

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name and Address</i> ):	TELEPHONE NO.:	<b>FOR COURT USE ONLY</b>
ATTORNEY FOR ( <i>Name</i> ):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>		
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
IN THE MATTER OF ( <i>NAME</i> ):		
Petitioner, a minor		
<b>DECLARATION OF EMANCIPATION OF MINOR AFTER HEARING</b>	CASE NUMBER:	

1. This proceeding came on for hearing as follows:

a. Date: \_\_\_\_\_ Time: \_\_\_\_\_  Dept.: \_\_\_\_\_  Div.: \_\_\_\_\_  Room: \_\_\_\_\_

b. Judge (*name*): \_\_\_\_\_

c. Present in court:

- |   |  |
|---|--|
| <input type="checkbox"/> Petitioner                                       | <input type="checkbox"/> Attorney ( <i>name</i> ): |
| <input type="checkbox"/> Father   | <input type="checkbox"/> Attorney ( <i>name</i> ): |
| <input type="checkbox"/> Mother   | <input type="checkbox"/> Attorney ( <i>name</i> ): |
| <input type="checkbox"/> Probation officer ( <i>name</i> ):               |  |
| <input type="checkbox"/> Social worker ( <i>name</i> ):                   |  |
| <input type="checkbox"/> County counsel ( <i>name</i> ):                  |  |
| <input type="checkbox"/> District attorney ( <i>name</i> ):               |  |
| <input type="checkbox"/> Other ( <i>name and relationship to minor</i> ): |  |

2. **THE COURT FINDS THAT:**

- a.  Notice was given as prescribed by the court.
- b.  Warning has been given to the petitioner's  mother  father that a court may rescind the declaration of emancipation and the parents may become liable for the minor's support and medical coverage.
- c. The petitioner is a person described by Family Code section 7120.
- d. Emancipation is not contrary to the best interests of the petitioner.

3. **THE PETITION IS GRANTED. THE PETITIONER IS DECLARED TO BE EMANCIPATED FOR THE PURPOSES SET FORTH IN FAMILY CODE SECTION 7050 ET SEQ.**

Date: \_\_\_\_\_ (JUDGE OF THE SUPERIOR COURT)

[SEAL]

**CLERK'S CERTIFICATE**

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy