

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>PETITION FOR EMANCIPATION,                  AFFIDAVIT, AND WAIVER OF NOTICE</b>	<b>FILE NO.</b>
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In the matter of the emancipation of \_\_\_\_\_, a minor

1. My full name is \_\_\_\_\_ and my social security number is \_\_\_\_\_ .  
First name, middle name, and last name (type or print)  
Last 4 digits

2. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in \_\_\_\_\_ Court, Case Number \_\_\_\_\_, was assigned to Judge \_\_\_\_\_, and  remains  is no longer pending.

3. I am at least 16 years of age. I was born on \_\_\_\_\_ in \_\_\_\_\_ County, \_\_\_\_\_ . A certified copy of my birth certificate is attached to this petition.  
Date  
State

4. The name(s) and last known address(es) of my parents, guardian, or custodian are:

NAME	RELATIONSHIP	ADDRESS
	Parent	
	Parent	
	Guardian	
	Custodian	

5. I presently reside within this county at \_\_\_\_\_ and I have lived there continuously since \_\_\_\_\_ .  
Street address  
City, state, zip Date

6. I am able to manage my own financial affairs as shown by the following facts: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I am employed by: \_\_\_\_\_

(PLEASE SEE OTHER SIDE)

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Do not write below this line - For court use only

7. I am able to manage my personal and social affairs as shown by the following facts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My housing arrangements are: \_\_\_\_\_

8. I have read the Emancipation of Minors laws (Michigan Compiled Laws 722.1 through 722.6), and I understand my rights and responsibilities as an emancipated minor.

**I REQUEST** the court to order my emancipation.

I declare that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date /s/  
Minor's signature

/s/  
\_\_\_\_\_  
Attorney signature

\_\_\_\_\_  
Name (type or print) Bar no.

\_\_\_\_\_  
Address City State Zip Telephone no.

**AFFIDAVIT**

1. I am a \_\_\_\_\_, and I conduct business at or am employed at  
Occupation

\_\_\_\_\_  
Address City State Zip Telephone no.

2. I have personally known \_\_\_\_\_, a minor, for \_\_\_\_\_ years, and I  
Name (type or print)  
have personal knowledge of his/her current circumstances.

3. I believe that emancipation would be in the best interests of the minor because of the following circumstances:

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

4. I have reviewed this petition, and I waive notice of hearing and any adjournment of the hearing.

\_\_\_\_\_  
Date Signature of affiant  
\_\_\_\_\_  
Name (type or print)  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, state, zip Telephone no.

Subscribed and sworn to before me on \_\_\_\_\_, \_\_\_\_\_ County, Michigan.  
Date

My commission expires: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date Notary public

Notary public, State of Michigan, County of \_\_\_\_\_