of	the Honorable	Write name of the judge who signe	d the emancipation order
		(NAME OF J	UDICIAL OFFICER)
Judge of the Superior Court of	TULARE		_ County.
		(NAME OF COUNTY)	
	nancipation on ar	· · · · · · · · · · · · · · · · · · ·	its law enforcement computer network and epartment. I have attached a certified copy
Date: Date here		Minor sig	ns here
			SIGNATURE OF EMANCIPATED MINOR)