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ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name and Address)*: TELEPHONE NO.:	***FOR COURT USE ONLY***
ATTORNEY FOR *(Name)*:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
IN THE MATTER OF *(NAME)*: Petitioner, a minor	
NOTICE OF HEARING — EMANCIPATION OF MINOR ☐ **CONSENT AND WAIVER OF NOTICE**	CASE NUMBER:

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

on *(date)*:	at *(time)*:	in Dept.:	Room:

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:

. . . . . .
(TYPE OR PRINT NAME)

▶ _____
☐ PETITIONER ☐ CLERK

CONSENT AND WAIVER OF NOTICE

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:

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