

LEGAL SERVICES FOR CHILDREN

EMANCIPATION MANUAL

QUESTIONS AND ANSWERS ABOUT EMANCIPATION FOR TEENAGERS

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ABOUT USING THIS MANUAL

- ⇒ This manual is designed to help you figure out if emancipation is the right choice for you. It does five things:
 - Answers questions you may have about emancipation.
 - Walks you through the emancipation process, including all the legal papers you will have to file at a court in order to be emancipated.
 - Gives you information on how emancipation cases are handled in some counties in the San Francisco Bay Area.
 - Gives sample emancipation papers for two teenagers.
 - Gives you blank copies of California emancipation forms.
- ⇒ Emancipation laws are different in every state, and in some states it is not possible to get emancipated. *This guidebook is only for teens who live in California*. If you live somewhere else, you need to look into emancipation in your own state the laws, rules, and forms will be totally different.
- ⇒ If you are looking for blank emancipation forms you can find them at your local courthouse or online at http://www.courts.ca.gov/forms.htm.
- ⇒ Emancipation is a serious step that has negative as well as positive consequences. If you are considering emancipation, you should talk it over with an adult you trust, a counselor, or a lawyer. Feel free to call Legal Services for Children at (415) 863-3762. An intake worker can answer your questions about emancipation and help you figure out your options.

All information in this manual is current as of April 2014.

ACKNOWLEDGMENTS

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PREFACE

Legal Services for Children, Inc. (LSC) in San Francisco was created as a non-profit agency in 1975, the nation's first free and comprehensive law firm just for minors. Though LSC does not represent minors in emancipation proceedings, we do provide legal advice and review minors' emancipation papers.

Emancipation may not be the best choice, however. Before you try to get emancipated, you should think about your other options such as <u>family counseling</u> and/or <u>legal guardianship</u>. Family counseling with the people you live with can make it easier to live together. Legal guardianship is often a much easier way for you to live apart from your parents. You can ask a court to make an adult you trust -- like a relative or a family friend-- your legal guardian. You would live with your legal guardian, who would take care of you and have responsibility for you until you turn 18.

Even if legal guardianship isn't an option for you, you may still be able to arrange an informal agreement with your parents that lets you live with someone else. The adult you're living with can fill out a simple form called a <u>Caregiver's Authorization Affidavit</u>. This form will allow him or her to enroll you in school and get you basic medical care. Call Legal Services for Children at (415) 863-3762 if you need a copy of this form, or visit our website.

Finally, if you can't live safely at home you can always explore the option of <u>foster care</u>. The foster care system removes children who are being abused or neglected from their caretakers, and places them in foster homes or group homes. Most teenagers only want to consider foster care as a last resort, but it's important to remember that you always have this option if you're stuck in a situation that's not safe for you.

LSC is pleased to share this manual with any person interested in obtaining emancipation. However, all readers are advised that this is a basic guide only and that they must do their own research and review to be sure that they are acting on currently applicable law and procedure.

I. INTRODUCTION: PROCEEDINGS AFFECTING CUSTODY

Although this manual discusses emancipation, it is important to be aware of other proceedings in which custody of minors is affected. Emancipation is a process that allows a minor to obtain his/her own legal custody before turning 18. Legal custody of a minor means the right and responsibility to make almost all decisions affecting the care and supervision of that minor. This includes the right to determine the minor's domicile, the right to provide consent for the minor's medical care, the right to guide the minor's educational and religious development, and the right to make any reasonable order to control the minor's conduct.

A. LEGAL GUARDIANSHIP

Legal guardianship of the minor suspends the parents' right to custody of their child and places that custody with another adult. It does **not** permanently terminate parental rights. Technically, parents remain financially responsible for the minor. Guardianship of minors may be for their persons, their estates, or both. Guardianship of the person transfers legal custody of the minor. A guardianship of the estate of a minor is usually for the purpose of managing property and/or substantial assets that are in the minor's name. The Probate Court appoints the legal guardian. (Legal guardians can also be appointed by Juvenile Court, see section F.)

The Probate Court can appoint a guardian whenever such action is "necessary or convenient" (Probate Code §1514). If the parents do not consent, the court must find (1) that custody with parent(s) would be detrimental to the minor (if a parent contests), and (2) that it would be in the best interests of the minor to live with the proposed guardian (Family Code §3040). In guardianship proceedings, unlike Juvenile Court dependency proceedings (Welfare and Institutions Code §300), the court does not have to find the parents unfit.

For more information, see LSC's Guardianship Manual.

B. DISSOLUTION

Legal custody is initially vested **equally** in the minor's natural parents (Family Code §3010) whether they are married or not. Several ways exist to change legal custody. If the parents are or were married, custody is usually determined in a dissolution action. The court can consider the

child's preference and the reasons for it, if the child is sufficiently mature. Any custody order can be modified based upon a change of circumstances.

The Family Court in San Francisco (and in most counties in California) seeks the assistance of Family Court Services (FCS) when there is a dispute over custody issues between parents. FCS is an office of the court which employs professional counselors. These professionals first attempt to mediate a custody or visitation dispute between parents. If the child has legal counsel, their counsel's input will be included. If mediation fails, FCS will conduct an independent evaluation and provide a written report to the court.

C. UNMARRIED PARENTS

If the parents have never been married to each other, the issue of child custody is usually adjudicated through a paternity action, pursuant to Family Code §7600 – §7750. Once the legal father of the child is established, the issue of custody is resolved as in a dissolution action, as described above.

D. DOMESTIC VIOLENCE PREVENTION ACT

In situations involving domestic violence, custody of minors can be temporarily determined under the Domestic Violence Prevention Act (Family Code §6200 et seq.). A temporary restraining order may award custody of a minor child to one parent, subject to visitation rights of the other upon determination of the court. The abusive party may also be required to make child support payments during the period of custody. One parent may obtain temporary care and control of her/his minor child through a restraining order when the parties have not been married, or when no petition for separation, nullity of marriage, or dissolution of marriage has been filed.

E. ADOPTION

An adoption is a complete substitution of one parent or set of parents for another (Family Code §8500-§9340). In an adoption, the natural parent(s) (and the parents' other relatives) lose all their rights and obligations regarding their children, including visitation and support. The new adoptive parent(s) are placed in the same legal position vis-à-vis the minor as a natural parent including custody, support, and inheritance rights. In a stepparent adoption, only one parent is substituted for another. If the parent to be substituted is living, an adoption requires that the natural parent's rights be terminated, either voluntarily (Family Code §8604 – §8605) or involuntarily (Family Code §8606).

An adoption is different from a guardianship in that guardianship temporarily suspends the parents' right to custody (not their right to visitation or obligation to support), while adoption permanently substitutes one parent, or set of parents, for another.

F. JUVENILE COURT

Custody may also be changed through the three Juvenile Court jurisdictional sections: Welfare and Institutions Code §300 (dependency), §601 (status offense), and §602 (delinquency). If the minor falls within the descriptions of §300, §601, or §602, the Juvenile Court may remove custody of the minor from the parent or other legal custodian by declaring the minor a dependent child (§300) or a "ward" (§601 or §602) of the court. The court may place that custody with relatives or friends of the minor with the addition of ongoing supervision by the Probation Department or Human Services Agency (HSA). The court may also transfer placement to HSA or the Probation Department, which generally results in placement of the minor in a group or foster home. In some cases, the child will remain in the physical custody of the parents, under the supervision of the Human Services Agency (§300) or of the Probation Department (§601, §602).

The Juvenile Court can also appoint a legal guardian in both dependency and delinquency proceedings. **IMPORTANT NOTE**: If a guardianship was originally established in Juvenile Court any changes must be made in Juvenile Court. You cannot change a guardian by using the Probate Court guardianship process if the original guardianship was established in Juvenile Court.

In San Francisco Juvenile Court dependency or wardship actions, the court maintains control over the minor through HSA or Juvenile Probation. HSA is represented by the City Attorney, and Juvenile Probation is represented by the District Attorney. The recommendations of HSA and Juvenile Probation carry substantial weight with the court, and the court has wide discretion in making dispositional orders.

G. CONSERVATORSHIP

Custody of a minor can also be placed with a conservator. A conservatorship allows the involuntary placement of a minor found to be gravely disabled in a treatment facility. The procedures for conserving a minor for mental health treatment may be found at Welfare & Institutions Code § 5350 et seq.

II. EMANCIPATION: AN OVERVIEW

A. WHAT IS EMANCIPATION?

Emancipation is a legal process that frees a child who is between the ages of 14 and 18 from the custody and control of their parents or guardian. In California, there are three ways to get emancipated. First, a minor can obtain a declaration of emancipation (a court order) from a Judge. Second, a minor can get legally married with consent of your parents and permission from a court. Third, a minor can join the United States military on active duty.

This guide focuses on the first option—getting a declaration of emancipation from a Judge.

B. HOW DO I GET EMANCIPATED?

There are three ways a child can become emancipated:

- 1. **If you get married**. Note that individuals under eighteen must get the written consent of their parents or guardian and a court order if you get married before you turn eighteen.
- 1. **If you join the military.** Note that both your parents and the armed forces must give you permission to enlist if you are under eighteen.
- 2. If you go to court and have the judge declare you emancipated ("judicial declaration"). To get a Judge to emancipate you, you will need to file emancipation papers with a court. These papers are called your "petition" for emancipation. No adult can file a petition to emancipate you—only you can file the petition.

C. HOW CAN I QUALIFY FOR EMANCIPATION?

To get emancipated, you will need to convince a Judge that you meet all of these requirements:

- 1. You are at least fourteen years old.
- 2. You don't live with your parents or guardian, and they are either okay with this or are not actively trying to get you back.

The law says you must "willingly live separate and apart from your parents or guardian with their consent or acquiescence." This means that you will have to offer proof to the Judge

that you have moved out of your parents' or guardian's home and moved in somewhere else, with the intent and the ability to live on your own. You will also have to prove that your parents or guardian have consented (said okay) to you moving out of their house, or that they aren't actively trying to get you to come back home. As a general rule, it is easier to become emancipated if your parents or guardian consent to the emancipation.

3. You manage your own finances.

You must earn your own income and make all the decisions about how that money is spent. This means you'll need to show the court proof that you have a stable job that pays you enough money to cover all of your living expenses. You may also have to show the court proof that you're paying for those expenses—for example, receipts for rent, food, clothing, health care, or other necessary items.

There's no set amount of money that you have to earn in order to be emancipated, but you will have to show the court that your monthly income is more than the total of all of your expenses. If your only source of Income is welfare benefits (like CalWORKS or TANF), it may be hard to convince the Judge that you earn enough money to be emancipated.

Judges often want you to be in school before they grant emancipation, so it's better to be in school or in a GED program when you apply if that's at all possible for you. If you are not in school or a GED program, the Judge may decide to turn down your request to be emancipated. Although it is understandably difficult to hold down a job and go to school at the same time, the Judge will want proof that you've taken your education seriously and have a plan for your future.

4. Your source of income is legal.

This means that you can't earn your income from any kind of criminal activity. You definitely can't get emancipated if you earn money by committing crimes, like selling drugs or stealing things.

The law isn't clear on whether you qualify for emancipation if you work "under the table" and don't pay taxes on your income. It will be up to the Judge who hears your case to make a decision. If you work "under the table" but still want to get emancipated, be sure to give the court evidence that your job is a stable source of income. For example, even though you

don't have pay stubs, you might be able to show proof of regular deposits to your bank account or a copy of your work schedule.

5. Emancipation would be in your "best interests."

You must convince the Judge that emancipation will make a positive impact on your life. Even if you meet all the other requirements, a Judge can turn down your request to be emancipated if she feels it wouldn't be a good thing for you. When you go to court, your parents, guardian, or anyone else who doesn't think you should be emancipated can try to convince the Judge that emancipation would be a bad thing for you.

D. WHAT CHANGES IF I BECOME EMANCIPATED?

Emancipation allows you to make many decisions about your life that usually would be made by your parent or guardian. In many-- but not all-- ways, emancipation makes you an adult in the eyes of the law. If you are emancipated, you can:

- 1. Live where you want.
- 2. Sign contracts.
- 3. Keep the money you earn.
- 4. Buy, sell, lease, or give away any interest you have in real or personal property.
- 5. Get a work permit without parental consent.
- 6. Enroll yourself in school.
- 7. Sue someone in your own name.
- 8. Make a valid Will.
- 9. Consent to your own medical, dental, and psychiatric care.
- 10. Stay out as late as you want. (Curfew laws do not apply to emancipated minors.)

When you are emancipated, you are released from the custody and control of your parents. If you have a legal guardian, that guardianship ends when you become emancipated. If you are a dependent (foster kid) or ward of the juvenile court, your legal status changes when you are emancipated.

As an emancipated minor, you can get any type of medical, psychiatric, or dental care without informing or getting the permission of your parent or guardian. You can decide where you will live. You can apply for a work permit and enroll yourself in school or college. You can sign a

lease on an apartment and enter into other contracts. You can take part in lawsuits, get a bank loan or a credit card, and make a will. After you are emancipated, you should also be able to obtain financial assistance through the Temporary Assistance for Needy Families program ("TANF"). Keep in mind, though, that some courts may deny your emancipation petition if your only source of income is TANF.

There are negative consequences to emancipation, too: when you are emancipated, you give up the right to financial support from your parents. Your parents or guardian lose the right to control your finances, but they also are no longer required to support you. If you cannot support yourself, your emancipation may be undone by the courts and you will no longer be an emancipated minor. This is called "rescission" of emancipation.

Emancipation does not make you an adult in all ways. The laws that require you to attend school still apply. Even if you are emancipated, if you are charged with a crime your case will be in Juvenile Court. You still have to follow labor laws that do not allow you to perform certain dangerous types of work. You can't get your driver's license any earlier because you are emancipated. Finally, you can't legally consent (say yes) to sexual intercourse. This means that a person who has sex with an emancipated youth can still be prosecuted for statutory rape.

III. EMANCIPATION: INITIAL STAGES

The exact steps for becoming emancipated are different in every county. Before you start the emancipation process it is important for you to think if emancipation is really the best choice for you, and to familiarize yourself with the emancipation procedure.

A. IS EMANCIAPTION RIGHT FOR ME?

For emancipation, you must be able to convince the court that being independent of a parent or guardian would be the best option for you. As discussed above, you must prove that you are able to care for yourself, financially and emotionally, meaning that you can provide for all of your housing and living expenses and are able to meet your educational and miscellaneous responsibilities. This is a very high standard and it is very difficult to meet. It is important to understand why you are interested in emancipation. When considering emancipation ask yourself:

- Why do I want to be emancipated?
- Why is it in my best interest not to live at home?
- Where am I currently living? For how long? What is my current living arrangement like? (If you live with an adult, is a guardianship with that adult more beneficial for me?-when considering this option you should look at the LSC Guardianship Manual to weigh the benefits of the two)
- Who has custody of me?
- Would my parents or guardian agree to emancipation?
- What is the likelihood of me being emancipated?
- How well do I do making decisions for myself?
- Is my current employment stable?
- Do I have any other sources of income? Do I receive any state or federal benefits or other assistance?
- Is my source of income legal?
- Am I able to pay all of my living expenses?
- Do I have any proof of my ability to pay for my expenses--for example-- receipts for rent, food, clothing, health care, or other necessary items?
- Do I have any reservations about being financially, emotionally responsible for myself? If yes, what are they? If no, why don't I?
- Are there any adults that I might want to live with?
- Would filing for emancipation upset other family members? If so, how would that impact me?

FLOWCHART OF PAPER PROCEDURES

STEP 1: Writing the Petition

COMPLETE THE FOLLOWING FORMS:

- 1. Request to Waive Court Fees (FW-001)
- Order On Court Fee Waiver (NOT in Alameda Co.) (FW-001)
- 3. Petition for Declaration of Minor (and necessary attachments) (MC-300)
- Notice of Hearing of Hearing- Emancipation of Minor (MC-305)
- Emancipation of Minor Income and Expense Declaration (MC-306)

You can download them from the forms section of $% \left\{ 1\right\} =\left\{ 1\right\} =\left\{$

the Judicial Council's website:

http://www.courts.ca.gov/forms.htm

STEP 2: Filing the Petition

FILE YOUR COURT FORMS AND SUPPORTING DOCUMENTS WITH THE CLERK:

- Make sure you have completely filed out and signed all forms from Step 1 and attach all supporting materials together
- 2. Call the court clerk at the Superior Court (Civil Division) or if you are a dependent of the court the Juvenile Court to determine the number of copies you need to bring when you file the petition
- 3. Take all copies to the appropriate clerk's office
- 4. The clerk will ask the judge to sign the Order prescribing Notice on the back of the Petition.
- The clerk will tell you when to come back to pick up your papers or mail them to you

THE PAPERS THAT ARE FILED: GIVE ORIGINAL AND ONE COPY TO THE CLERK AND KEEP A FILED ENDORSED COPY FOR YOUR OWN RECORDS AND FOR SERVICE OF NOTICE.

STEP 5: The Emancipation Hearing

THE EMANCIPATION HEARING:

 Every County handles their hearings differently, refer to the Emancipation: The Hearing section below for a summary of Santa Clara County's Emancipation hearing protocol

STEP 3: Getting a Hearing

COLLECT FILED FORMS, OBATIN HEARING DATE, AND RESULT OF FEE WAIVER:

- Once the judge signs your papers, the clerk will give you a hearing date (may not be required if your parents gave consent) and a case number.
 - If you asked for a Fee Waiver, the clerk will let you know if you qualify. If you did not ask for a Fee Waiver, you have to pay the filing fee at this time.



SENDING OUT THE NOTICE OF HEARING AND THE PETITION (This applies only if a hearing is set)

- Under California law you must notify your parents, guardian, social worker (if applicable), and probation officer (if applicable).
- Service means, someone over 18 not you must mail copies of all your court documents to your parents (and guardian, social worker, or probation officer if you have one).
- The person who mails (serves) the copies must fill out a Proof
 of Service form. Then, you must file the Proof of Service with
 the court. The clerk will ask you for 2 copies of the Proof of
 Service. There is no Proof of Service form for emancipation.
 But, you can use Judicial Council Proof of Service form FL-335
- 4. If there is going to be a hearing, will you need to file the Declaration of Emancipation of Minor After Hearing.
- This document must be filed with the clerk before the date of the hearing. A good time to do this is when you file the Proof of Service form.

THE NOTICE NEEDS TO BE MAILED AT LEAST 20 DAYS BEFORE THE HEARING TO PEOPLE IN CALIFORNIA, 25 DAYS IF IN USA BUT NOT WITHIN CALIFORNIA, AND 35 DAYS IF OUTSIDE THE USA.

IV. EMANCIPATION: WHERE TO GET EMANCIPATED

This section of the manual gives you information on how different San Francisco Bay Area counties handle emancipation cases. Remember that courts change their rules and fees fairly often, so it is always a good idea to call first and get up-to-date information. Also note that many courts will tell you there's a filing fee, but you can apply for a fee waiver if you cannot afford the filing fee.

San Francisco County

Courthouse: San Francisco Superior Court

Telephone: (415) 551-3903

Website: http://sfsuperiorcourt.org

Address: 400 McAllister St., San Francisco, CA 94102

Where to file: Room 402

Fee: none

Will the judge ever emancipate a minor without having a hearing? Yes, if parents/guardian

consent to emancipation

Does the court investigate an emancipation petition? If a dependent (foster child) asks for emancipation, the court may order an investigation.

Alameda County—Northern Division (cities of Alameda, Albany, Berkeley, Emeryville, Oakland, Piedmont)

Courthouse: Alameda Superior Court

Telephone: (510) 891-6028

Website: http://www.alameda.courts.ca.gov Address: 1225 Fallon Street, Oakland, CA 94612

Where to file: Room 250

Fee: \$395, but you can apply for a fee waiver if you can't afford this.

Will the judge ever emancipate a minor without having a hearing? Sometimes.

Does the court investigate an emancipation petition? Sometimes

Alameda County—Southern Division (cities of Castro Valley, Fremont, Hayward, Newark, San Leandro, Union City)

Courthouse: Alameda Superior Court

Telephone: (510) 690-2702

Website: http://www.alameda.courts.ca.gov

Address: 24405 Amador Street, Hayward, CA 94544

Where to file: Family Law Division Room 104

Fee: \$395, but you can apply for a fee waiver if you can't afford this.

Will the judge ever emancipate a minor without having a hearing? Sometimes.

Does the court investigate an emancipation petition? No.

Alameda County—Eastern Division (cities of Dublin, Livermore, Pleasanton, Sunol)

Courthouse: Alameda Superior Court

Telephone: (925) 227-6700

Website: http://www.alameda.courts.ca.gov

Address: 5672 Stoneridge Drive, Pleasanton, CA 94588

Where to file: Civil window, 1st Floor

Fee: \$395, but you can apply for a fee waiver if you can't afford this.

Will the judge ever emancipate a minor without having a hearing? Sometimes.

Does the court investigate an emancipation petition? Sometimes.

Contra Costa County

Courthouse: Contra Costa Superior Court

Telephone: (925) 957-5793

Website: http://www.cc-courts.org

Address: 725 Court Street, Martinez, CA 94553

Where to file: Room 103, Civil Division

Fee: \$395, but you can apply for a fee waiver if you can't afford this.

Will the judge ever emancipate a minor without having a hearing? Sometimes.

Does the court investigate an emancipation petition? No.

Marin County

Courthouse: Marin Superior Court

Telephone: (415) 444-7040

Website: http://www.marincourt.org

Address: 3501 Civic Center Drive, San Rafael, CA 94913

Where to file: Room 113

Fee: \$0, but if they tell you \$395, you can apply for a fee waiver.

Will the judge ever emancipate a minor without having a hearing? Sometimes.

Does the court investigate an emancipation petition? Sometimes.

Napa County

Courthouse: Napa Superior Court

Telephone: (707) 299-1130 Clerk's office or (707) 299-1137 Family Law Facilitator

Website: http://www.napa.courts.ca.gov

Address: 825 Brown Street, Napa, CA 94559 Where to file: Civil clerk's office, 1st Floor Fee: \$395, but you can apply for a fee waiver.

Will the judge ever emancipate a minor without having a hearing? Sometimes.

Does the court investigate an emancipation petition? No.

Sacramento County

Courthouse: Sacramento Superior Court

Telephone: (916) 875-3400

Website: http://www.saccourt.ca.gov

Address: 3341 Power Inn Road, Sacramento, CA 95826

Where to file: Ask the information booth; it'll be the family law department.

Fee: \$395, but you can apply for a fee waiver.

Will the judge ever emancipate a minor without having a hearing? Sometimes.

Does the court investigate an emancipation petition? No.

San Mateo County

Courthouse: San Mateo Superior Court

Telephone: (650) 312-5395

Website: http://www.sanmateocourt.org

Address: 222 Paul Scannell Drive, San Mateo, CA 94402

Where to file: Clerk's office

Fee: \$395, but you can apply for a fee waiver.

Will the judge ever emancipate a minor without having a hearing? Sometimes.

Does the court investigate an emancipation petition? Sometimes.

Santa Clara County

Courthouse: Santa Clara Superior Court

Telephone: (408) 882-2654

Website: http://www.sccsuperiorcourt.org Address: 191 N. First Street, San Jose, CA 95113

Where to file: Probate Department, 1st Floor, Room 107

Fee: \$395, but you can apply for a fee waiver.

Will the judge ever emancipate a minor without having a hearing? No.

Does the court investigate an emancipation petition? Yes.

Other: It is heavily advised for you to get a lawyer. Call Legal Advocates for Children and Youth

(LACY) at (408) 280-2416 for help.

Solano County

Courthouse: Solano Superior Court

Telephone: (707) 207-7340 Fairfield; (707) 561-7840 Vallejo

Website: http://www.solanocourts.com

Address: 600 Union Avenue, Fairfield, CA 94533

321 Tuolumne Street, Vallejo, CA 94590

Where to file: Family Law Division

Fee: \$395, but you can apply for a fee waiver.

Will the judge ever emancipate a minor without having a hearing? No.

Does the court investigate an emancipation petition? No.

Other: You can get an Emancipation of Minor forms packet for \$10 at the court (or just use the

forms at the end of this guide).

Sonoma County

Courthouse: Sonoma Superior Court

Telephone: (707) 521-6630

Website: http://sonoma.courts.ca.gov

Address: 3055 Cleveland Ave., Santa Rosa, CA 95403

Where to file: Family Law Department

Fee: \$395, but you can apply for a fee waiver.

Will the judge ever emancipate a minor without having a hearing? Sometimes.

Does the court investigate an emancipation petition? Sometimes.

NOTE: IF YOU LIVE IN A COUNTY OTHER THAN ONE OF THE COUNTIES LISTED ABOVE, CALL THE SUPERIOR COURT, CIVIL DIVISION IN YOUR COUNTY FOR INFOMRATION ON WHERE AND HOW TO FILE FOR EMANCIPATION. THE CIVIL DIVISION MAY TRANSFER YOU TO ANOTHER DIVISION TO HANDLE YOUR QUESTIONS.

V. EMANCIPATION: PREPARING THE FORMS

If you decided emancipation is the right option for you and gathered documentation to prove that you qualify for emancipation, the next step is to prepare the forms. This section of the manual will walk you through some of the necessary steps for filing an emancipation petition. The court materials will also provide explanations for you to follow. The system is set up so that you can apply for emancipation without having an attorney. The emancipation forms and procedures are fairly simple, but if you are having a hard time, you can call Legal Service for Children at (415) 863-3762 to ask for help.

A. GATHERING THE FORMS

While the exact steps for becoming emancipated are different in every county there are standard forms you can use in California. You may either type the forms or print (hand write) carefully. Copies of all the forms needed are available in the San Francisco Superior Court Clerk's office and online at www.courtinfo.ca.gov/cgi-bin/forms.cgi. Samples of these forms are located in the appendix. There are 3 forms you need to complete to apply for emancipation:

- Petition for Declaration of Emancipation of Minor, Order Prescribing Notice, Declaration of Emancipation, and Order Denying Petition (MC-300)
- 2. Emancipation of Minor—Income and Expense Declaration (MC 306)
- 3. Emancipation of Minor— Notice of Hearing (MC 305)

If you can't afford to pay the court fees and costs (Note: San Francisco County does not charge), fill out these waiver forms, too:

- Request to Waive Court Fees (FW-001)
- 2. Order on Court Fee Waiver (FW-003)
- B. PETITION FOR DECLARATION OF EMANCIPATION OF MINOR (with supporting declaration)

On the <u>Petition</u>, you give the judge information about you and the adults who may be legally responsible for you: parents, guardian, social worker, and probation officer. If these adults agree to the emancipation, you mark that on this form as well. Remember to enter the date and city at the bottom of the first page, and don't forget to sign the <u>Petition</u>. You should only check the box saying you are a "dependent child" if you are currently a part of the foster care system.

You also should write a declaration. A declaration is an essay explaining to the judge why you need to be emancipated, what your living situation is, and how you are going to support yourself and any children you have. Attach the declaration to the <u>Petition</u>. Sample declarations are provided in the appendix.

After the declaration, you should include your exhibits, which are your written items that prove you qualify for emancipation. Your exhibits can include copies of any of the following: bank statements, school transcriptsor report cards, paychecks, letters from your landlord and boss, and letters from other people who support your emancipation. See the sample declarations for Maria Minor and Christopher Kidd.

C. INCOME AND EXPENSE DECLARATION

To show the court that you are able to support yourself financially, you must fill out the <u>Income and Expense Declaration</u>. This tells the court how you are supporting yourself and whether you are in school or working. If you are working, renting a place to live, receiving benefits, or expecting to receive benefits, you should try to document this and the amounts of money involved in letters that you can attach (see samples for Christopher Kidd).

D. NOTICE OF HEARING

If you know where your parents/guardian are AND they consent to the emancipation, they should sign the Notice of Hearing form on the bottom half of the page, under the heading "Consent and Waiver of Notice." File that paper with the petition (see the sample for Maria Minor).

If you know where your parent(s)/guardian(s) are, BUT they refuse to sign the consent form, you must get a hearing date from the clerk and give notice to your parent(s)/guardian(s) of the hearing (see below). If your parent(s) or guardian(s) will not consent to the emancipation, you may want to include in your declaration an explanation of how your parents have acquiesced or agreed to you living separate and apart from them (see the sample for Maria Minor).

If you do not know where a parent/guardian lives, you must try to find him or her. Generally, you need to ask people who might know where he or she is, call information in the place you last knew of him or her living, and follow up on any leads you have about where he or she is. If you can't find him or her, you can ask the judge to go ahead without notifying that person of the emancipation proceeding (called "waiving notice").

To ask for permission to waive notice, on the <u>Petition</u> where you enter information about the parent/guardian, check the box marked "Notice should not be required," and briefly explain why. You must also file an attachment called the "Declaration of Due Diligence." This is a statement that tells the judge when you last saw the parent/guardian and what you did to try and find the person (see the sample for Christopher Kidd).

NOTE: IF YOU DO NOT FILL IN THE FORMS COMPLETELY, THE JUDGE WILL NOT SIGN THE EMANCIPATION ORDER.

E. ARRANGE TO PAY THE FILING FEE, OR SEEK A WAIVER.

If you cannot afford to pay, you can ask the judge not to charge you: this is called a fee waiver. To apply for a waiver, you file an <u>Application for Waiver of Court Fees and Costs</u> and an <u>Order on Application of Court Fees and Costs</u>. Samples of these are attached in the appendix for Christopher Kidd. In San Francisco County, there is no fee for filing an emancipation petition. Most other counties charge a filing fee, and the clerk will be able to tell you if there is one or not. If seeking a fee waiver, the petitioner should complete a <u>Request to Waive Court Fees</u> (FW-001) and an <u>Order on Court Fee Waiver (Superior Court)</u> (FW-003) and submit them at the time of the initial filing in place of a check.

In San Francisco, this application is filed along with the other papers at the County Clerk's office. However, after filing all of your papers you need to take a copy of the fee waiver application and order up to the probate office in room 202. In San Francisco, when approved, orders waiving court fees and costs are mailed to the attorney of record.

Alameda County will not accept the Judicial Council form Order on Application for Waiver of Court Fees and Costs (FW-003), but rather generates fee orders electronically. In Alameda, the status for applications for fee waiver can be checked at http://apps.alameda.courts.ca.gov/domainweb/html/index.html. If you need a copy of the order, for example to allow for personal service of parents by law enforcement, you will need to retrieve the order from the clerk's office.

Having a signed fee waiver order can be particularly important if you need to use the sheriff for service of process since they will provide this service for free if you have a fee waiver order. No papers can be filed without either a Request to Waive Court Fees (FW-001) and Order on Court Fee Waiver (FW-003) or a check. This procedure varies by county, so check the local Clerk's office.

Requesting a fee waiver doesn't mean that the judge will find you unable to support yourself financially. California court rules say that whether or not you can pay the filing fee is not evidence of your financial responsibility. However, getting a fee waiver may make it harder to convince the judge that you are financially stable.

VI. EMANCIPATION: FILING THE FORMS

If you want to become emancipated, you must file an emancipation petition with the clerk of the Superior Court (Civil Division), or, if you are a dependent of the court, in the Juvenile Court. An emancipation petition can be filed either in the county where you live now, or in the county where your legal residence is (usually the county where you used to live with your parent or guardian).

A. FILE THE FORMS WITH THE APPROPRIATE COURT

Different courts have different rules about where and how to file, how many copies of your petition you need to bring, and whether there's a fee, so you should call the clerk's office to resolve any questions about how to file the petition (there are phone numbers for Bay Area courts in this guide). If you can't find answers to your questions, or have problems filing, call Legal Services for Children at (415) 863-3762 and ask to speak with the intake worker of the day.

After you have filled out all of the required sections of the forms, obtained the signature of your parent(s)/guardian(s) (if possible), and written the attachments, bring them with sufficient copies to the Superior Court (Civil Division) clerk's office or if you are a dependent of the court, in the Juvenile Court. Call the clerk's office to find out how many copies (usually 3) to bring and exactly where to go. Make sure you have an extra copy of the papers for yourself. Tell the court

clerk that you want to file a petition for emancipation, and give him or her your papers. The clerk will keep at least one copy of your petition.

B. OBTAIN A HEARING DATE (IF NECESSARY)

After you take your papers to the clerk for filing, the petition goes to the judge for review. The clerk will tell you when to come back to pick up your papers or arrange to have them mailed to you. The clerk will ask the judge to sign the Order prescribing Notice on the back of the Petition. After the judge signs your papers, the clerk will give you a hearing date and a case number. If you asked for a Fee Waiver, the clerk will also let you know if you qualify. If you did not ask for a Fee Waiver, you have to pay the filing fee. Some judges hold hearings on all petitions for emancipation. Other judges only have hearings when the parent(s) do not consent to the emancipation or when it is not clear to the judge that you meet all of the requirements for emancipation. In those cases, the clerk will schedule a hearing date. If there is to be a hearing, the judge will decide who must be officially notified that you filed a Petition for Emancipation so they can appear at the court hearing on your Petition and state their opinions as to whether or not you should be emancipated.

C. GIVE NOTICE (ONLY IF A HEARING DATE IS SCHEDULED)

If a hearing date is scheduled, the judge or clerk may tell you that you need to give notice to your parent(s), guardian(s), or other people of the time and place of the hearing. If any of these people already signed the consent form, you do not have to serve them notice. If they did not sign the consent form, you must serve them notice of the hearing. Giving notice is very important, because judges are very strict about making sure that parents receive proper notice before granting an emancipation.

To give notice, fill out the top half of the <u>Notice of Hearing</u> form with the date, time and location of the hearing (see appendix sample of Maria Minor). Make a copy of your emancipation petition, the attachments, the declaration, and the notice form for each person to whom you are giving notice. A responsible adult must mail the copies as soon as possible after the hearing date is set. **Don't Wait!** After the adult (someone 18 or older) has mailed the copies, he or she must complete a Proof of Service form (see sample of Christopher Kidd, signed by Arnold Adult). Before the date of the hearing, take that form and a copy of the papers that you sent with them back to the courthouse and file it with the clerk. This shows the judge that you sent all the information out to give everyone notice.

D. FILL OUT THE DECLARATION OF EMANCIPATION OF MINOR AFTER HEARING

Only If there is going to be a hearing, will you need to file the <u>Declaration of Emancipation</u> of <u>Minor After Hearing</u>. This document must be filed with the clerk *before* the date of the hearing. A good time to do this is when you file the Proof of Service form.

This will be the form the Judge signs at the hearing if he or she decides you should be emancipated. Fill in the top part of the form, the date, time and location of the hearing, the name of the Judge (the clerk can tell you who the Judge will be), and the box marked "petitioner" under 1c (that's you). The Judge will fill out the rest.

VII. EMANCIPATION: THE HEARING

Emancipation hearings can be very different, depending on what county you live in, what Judge you are assigned, and what the facts are like in your case. Each Judge handles emancipation cases differently, so it important to go to your hearing prepared and ready to answer any questions the judge throws your way.

A. QUESTIONS AND ANSWERS ABOUT THE HEARING

1. What happens at the hearing?

Every judge handles emancipation hearings differently. There is no standard set of questions that the judge will ask. When there is no objection by the parent, the Judge may just grant the petition. If the parent comes and does object to the emancipation, they may make objections, usually without giving any testimony, and then the judge will make a ruling (either granting or denying the petition).

2. Who has to appear at the hearing?

The minor petitioning for the emancipation should definitely plan to attend the hearing if one is granted. Oftentimes, however, a staff attorney for the Judge will give notice to the minor, or minor's counsel, that the judge has already granted the petition and no hearing will be held. The minor's parents may attend the hearing to object to the petition, but they are not required to attend.

3. Does the minor need to bring anything to the hearing?

No. The minor does not need to bring their petition or supporting documents to the court hearing, as they should have already been filed beforehand. The minor will not even receive a court hearing date without submitting their petition and supporting documents at an earlier date. By the time the hearing is held, the judge will have already read the papers and will know, or have a good idea, what their ruling will be.

4. Does the judge prepare the final order (determination of case) or must the minor provide one?

The minor, or minor's legal counsel, must complete and submit their final order to the judge. This is a form that can be found on the judicial council forms website.

IMPORTANT NOTE: Each county handles emancipation cases differently. These answers are reflective of the Santa Clara county procedures.

B. TIPS FOR YOUR DAY IN COURT

The following tips come from the California Judicial Council website. The following guidelines should always be followed in court:

- Dress neatly and respectfully, as if you were going to a job interview.
- Take all the papers that have been filed or served and any other documents that you will need to show to the judge.
- Take blank paper and a pen.
- Be on time. Allow extra time for traffic or other possible delays. (If you are delayed or unable to attend the hearing due to a car breakdown, sudden illness, or other emergency, contact the clerk for the court department where your hearing will take place on or before your hearing time.)
- Turn off your cell phone or pager when you enter the courtroom.
- When your case is called, walk to the table or podium in front of the judge and stand facing the judge.
- Be prepared to state your name and your relationship to the case.
- Speak clearly and loudly enough that the judge can hear you. Speak only when it is your turn.
- When you speak to the judge, act respectfully and call him or her "your honor." NEVER interrupt the judge.
- Summarize your point of view. Explain why the judge should approve (or not approve) each request you have made.
- If you get nervous in court, look at your list. This will help you to speak to the judge.
- If you are asking for court orders, make sure that the judge makes an order on EACH item you have asked for.
- Do not depend on the judge to remember everything you have asked for. If something has been overlooked, tell the judge.
- Answer all of the judge's questions and stop talking immediately if the judge interrupts you.
- If you do not understand something, say that you do not understand. Someone will try to explain it for you.
- Do not leave the courtroom unsure of what the judge ordered. Make sure you understand the court order and also what you need to do when the hearing is over. You may have to prepare an order for the judge to sign. You may have to wait around for the judge to sign an order. Just ask if you are not sure.

VIII. EMANCIPATION: AFTER THE HEARING

The Judge may either grant or deny your emancipation petition. If your petition is granted and you decide that you no longer want to be emancipated, you have options as well.

A. WHAT HAPPENS ONCE I HAVE BEEN EMANCIPATED?

If the Judge decides that it's in your best interest to be emancipated, she will declare you emancipated by signing your Petition (if there is no hearing) or your <u>Declaration of Emancipation</u> <u>After Hearing</u> (if there is a hearing). After the Judge signs the papers, you usually have to take them back to the clerk's office and file them to make them official.

The clerk will file the original form and give you copies to keep as legal proof that you have been emancipated. Make sure that you get "certified copies" (official copies with a special stamp). Unless you have a Fee Waiver, you have to pay for the certified copies. The certified copies of your emancipation papers are very important. You may need to show them to employers, landlords, school officials, doctors, and other people who would normally ask for your parent's permission for you to do something.

Once you have been emancipated, you may apply to the Department of Motor Vehicles for an identification card that shows that you are emancipated. To apply for an identification card, you should first fill out the form called "Emancipated Minor's Application to California Department of Motor Vehicle" (Form MC-315) and file it at the court. A copy of this form is included in the blank forms at the back of this guide. Note that the form asks you to attach a certified (officially stamped) copy of your Declaration of Emancipation.

After you file this form, you will need to go to the DMV and request an identification card that says you are an emancipated minor. Be sure to bring the form and your certified Declaration of Emancipation with you. It is usually best to make an appointment at the DMV before you go.

If your parent or guardian came to the hearing and argued that you should not be emancipated, but you were anyway, they have the right to petition for a "Writ of Mandate," which requires the Judge to reconsider the decision to emancipate you.

B. WHAT HAPPENS IF MY EMANCIPATION PETITION IS DENIED?

If the Judge says no to your emancipation petition, you have two choices. You may immediately seek a Writ of Mandate, which requires the Judge to reconsider the decision. This usually requires the help of a lawyer. You may also wait until the problems that led the Judge to deny the petition are resolved -- for example, until you get a better Job or find more stable housing. At that point, you can petition for emancipation all over again by repeating the same process.

NOTE: You can also consider other alternatives to emancipation, such as legal guardianship, family counseling, or foster care.

C. WHAT SHOULD I DO IF EMANCIPATION IS NOT WORKING OUT FOR ME?

You have to be able to support yourself financially once you've been emancipated. If emancipation isn't working out for you because you don't have enough money to support yourself, you may ask the court to "rescind" (undo or take back) the emancipation. If you aren't able to support yourself, the District Attorney (prosecutor) in your county may file a petition to rescind your emancipation. If you are depending on welfare benefits as your only way to support yourself, the court can declare you "indigent" (unable to support yourself) and take your emancipation away.

The standard the Judge uses in deciding whether to rescind emancipation is whether undoing the emancipation would "not be contrary to your best interest"-- that is, whether it would be good for you to take the emancipation away. If your emancipation is rescinded, the parent, guardian, or other person who had legal custody of you before the **emancipation took** place has legal custody and control over you again.

VIII. APPENDIX: ADDITIONAL INFORMATION AND FORMS

A. SAMPLE EMANCIPATION FORMS FOR TWO TEENAGERS AND BLANK FORMS

You can use these forms as a guide in filling out your own emancipation papers. There are two sets of forms, one for "Maria Minor" and one for "Christopher Kidd." Christopher and Maria are two imaginary teenagers that we made up in order to show you examples of emancipation papers. Remember that you should fill out your forms based on your own circumstances. Put your own facts or reasons for wanting to get emancipated.

In Maria's case, her mother supports the emancipation and has signed the consent form. Maria doesn't know where her dad is, so she has written a declaration that talks about what she has done to try to track him down. Since Maria is in San Francisco, where the court doesn't charge a fee to file for emancipation, Maria hasn't filled out a fee waiver form.

Because Christopher lives in Alameda County, Christopher has filled out a fee waiver form and fee waiver order for the Judge to sign. Christopher's grandmother has a legal guardianship over him. Neither his father nor his grandmother would sign the consent form, so Christopher is expecting that the Judge will definitely hold and emancipation hearing. This means that Christopher will have to give notice to both his grandmother and father. He will also need to file Proof of Personal Service or Proof of Service by Mail forms for each adult he has to serve. Those documents are included here as well.

The last section of this guide is a set of blank forms for you to use. Remember, depending on your own situation and the rules of the county you live in, **you may not need to use all of these forms**. Be sure to read this manual carefully and to call the clerk's office at your local court to make sure you've done exactly what you need to do!

Remember that you can always call Legal Services for Children at (415) 863-3762 if you have any questions about emancipation, or if you're still wondering if emancipation is the right choice for you.

| | | | IVIC300 |
|------------------------------------|--|---|---|
| _ Mar: | y or party without attorney (Name and Address): ia Minor Mission Street Francisco, CA 94110 | TELEPHONE NO.: (415) 555-3497 | FOR COURT USE ONLY |
| ATTORNE | Y FOR (Name): Maria Minor (In Pro Per) | | |
| SUPEF STREE MAILIN CITY A | RIOR COURT OF CALIFORNIA, COUNTY OF CALIFORN | F San Francisco | |
| IN THE | MATTER OF (NAME): | | A. |
| Maria | a Minor | Petitioner, a minor | |
| PETITI | ON FOR DECLARATION OF EMANCIPATION | ON OF MINOR | CASE NUMBER: |
| | ORDER PRESCRIBING NOTICE DECLARATION OF EMANCIPATION | ORDER DENYING PETITION | |
| My a I am | name: Maria Minor Iddress: 123 Mission Street, San Franta a resident of or temporarily domiciled in this uest that the court declare me to be emancip | county. | |
| b. 1 | am at least 14 years of age and my date of b am willingly living separate and apart from my ave been living apart from them since (date): | y parents or legal guardian, with the conser | nt of my parents or legal guardian. I |
| it d. N 4. My n | am managing my own financial affairs. I have to this petition. o part of my income comes from any activity nother's name is: Mercedes Minor address is: 2442 Cesar Chavez Street, Her consent to my emancipation is attached | that is a crime under the laws of the State of San Francisco, CA 94110 | |
| | Notice to her should not be required becaus ather's name is: Luis Minor address is: unknown | se (state reasons): | |
| 6. | His consent to my emancipation is attached Notice to him should not be required becaut I have a legal guardian. My guardian's name is: My guardian's address is: | | he is. |
| | My guardian's consent to my emanci Notice to my guardian should not be Other person entitled to notice. This person's name is: This person's address is: | required because (state reasons): | |
| | This person's consent to my emancipe. Notice to this person should not be re I am a dependent child [prol Case number (if known): My social worker probation His / her consent is attached. | quired because <i>(state reasons):</i> bation] ward of the Juvenile Court of | County. |
| | under penalty of perjury that the foregoing is San Francisco , California, | true and correct and that this declaration is | executed at |
| on <i>(date)</i> : | 11/10/2004 | Maria | Minor GNATURE OF PETITIONER) |
| | | (0. | CONTRACTOR |

| | | | | | MC-300 |
|--|---|----------------|--|---|----------|
| NAME OF MINOR Maria Minor | | | | CASE NUMBER: | |
| Ivialia ivillioi | | | | | |
| b. The addresses of (1) Fathe (2) Mothe (3) Legal | ed to notice of this proce the following are unkno | wn. | nsented to the emancipat | ion and waived notice of he | earing. |
| b. is required to the f (1) Father (2) Mothe (3) Legal (| e declaration of emanci following persons: | (4) (5) | Juvenile Court of for service on social wor District attorney at (time): | ker or probation officer in <i>(dept):</i> | County |
| Date: | | _ | | | |
| | | | (JUDG | SE OF THE SUPERIOR COURT) | |
| The court finds that the petitione by the court. Emancipation is no THE PETITION IS GRANTE FAMILY CODE SECTION 7 | ot contrary to the best in D. THE PETITIONER IS | terests of the | child. | | |
| Date: | | - | (IIID | GE OF THE SUPERIOR COURT) | |
| | | | (300) | GE OF THE SUPERIOR COURT) | |
| The court finds that the petition THE PETITION IS DENIED | on its face fails to estab | | ING PETITION etitioner is a person desci | ribed by Family Code sectio | on 7120. |
| Date: | | - | (JUDG | E OF THE SUPERIOR COURT) | |
| [SEAL] | I certify that th | | CLERK'S CERTIFICAT Declaration of Emancip a true and correct copy of | | office. |
| | Date: | | Clerk, by | | Deputy |

ATTACHMENT 1

Declaration of Maria Minor Regarding Efforts to Locate Father

I, Maria Minor, declare:

- 1. I am sixteen years old. I am asking the court to emancipate me.
- 2. My father is named Luis Minor. He and my mother were divorced in 1991.
- 3. When my parents were divorced, my father moved out of the house. I haven't lived with my father since then.
- 4. For the past five years, I have not seen my father on a regular basis. The last time I saw him was on Christmas in the year 2000, when he stopped by my mom's house. My mom let me talk to him outside for a little while, and he told me he was moving to Los Angeles. He didn't give me a phone number or address or any way to reach him.
- 5. I haven't had any contact with my father since that time.
- 6. I have tried to find my father's address so that I can give him notice of my emancipation proceeding. I have not been able to track him down.
- 7. These are the things that I did to try to locate my father:
- a) I talked to my mother, my brother, and my aunt and grandmother on my father's side of the family. I asked each of them if they had any idea how to get in touch with my father. All of them told me that they had no contact information for my father and no idea how to reach him.
- b) I called directory assistance for San Francisco and Los Angeles Counties. There were no listings for Luis Minor in San Francisco. There was one listing for a Luis Minor in Los Angeles, but I tried calling the number and found that it wasn't my father.
- c) I also searched for listings for my father on the internet, on Yahoo. I couldn't find any listings for him.

- 8. I don't know of any other way that I can find my father. If I receive any more information about him, I will follow up on it and try to let my father know about the emancipation proceedings.
- 9. My father has not been involved in my life since my parents' divorce in 1991. In the last thirteen years he has never asked me to come live with him or made any other effort to care for me.
- 10. For these reasons, I ask the Court to waive notice of the emancipation proceedings to my father, Luis Minor.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed on November 10, 2004 at San Francisco, California.

Maria Minor

ATTACHMENT 2

Declaration of Maria Minor

I, Maria Minor, declare:

- 1. I am sixteen years old. I am asking the court to emancipate me.
- 2. My parents got divorced in 1991. Since that time my dad, Luis Minor, hasn't been a part of my life.
- 3. I lived with my mom, Mercedes Minor, until the beginning of July 2004. That's when we got evicted and my mom moved into a homeless shelter.
- 3. Although I love my mom a lot, I don't want to live in the shelter with her. My mom understands this, and she supports my decision to live on my own. She hasn't tried to make me come live with her in the shelter.
- 4. About a week after we got evicted, I moved into an apartment that is rented by Tiffany Woodridge. Tiffany is 20 years old and a friend of my cousin. Tiffany is renting me a small bedroom in her apartment, and we share the kitchen, bathroom, and living room of the apartment. I pay her \$300.00 each month in rent. I like living with Tiffany and I plan to stay there for at least another year.
- 6. I currently work as a cashier at Junior's Burger Restaurant on Harrison Street in San Francisco. I have been working there for over a year. I started working about 10 hours per week, and have worked my way up to a regular schedule of 20 hours a week. I make \$6.75 per hour plus about \$15.00 per night in shared tips. I work three nights a week, usually on Monday, Wednesday, and Friday, and I work all day on Saturdays. I get paid \$540.00 per month on my paychecks, and I take home around \$250.00 in tips each month. So my total monthly income, before taxes, is \$790.00.
- 7. I like my job a lot, and I plan to stay in it until I graduate from high school. My manager, Mr. Smith, has told me that he might promote me to a shift supervisor if I continue working hard.
- 8. My income from my job is enough to cover all of my living expenses. Since I left my mom's house in July, I have paid for my own food, clothing, medical care, and everything else. My mom has not financially supported me in any way since I've been on my own.

- 9. I am in the 10th Grade at Mission High School. I get decent grades, usually C's and B's, and my attendance is very good. After I graduate from high school, I plan on going to City College San Francisco. I'd really like to be a teacher or a nurse someday.
- 10. My mom will probably be in the homeless shelter for a while, and even if she leaves the shelter, I've decided I want to keep living on my own. I like being independent, and I've proved that I can be responsible for myself. I want to be emancipated so that I can be added to the lease at the apartment where I'm staying now. And once I'm emancipated, I can begin to look for a place of my own.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed on November 10, 2004 at San Francisco, California.

Maria Minor

Copy of Paycheck from Junior's Burger Restaurant

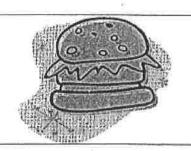
JUNIOR'S BURGER RESTAURANT "Flipping for you since 1982"

1752 HARRISON STREET SAN FRANCISCO, CA 94110 (415) BUR-GERS

Employee: Maria Minor Social Security Number: 550-16-0880 Pay period: 10/10/04 to 10/23/04

Hours worked: 40 Gross pay:\$270.00 Taxes deducted: \$54.00 Net pay: \$220.00

Total paid to Maria Minor:



Year to date Hours worked:720 Gross pay: \$4,860.00 Taxes deducted:\$972.00 Net pay: \$3,888.00 \$220.00

Letter from Dwayne Smith, Supervisor

November 1, 2004

To Whom It May Concern:

My name is Dwayne Smith. I am a manager at Junior's Burgers in San Francisco, Maria Minor is one of my employees. She's been working with us here since 2003.

Maria is an excellent employee. She is always on-time, responsible, and courteous. I am impressed that she takes her job and her school work so seriously.

I've already told Maria that she should keep working with us for as long as possible. If she keeps up the great work, I'd like to eventually promote her to shift supervisor. We're very proud of this young lady and I hope she remains a part of the Junior's Burgers team.

If you have any questions for me, you can reach me at (415) 287-4377.

Sincerely,

Dwayne Smith

Transcript from Mission High School

SAN FRANCISCO UNIFIED SCHOOL DISTRICT SCHOLARSHIP RECORD

Printed: 11/9/04

STUDENT: MINOR, MARIA A.

ADDRESS: 123 MISSION ST.

PHONE: (415) 555-3497 CREDITS COMPLETED: 65.00

DATE OF BIRTH: 11/10/88 GENDER: F

PARENT/GUARDIAN: MINOR, MERCEDES

CREDITS IN PROGRESS: 32.50

2004 Fall Semester- Midterm Report

MISSION HIGH SCHOOL

Grade 10

| Course | Teacher | Mark | Citizenship | Absences | Credit |
|-------------|------------|------|-------------|----------|--------|
| WORLD LIT 2 | LEWIS, T. | В | S | 4 | 5.00 |
| GEOMETRY | BOBB, H. | C | S | 4 | 5.00 |
| PHYS EDUC | HICKS, S. | С | S | 7 | 5.00 |
| ROTC | McLANE, R. | В | E | 4 | 2.50 |
| SPANISH 3 | RIVERA, M. | В | E | 4 | 5.00 |
| HEALTH ED | BUELL, D. | D | U | 6. | 5.00 |
| ART | CHEN, A. | A | E | 4 | 5.00 |

2004 Spring Semester

MISSION HIGH SCHOOL

Grade 09

| Course | Teacher | Mark | Citizenship | Absences | Credit |
|-------------|-------------|------|-------------|----------|--------|
| WORLD LIT I | LEWIS, T. | Ç | S | 6 | 5.00 |
| ALGEBRA 2 | GARCIA, E. | С | S | 5 | 5.00 |
| PHYS EDUC | HICKS, S. | D | S | 8 | 5.00 |
| CAREER ED | BROWN, A. | C | E | 4 | 2.50 |
| SPANISH 2 | RIVERA, M. | В | E | 4 | 5.00 |
| BIOLOGY | NOBRIGA, L. | D. | U | 6 | 5.00 |
| ART | CHEN, A. | A | E | 4 | 5,00 |

2003 Fall Semester

MISSION HIGH SCHOOL

Grade 09

| Course | Teacher | Mark | Citizenship | Absences | Credit |
|-------------|--------------|------|-------------|----------|--------|
| WORLD LIT 1 | LEWIS, T. | В | S | 5 | 5.00 |
| ALGEBRA 1 | GARCIA, E. | С | S | . 4 | 5.00 |
| PHYS EDUC | HICKS, S. | C | · \$ | 7 | 5.00 |
| MODERN HIST | LENITSKY, R. | В | E | 4 | 2.50 |
| SPANISH 2 | RIVERA, M. | В | E | 4 | 5.00 |
| HEALTH ED | BUELL, D. | C | U | 6 | 5.00 |
| ART | CHEN, A. | A | E | 3 | 5.00 |

| | | | INO O |
|----|---|-------------------------------|-------------------------------------|
| | ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Maria Minor 123 Mission Street San Eropoises CA 04110 | TELEPHONE NO.: (415) 555-3497 | FOR COURT USE ONLY |
| | San Francisco, CA 94110 | | |
| L | ATTORNEY FOR (Name): Maria Minor (In Pro Per) | | |
| | SUPERIOR COURT OF CALIFORNIA, COUNTY OF San F | rancisco | |
| | STREET ADDRESS: 400 McAllister Street | | € |
| | MAILING ADDRESS: 400 McAllister Street | | |
| | CITY AND ZIP CODE: San Francisco, CA 94102 | | |
| L | BRANCH NAME: | | |
| | IN THE MATTER OF (NAME): | | |
| | Maria Minor | | |
| | | Pelitioner, a minor | |
| H | | | CASE NUMBER: |
| | EMANCIPATION OF MINOR | | |
| | INCOME AND EXPENSE DECLARATIO | N | |
| 1. | My name and address are: Maria Minor 123 Mission Street San Francisco, CA 94110 My telephone number is: (415) 555-3497 I have been living at this address since: 7/15/2004 I live there with (name and relationship of all persons, including che Tiffany Woodridge, roommate | ildren): | 27 |
| 2. | My date of birth is: $11/10/1988$ | | |
| 3. | a. | ssion High School, 1 | 0th grade |
| | b. I am not attending school. The highest year of education | I have completed is: | |
| | | | |
| 4. | My occupation is: | | |
| | Cashier | | |
| | | | |
| 5. | a. I am employed. My place of employment is (name and a | ddress): | |
| | Junior's Burger Restaurant | | |
| | 1742 Harrison Street | | |
| | San Francisco, CA 94110 | | |
| | | | |
| | I started work there on (date): 10/30/2003 | Valorting month and was | ٠ احد |
| | b. I am not employed at the present time. I last worked from to (ending month end year): | | <i>r):</i> hly earnings were: \$ |
| 6. | a. | apply for welfare or AFD | OC. |
| | b I am receiving welfare or AFDC. Monthly amount receive | d: \$ | |
| | c. I have applied for welfare or AFDC. | | |
| | d. I intend to apply for welfare or AFDC. | | |
| | | | |
| | | | |

| IN THE MATTER OF (NAME): | CASE NUMBER: |
|--|----------------------------|
| Maria Minor | |
| | • |
| 7. The average of my gross monthly earnings is: | Amount |
| a. Salary and wages, including bonuses and overtime | \$ 540 |
| b. Money received from parents or other adults assisting me | \$ |
| (name and relationship): | |
| c. Other (specify source and amount): tips from job | \$ 250 |
| 8. I have the following assets: | Value |
| a. Cash | \$ 60 |
| b. Checking account | \$ 45 |
| c. Savings account | \$ |
| d. Stocks, bonds | \$ |
| e. Vehicle (year, make, model) | \$ |
| f. Other (specify): | \$ |
| 9. My monthly expenses are: | Amount |
| a. 🗸 Rent or Mortgage | \$ 300 |
| b. 🗸 Food | \$ 175 |
| c. Clothing | \$ 50 |
| d. Phone and utilities | \$ 55 |
| e. Vehicle | \$ |
| (1) Loan payments | \$ |
| (2) Maintenance | \$ |
| I declare under penalty of perjury that the foregoing is true and correct. | |
| Date: 11/10/2004 | |
| | |
| Maria Minor (TYPE OR PRINT NAME) (SIGN. | Minor ATURE OF PETITIONER) |

| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): — Maria Minor 123 Mission Street | TELEPHONE NO : | |
|--|--|--|
| | | FOR COURT USE ONLY |
| 1 173 Mission Street | 415-555-3497 | |
| | | |
| San Francisco, CA 94110 | | |
| ATTORNEY FOR (Name): Maria Minor (In Pro Per) | | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF Sa | n Francisco | |
| STREET ADDRESS: 400 McAllister Street | | |
| MAILING ADDRESS: 400 McAllister Street | | |
| city and zip code: San Francisco, CA 94102 | | |
| BRANCH NAME: | | |
| IN THE MATTER OF (NAME): | | |
| Maria Minor | | |
| | 5 444 | |
| | Petitioner, a minor | CARE AN IMPED. |
| NOTICE OF HEARING — EMANCIPAT | ION OF MINOR | CASE NUMBER: |
| ☐ CONSENT AND WAIVER OF | NOTICE | |
| TO TO THE WAITER OF | 1101102 | |
| 1. The minor (name): Mari | a Minor | has filed a petition asking the court |
| to declare the minor an EMANCIPATED MINOR . If the | | |
| for purposes set forth in California Family Code section | | • , , |
| 2. A HEARING for the court to consider the petition will be | held: | |
| | | |
| on (date): at (time): | in Dept.: | Room: |
| | | |
| PETITION THE COURT TO RESCIND THE DECLARATION | ON OF EMANCIPATION AND Y | HE DISTRICT ATTORNEY MAY LATER OU MAY BE LIABLE FOR SUPPORT AND |
| MEDICAL COVERAGE FOR THE MINOR. Date: 11/10/20014 | ON OF EMANCIPATION AND Y | |
| MEDICAL COVERAGE FOR THE MINOR. Date: 11/10/20014 Maria Minor | N OF EMANCIPATION AND Y | |
| MEDICAL COVERAGE FOR THE MINOR. Date: 11/10/20014 | on of emancipation and y | |
| MEDICAL COVERAGE FOR THE MINOR. Date: 11/10/20014 Maria Minor | N OF EMANCIPATION AND Y | Tia Minor |
| MEDICAL COVERAGE FOR THE MINOR. Date: 11/10/20014 Maria Minor (TYPE OR PRINT NAME) | AND WAIVER OF NOTICE | Tia Minor |
| MEDICAL COVERAGE FOR THE MINOR. Date: 11/10/20014 Maria Minor (TYPE OR PRINT NAME) | AND WAIVER OF NOTICE | OU MAY BE LIABLE FOR SUPPORT AND WORLD PETITIONER CLERK |
| MEDICAL COVERAGE FOR THE MINOR. Date: 11/10/20014 Maria Minor (TYPE OR PRINT NAME) CONSENT. The undersigned give up the right to notice of a hearing on | AND WAIVER OF NOTICE the Petition for Declaration of En | TOU MAY BE LIABLE FOR SUPPORT AND WOLLDOwn CLERK mancipation, and consent to a declaration of |
| MEDICAL COVERAGE FOR THE MINOR. Date: 11/10/20014 Maria Minor (TYPE OR PRINT NAME) CONSENT The undersigned give up the right to notice of a hearing on emancipation without a hearing. a. Mother . Mercedes Minor . Signature: | AND WAIVER OF NOTICE the Petition for Declaration of En | TOU MAY BE LIABLE FOR SUPPORT AND WOLLDOwn CLERK mancipation, and consent to a declaration of |
| MEDICAL COVERAGE FOR THE MINOR. Date: 11/10/20014 Maria Minor (TYPE OR PRINT NAME) CONSENT The undersigned give up the right to notice of a hearing on emancipation without a hearing. a. Mother . Mercedes Minor . Signature: Address: 2442 Cesar Chavez Street, Sar | AND WAIVER OF NOTICE the Petition for Declaration of En | TOU MAY BE LIABLE FOR SUPPORT AND WOLLDOwn CLERK mancipation, and consent to a declaration of |
| MEDICAL COVERAGE FOR THE MINOR. Date: 11/10/20014 Maria Minor (TYPE OR PRINT NAME) CONSENT The undersigned give up the right to notice of a hearing on emancipation without a hearing. a. Mother . Mercedes Minor . Signature: Address: 2442 Cesar Chavez Street. San Telephone number: | AND WAIVER OF NOTICE the Petition for Declaration of En Mercedes Minor Francisco, CA 94110 | PETITIONER CLERK mancipation, and consent to a declaration of Dated: 1/14/2004 |
| MEDICAL COVERAGE FOR THE MINOR. Date: 11/10/20014 Maria Minor (TYPE OR PRINT NAME) CONSENT The undersigned give up the right to notice of a hearing on emancipation without a hearing. a. Mother . Mercedes Minor. Signature: Address: 2442 Cesar Chavez Street. Sar Telephone number: b. Father | AND WAIVER OF NOTICE the Petition for Declaration of En Mercedes Minor Francisco, CA 94110 | PETITIONER CLERK mancipation, and consent to a declaration of Dated: 1/14/2004 |
| MEDICAL COVERAGE FOR THE MINOR. Date: 11/10/20014 Maria Minor (TYPE OR PRINT NAME) CONSENT The undersigned give up the right to notice of a hearing on emancipation without a hearing. a. Mother . Mercedes Minor. Signature: Address: 2442 Cesar Chavez Street. Sar Telephone number: b. Father Signature: Address: | AND WAIVER OF NOTICE the Petition for Declaration of En Mercedes Minor Francisco, CA 94110 | PETITIONER CLERK mancipation, and consent to a declaration of Dated: 1/14/2004 |
| MEDICAL COVERAGE FOR THE MINOR. Date: 11/10/20014 Maria Minor (TYPE OR PRINT NAME) CONSENT The undersigned give up the right to notice of a hearing on emancipation without a hearing. a. Mother . Mercedes Minor . Signature: Address: 2442 Cesar Chavez Street. San Telephone number: b. Father | AND WAIVER OF NOTICE the Petition for Declaration of En Mercedes Minor Francisco. CA 94110 | TOU MAY BE LIABLE FOR SUPPORT AND PETITIONER CLERK mancipation, and consent to a declaration of Dated: 1/14/2004 |
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| MEDICAL COVERAGE FOR THE MINOR. Date: 11/10/20014 Maria Minor (TYPE OR PRINT NAME) CONSENT The undersigned give up the right to notice of a hearing on emancipation without a hearing. a. Mother . Mercedes Minor Signature: Address: 2442 Cesar Chavez Street. Sar Telephone number: b. Father | AND WAIVER OF NOTICE the Petition for Declaration of En Mercedes Minor Francisco. CA 94110 | TOU MAY BE LIABLE FOR SUPPORT AND PETITIONER CLERK mancipation, and consent to a declaration of Dated: 1/14/2004 |
| MEDICAL COVERAGE FOR THE MINOR. Date: 11/10/20014 Maria Minor (TYPE OR PRINT NAME) CONSENT The undersigned give up the right to notice of a hearing on emancipation without a hearing. a. Mother . Mercedes Minor Signature: Address: 2442 Cesar Chavez Street. Sar Telephone number: b. Father | AND WAIVER OF NOTICE the Petition for Declaration of En Mercedes, Minor Francisco, CA 94110 | MAY BE LIABLE FOR SUPPORT AND Winor PETITIONER CLERK mancipation, and consent to a declaration of Dated: 1/1.4/2.004 Dated: Dated: |
| MEDICAL COVERAGE FOR THE MINOR. Date: 11/10/20014 Maria Minor (TYPE OR PRINT NAME) CONSENT The undersigned give up the right to notice of a hearing on emancipation without a hearing. a. Mother . Mercedes Minor. Signature: Address: 2442 Cesar Chavez Street. Sar Telephone number: b. Father | AND WAIVER OF NOTICE the Petition for Declaration of En Mercedes, Minor Francisco, CA 94110 | MAY BE LIABLE FOR SUPPORT AND Winor PETITIONER CLERK mancipation, and consent to a declaration of Dated: 1/1.4/2.004 Dated: Dated: |
| MEDICAL COVERAGE FOR THE MINOR. Date: 11/10/20014 Maria Minor (TYPE OR PRINT NAME) CONSENT The undersigned give up the right to notice of a hearing on emancipation without a hearing. a. Mother . Mercedes Minor. Signature: Address: 2442 Cesar Chavez Street. Sar Telephone number: b. Father | AND WAIVER OF NOTICE the Petition for Declaration of En Mercedes, Minor Francisco, CA 94110 | MAY BE LIABLE FOR SUPPORT AND Winor PETITIONER CLERK mancipation, and consent to a declaration of Dated: 1/1.4/2.004 Dated: Dated: |
| MEDICAL COVERAGE FOR THE MINOR. Date: 11/10/20014 Maria Minor (TYPE OR PRINT NAME) CONSENT The undersigned give up the right to notice of a hearing on emancipation without a hearing. a. Mother . Mercedes Minor. Signature: Address: 2442 Cesar Chavez Street. Sar Telephone number: b. Father | AND WAIVER OF NOTICE the Petition for Declaration of En Murcedes, Mirror a Francisco, CA 94110 | MAY BE LIABLE FOR SUPPORT AND Winor PETITIONER CLERK mancipation, and consent to a declaration of Dated: 1/1.4/2.004 Dated: Dated: Dated: |
| MEDICAL COVERAGE FOR THE MINOR. Date: 11/10/20014 Maria Minor (TYPE OR PRINT NAME) CONSENT The undersigned give up the right to notice of a hearing on emancipation without a hearing. a. Mother . Mer.ce.des. Minor Signature: Address: 2442 Cesar Chavez Street. Sar Telephone number: b. Father | AND WAIVER OF NOTICE the Petition for Declaration of En Murcedes, Mirror a Francisco, CA 94110 | MAY BE LIABLE FOR SUPPORT AND Winor PETITIONER CLERK mancipation, and consent to a declaration of Dated: 1/1.4/2.004 Dated: Dated: Dated: |
| MEDICAL COVERAGE FOR THE MINOR. Date: 11/10/20014 Maria Minor (TYPE OR PRINT NAME) CONSENT The undersigned give up the right to notice of a hearing on emancipation without a hearing. a. Mother . Mercedes Minor. Signature: Address: 2442 Cesar Chavez Street. Sar Telephone number: b. Father | AND WAIVER OF NOTICE the Petition for Declaration of En Murcedes, Mirror a Francisco, CA 94110 | MAY BE LIABLE FOR SUPPORT AND Winor PETITIONER CLERK mancipation, and consent to a declaration of Dated: 1/1.4/2.004 Dated: Dated: Dated: |

FW-001

Request to Waive Court Fees

Clerk stamps date here when form is filed.

CONFIDENTIAL

If you are getting public benefits, are a low-income person, or do not have enough income to pay for household's basic needs and your court fees, you may use this form to ask the court to waive all or part of your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

• You cannot give the court proof of your eligibility,

• Your financial situation improves during this case, or • You settle your civil case for \$10,000 or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the

waived fees and costs. The court may also charge you any collection costs. 1 Your Information (person asking the court to waive the fees): Name: Christopher Kidd Street or mailing address: 2400 Telegraph Avenue

City: Oakland Phone number: (510) 555-2209

Your Job, if you have one (job title): paper deliverer

Name of employer: Oakland Herald Employer's address: 3200 MLK Jr. Way, Oakland, CA 94610 Fill in court name and street address:

Superior Court of California, County of Alameda 1225 Fallon Street 1225 Fallon Street

Oakland, CA 94612

Fill in case number and name:

| Case | Number: | | |
|------|---------|--|--|
| Case | Name: | | |

No 🗷

Your Lawyer, if you have one (name, firm or affiliation, address, phone number, and State Bar number): None

| a. | The lawyer has agreed to advance all or a portion of your fees or costs (check one): | Y es |
|----|---|-------------|
| b. | (If yes, your lawyer must sign here) Lawyer's signature: | |
| | War and a second state of the second | 44 744 6711 |

If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

State: Ca Zip: 94612

What court's fees or costs are you asking to be waived?

Superior Court (See Information Sheet on Waiver of Superior Court Fees and Costs (form FW-001-INFO).) Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See Information Sheet on Waiver of Appellate Court Fees (form APP-015/FW-015-INFO).)

Why are you asking the court to waive your court fees?

a. \square I receive (check all that apply): \square Medi-Cal \square Food Stamps \square SSI \square SSP \square County Relief/General Assistance IHSS (In-Home Supportive Services) CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families) CAPI (Cash Assistance Program for Aged, Blind and Disabled)

b. My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 5b, you must fill out 7, 8, and 9 on page 2 of this form.)

Family Income Family Size Family Income **Family Size Family Income** Family Size If more than 6 people \$2,907.30 at home, add \$422.92 \$1,215.63 \$2,061.46 for each extra person. 2 \$2,484.38 6 \$3,330,21 \$1,638.55

c. I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to (check one): waive all court fees waive some of the court fees let me make payments over time (If you check 5c, you must fill out page 2.) (Explain):

Check here if you asked the court to waive your court fees for this case in the last six months. (If your previous request is reasonably available, please attach it to this form and check here:) $\; \square$

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.

Date: 8/15/2004 Christopher Kidd Print your name here ristopher Kidd

| | | | | C | ase Number: | | |
|--|--------------------|----------|-------|---------------------------|---------------------------|----------------------------|----------------------------|
| Your name: Christopher Kidd | | | | | | | |
| If you checked 5a on page 1, do not fi checked 5c, you must fill out this enti | re page. If you ne | ed more | sp | ace, attac | ch form MC-0 | 8, and 9 o 025 or attac | only. If you ch a sheet |
| of paper and write Financial Information | | e and ca | se i | number a | t the top. | | |
| X Check here if your income changes a lot f | | (10) Y | our l | Money and | l Property | | |
| Fill out below based on your average incompany | me for the past 12 | | Ca | | | | \$200 |
| months. | | b. | | | ounts <i>(List bank i</i> | | |
| 8 Your Monthly Income | 4 | | (1) | | Mutual Bank | | \$6000 |
| a. Gross monthly income (before deductions): List each payroll deduction and amount below | | | (2) | | | | |
| (1) state taxes | \$17 | | (3) | | | | \$ |
| (2) federal taxes | | | (4) | | | | \$ |
| (3) | 1400 | C. | Ca | re hoate an | d other vehicles | | |
| (4) | | C. | Ca | Make / Yea | | Fair Market | How Much You |
| b. Total deductions (add 8a (1)-(4) above): | \$96 | | (1) | | aı | Value | Still Owe |
| c. Total monthly take-home pay (8a minus 8b) | | | (2) | | | \$S | \$ |
| d. List the source and amount of <u>any</u> other inc | | | (3) | | | | \$ |
| month, including: spousal/child support, reti | rement, social | | (0) | | | · | 4 |
| security, disability, unemployment, military t quarters (BAQ), veterans payments, divider | | d. | Re | al estate | | | How Much You |
| income, annuities, net business or rental inc | | | (4) | Address | | Value • | Still Owe |
| reimbursement for job-related expenses, ga | | | | | | | \$ |
| winnings, etc. | | | (2) | | | | \$ |
| (1) | \$ | | (3) | - | | Φ | p |
| (2) | \$ | e. | Othe | er personal p | roperty (jewelry, | furniture, furs, | |
| (3) | \$ | | stoc | ks, bonds, et | tc.): | Fair Market | How Much You |
| (4) | \$ | | | Describe | | Value | Still Owe |
| e. Your total monthly income is (8c plus 8d) | : \$637 | | | | | \$ | \$ |
| , | | | (2) | - | | \$ | \$ |
| Household Income | | | (3) | | | \$ | \$ |
| a. List all other persons living in your home an | d their income; | (14) Y | our | Monthly Ex | xpenses | | |
| include only your spouse and all individuals | who depend in | | | | ll deductions you alr | eady listed in 8b | .) |
| whole or in part on you for support, or on when whole or in part for support. | nom you depend in | | | | payment & mainte | nance | \$0 |
| 9 | Gross Monthly | | | | ehold supplies | | \$ <u>150</u> |
| Name Age Relationship | | | | lities and tele | phone | | \$ <u>45</u> \$50 |
| (1) | \$ \$ | | | othing undry and cle | anina | | \$ <u>20</u> |
| (2) | | | | - | ntal expenses | | \$0 |
| (3) | | a. | | | health, accident, | etc.) | \$0 |
| (4) | | h. | | hool, child ca | | , | \$0 |
| b. Total monthly income of persons above: | \$0 | i. | Chi | ild, spousal s | support (another r | | \$0 |
| • | | j. | | | gas, auto repair a | | \$40 |
| Total monthly income and | | k. | | | ments (list each b | elow): | |
| household income (8e plus 9b)? | \$637 | | | Paid to: | | | \$ |
| T 1' 4 | less and a seale | | | | | | \$ |
| To list any other facts you want the court to | | | | | | | \$ |
| as unusual medical expenses, family emerge attach form MC-025. Or attach a sheet of pa | | | | | | | Φ. |
| write Financial Information and your name | | I. | | - | s withheld by cou | | \$ |
| number at the top. Check here if you attach | | m | | y other montl Paid to: | hly expenses (list | each below). | |
| number at the top. Check here if you attach | unotifor page. | | | | | | How Much? |
| Important! If your financial situation or a | bility to pay | | | | | | di |
| court fees improves, you must notify the c | | | | | | | |
| five days on form FW-010. | | | (3) | ===== | | | Ψ |

Total monthly expenses (add 11a –11m above): \$305

| FW-003 Order on Court Fee Waiver (Superior Court) | Clerk stamps date here when form is filed. |
|---|--|
| Person who asked the court to waive court fees: Name: Christopher Kidd | |
| | |
| Street or mailing address: 2400 Telegraph Avenue | |
| City: Oakland State: CA Zip: 94612 | |
| 2 Lawyer, if person in 1 has one (name, address, phone number, e-mail, and State Bar number): None | |
| | Fill in court name and street address: |
| | Superior Court of California, County of |
| | Alameda |
| A request to waive court fees was filed | 1225 Fallon Street |
| on (date): 8/15/2004 | 1225 Fallon Street |
| on (auto). | Oakland, CA 94612 |
| ☐ The court made a previous fee waiver order in this case | |
| on (date): | Fill in case number and case name: |
| | Case Number: |
| Read this form carefully. All checked boxes are court orders. | Case Name: |
| | Emancipation of Christopher Kidd |
| amount of the waived fees. The trial court may not dismiss the case until the lie | en is paid. |
| After reviewing your (check one): ✓ Request to Waive Court Fees the court makes the following orders: | Request to Waive Additional Court Fees |
| a. The court grants your request, as follows: | |
| (1) Fee Waiver. The court grants your request and waives your court | fees and costs listed below (Cal Rules of |
| Court, rule 3.55.) You do not have to pay the court fees for the following | |
| | g notice and certificates |
| | ng papers to another court department |
| | -appointed interpreter in small claims court |
| • Reporter's daily fee (for up to 60 days following the fee waiver of | |
| • Preparing and certifying the clerk's transcript on appeal • Court | |
| (2) Additional Fee Waiver. The court grants your request and waives | your additional superior court fees and |
| costs that are checked below. (Cal. Rules of Court, rule 3.56.) You | a do not have to pay for the checked items. |
| ☐ Jury fees and expenses ☐ Fees for a | peace officer to testify in court |
| ☐ Fees for court-appointed experts ☐ Court-app | ointed interpreter fees for a witness |
| Reporter's daily fees (beyond the 60-day period following the fe | - |
| Other (specify): | |
| | |
| (3) Fee Waiver for Appeal. The court grants your request and waives | |
| appeal. (Cal. Rules of Court, rules 3.55, 3.56, 8.26, and 8.818.) Yo | a do not have to pay for the checked items. |
| ☐ Preparing and certifying clerk's transcript for appeal | |
| ☐ Other (specify): | |

| | Case Number: |
|---|---|
| Your name: Christopher Kidd | |
| b. The court denies your request, as follows: | |
| Warning! If you miss the deadline below, the court cannot process your region you filed with your original request. If the papers were a notice of appeal, | |
| (1) The court denies your request because it is incomplete. You have this order (see date below) to: Pay your fees and costs, or File a new revised request that includes the items listed belo | |
| - The a new revised request that includes the items listed belo | (specify incomplete tiems). |
| (2) The court denies your request because the information you proveligible for the fee waiver you requested (specify reasons): | vided on the request shows that you are not |
| The court has enclosed a blank Request for Hearing About Court FW-006. You have 10 days after the clerk gives notice of this of Pay your fees and costs, or Ask for a hearing in order to show the court more information. | order (see date below) to: |
| c. The court needs more information to decide whether to grant your rebelow. The hearing will be about (specify questions regarding eligib | |
| ☐ Bring the following proof to support your request if reasonably | y available: |
| I / Ugaring I | nd address of court if different from page 1: |
| Date: | |
| Warning! If item c is checked, and you do not go to court on your hearing of waive court fees, and you will have 10 days to pay your fees. If you miss the the court papers you filed with your request. If the papers were a notice of a | at deadline, the court cannot process |
| Date: | |
| Signature of (check one): Request for Accommodations. Assistive listening systems, compulanguage interpreter services are available if you ask at least 5 days office for Request for Accommodation, Form MC-410. (Civil Code | before your hearing. Contact the clerk's |
| Clerk's Certificate of Service | ee |
| | ate of mailing is attached. |
| \Box I handed a copy of this order to the party and attorney, if any, listed in $\textcircled{1}$ | |
| This order was mailed first class, postage paid, to the party and attorney, i from (city): California on the date 1 | f any, at the addresses listed in \bigcirc and \bigcirc , |

| | | | IVIC-300 |
|---|---|--|---|
| | ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Christopher Kidd 2400 Telegraph Avenue Oakland, CA 94612 | TELEPHONE NO.: (510) 555-2209 | FOR COURT USE ONLY |
| | ATTORNEY FOR (Name): Christopher Kidd (In Pro Per) | | |
| | SUPERIOR COURT OF CALIFORNIA, COUNTY OF Alame street address: 1225 Fallon Street mailing address: 1225 Fallon Street city and zip city: Oakland, CA 94612 BRANCH NAME: | da | |
| | IN THE MATTER OF (NAME): | | |
| | Christopher Kidd | Petitioner, a minor | |
| | PETITION FOR DECLARATION OF EMANCIPATION OF MIN | OR | CASE NUMBER: |
| | ORDER PRESCRIBING NOTICE DECLARATION OF EMANCIPATION OR | DER DENYING PETITION | |
| | My name: Christopher Kidd My address: 2400 Telegraph Avenue, Oakland, CA I am a resident of or temporarily domiciled in this county. I request that the court declare me to be emancipated. a. I am at least 14 years of age and my date of birth is: 5/4 b. I am willingly living separate and apart from my parents of have been living apart from them since (date): 6/15/20 c. I am managing my own financial affairs. I have completed it to this petition. d. No part of my income comes from any activity that is a cri My mother's name is: Angela Kidd Her address is: none | A/1987 r legal guardian, with the conser 04 my declaration of income and eleme under the laws of the State of asons): She died in 1995. Prison, San Quentin, CA 9 Pasons): Oakland, CA 94621 tached. Pecause (state reasons) | expenses on form MC-306 and attached of California or of the United States. |
| | Notice to this person should not be required because | | County. |
| | declare under penalty of perjury that the foregoing is true and coplace): Oakland , California, | prrect and that this declaration is | s executed at |
| (| on (date): 8/15/2004 | Christophe | r Kidd |
| | | 1 (5) | ONCHOILE OF CLITTONEIN) |

| | | | | | MC-300 |
|---|---|----------------------------------|---|-----------------------------------|----------|
| NAME OF MINOR | | | | CASE NUMBER: | |
| Christopher Kidd | | | | | |
| 9. The court finds that a. All persons entitle b. The addresses of (1) Fathe (2) Moth (3) Legal c. Notice to the follow d. Other (specify): 10. IT IS ORDERED that notic a. is not required. Th b. is required to the follow (1) Father (2) Mothe | ed to notice of this proce the following are unknown er er guardian ving persons cannot or se ce of this proceeding the declaration of emano following persons: | own. should not be | onsented to the eman given: oceed without hearin Juvenile Court of | ncipation and waived notice of he | aring. |
| | for hearing on (date): | (-, | at (time): | in (dept): | |
| | | | | | |
| Date: | | - | | (JUDGE OF THE SUPERIOR COURT) | |
| by the court. Emancipation is no | er is a person described ot contrary to the best in D. THE PETITIONER I | I by Family Co terests of the | child. | notice requirements have been r | |
| Date: | | | | | |
| | | | | (JUDGE OF THE SUPERIOR COURT) | |
| THE PETITION IS DENIED | on its face fails to estab | | 'ING PETITION etitioner is a person | described by Family Code sectio | n 7120. |
| Date: | | 1. | | (JUDGE OF THE SUPERIOR COURT) | |
| [SEAL] | I certify that th | • | CLERK'S CERTIF Declaration of Ema s a true and correct of | | ffice |
| | Date: | | Clerk, by | | , Deputy |

Declaration of Christopher Kidd

- I, Christopher Kidd, declare:
- 1. I am 17 years old. I was born on May 4, 1987.
- 2. When I was a little kid, I was taken away from my parents and put into foster care. I spent about ten years of my life in foster care, until I was sent to live with my grandmother, Esther Kidd. When I was 14, the court ended my foster care case and made my grandmother my legal guardian.
- 3. For most of the last three years, I have lived with my grandmother. I get along with her okay, but I don't get along with her boyfriend Elton Simms. Mr. Simms lives in my grandma's house. Even though he is not related to me and is not my guardian, he yells at me a lot and physically disciplines me. I don't like living with him. My grandma told me that this is just too bad and that Mr. Simms will continue to live in her home.
- 4. I don't have any other relatives that I can go live with. My mom died when I was 8 years old. My dad is in prison. I don't have any other aunts, uncles, cousins, or grandparents who would take me in.
- 5. Because of this, I have been saving money for the last three years to get a place of my own. During the school year, I have a paper route and deliver newspapers every morning before school. I get up at 5:00AM and I'm done with the paper route by about 7:00AM, which leaves me plenty of time to get to school. I get paid \$125.00 a week for this job.
- 6. During the summer, I work as a lifeguard at the Berkeley YMCA swimming pool. I work about 32 hours per week and make \$7.30 per hour. This means that I have been able to save about \$2,800.00 for each of the past two summers.
- 7. I also do odd jobs, like babysitting and cleaning up people's yards. I earn about \$50.00 a month from these jobs.
- 8. When I was fifteen, my guardian helped me open a savings account at Washington Mutual Bank. My savings account currently has a balance of \$6,000.00.
- 9. On June 15, 2004, I ran away from my guardian's home. I stayed with a friend for a few nights, and then I went to the North Oakland Youth Shelter.

- 10. I have been staying at the North Oakland Youth Shelter for the last two months. During that time I have talked to my guardian on the phone and told her where I'm staying. She's not happy that I'm doing this, but she has never tried to come get me or told me that I have to come back to her home.
- 11. While I've been at the shelter I've kept up all of my jobs. I also enrolled at a new school, Skyline High School, which is close to the shelter. I'll start school there next week.
- 12. My plan is to get emancipated, and then to move out of the shelter and get a place of my own. I can use my income from my jobs to pay for living expenses, plus I can dip into all the money I've been saving up to do this. And if I get emancipated, the shelter can help me pay for the security deposit on an apartment of my own and find furniture for the apartment.
- 13. I have enough credits to graduate from Skyline at the end of this school year. After that, I plan to enroll full-time in the JobCorps program on Treasure Island.
- 14. All my life, when I was little, when I was in foster care, and when I was living with my grandma and her boyfriend, I have dreamed of getting a place of my own. Now that I have saved up enough money to do it, I need to get emancipated so that I can sign a lease for an apartment. Getting emancipated is also important to me because I want to be the one making the important decisions about my life from now on.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed on August 15, 2004, at Oakland, California.

Christopher Kidd

Letter from Violet Owens, Social Worker

NORTH OAKLAND YOUTH SHELTER AND SUPPORT PROGRAM Giving Kids Another Chance 2400 Telegraph Avenue Oakland, California

August 1, 2004

To Whom It May Concern:

I am a social worker and case manager at North Oakland Youth Center. I have worked with Christopher Kidd since he arrived at our shelter in June of this year.

Christopher is an exceptional kid. He has had a very difficult life, including early trauma that preceded his involvement in the foster care system. Christopher has obviously been working for some time to become independent, and I have supported him in his efforts to achieve this goal. He is a very hard worker, and has been saving up money in order to leave the shelter and move into a place of his own. He also takes his schooling seriously, and I recently helped him enroll for the 2004-05 school year at Skyline High School.

While most of the children I work with would not be ready to take on this big of a responsibility, I have no doubt that Christopher is ready for emancipation. He is extremely independent and mature. Because I am confident that emancipation is the best thing for Christopher, I have already connected him with one of our programs that helps pay security deposits and find furniture for emancipating youth.

If I can be of further assistance please do not hesitate to contact me at (510) 555-6574.

Sincerely,

Violet Owens

Proof of Enrollment at Skyline High School

OAKLAND UNIFIED SCHOOL DISTRICT ENROLLMENT DATA 2004-2005 SCHOOL YEAR

STUDENT NAME: Christopher Kidd

DATE OF BIRTH: 5/4/87

HOME ADDRESS: 2400 Telegraph Ave. Oakland, CA 94605

PARENT/GUARDIAN: Esther Kidd
**note that student is not living with
guardian

PHONE NUMBER: 510.555.8979

ENROLLMENT: Skyline High School

GRADE: 12

Proof of Employment

OAKLAND HERALD 3200 MARTIN LUTHER KING WAY OAKLAND, CA 94610 (510) 555-3400

August 1, 2004

Re: Christopher Kidd

To Whom It May Concern:

This letter is to verify that Christopher Kidd is employed as a paper delivery associate for the Oakland Herald. Christopher has worked for our paper for approximately three years. His job performance has been very good. Christopher is paid our standard wage for delivery routes, \$125.00 per week gross.

Please contact me if I may provide additional information.

Sincerely,

Malia Thompkins

Director of Operations

| — Chr. 240 Oak ATTOR SUP STRE MAILLI CITY A BI | NEY OR PARTY WITHOUT ATTORNEY (Name and Address): istopher Kidd D Telegraph Avenue land, CA 94612 NEY FOR (Name): Christopher Kidd (In Pro Per) ERIOR COURT OF CALIFORNIA, COUNTY OF A ET ADDRESS: 1225 Fallon Street NG ADDRESS: 1225 Fallon Street ND ZIP CODE: Oakland, CA 94612 RANCH NAME: IE MATTER OF (NAME): stopher Kidd | TELEPHONE NO.: (510) 555-2209 Ilameda | FOR COURT USE ONLY |
|--|---|--|-----------------------|
| | EMANCIPATION OF MINOR INCOME AND EXPENSE DECLARA | TION | CASE NUMBER: |
| Chr 240 My to I hav | ame and address are: Istopher Kidd D Telegraph Avenue, Oakland, CA 94612 elephone number is: (510) 555-2209 e been living at this address since: 6/15/2004 there with (name and relationship of all persons, including all other people - it is the North Oakland Youth | <i>g children):</i> n Shelter | |
| 2. My c | late of birth is: $5/4/1987$ | | |
| b. [4. My c | I am attending school (name of school and grade): I am not attending school. The highest year of education is: er deliverer (all year) | • | 2th grade |
| 5. a. 🗔 | I am employed. My place of employment is (name at Oakland Herald, 3200 Martin Luther King | • | 4610 |
| b 6. a b c d | I started work there on (date): March 2001 I am not employed at the present time. I last worked to (ending month end year): I am not receiving welfare or AFDC and I do not inter I am receiving welfare or AFDC. Monthly amount receiving the last applied for welfare or AFDC. I intend to apply for welfare or AFDC. | My gross month nd to apply for welfare or AFD | nly earnings were: \$ |

| IN THE MATTER OF (NAME): Christopher Kidd | CASE NUMBER: |
|--|----------------------|
| Christopher Kidd | |
| 7. The average of my gross monthly earnings is: | Amount |
| a. Salary and wages, including bonuses and overtime | \$ 733 |
| b. Money received from parents or other adults assisting me | \$ |
| (name and relationship): | |
| c. Other (specify source and amount): | \$ |
| 8. I have the following assets: | <u>Value</u> |
| a. 🗸 Cash | \$ 200 |
| b. Checking account | \$0 |
| c. Savings account | \$ 6000 |
| 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 | \$ 150 |
| c. Clothing | \$ 50 |
| d. Phone and utilities | \$ 45 |
| e. Vehicle | \$ |
| (1) Loan payments | \$ |
| (2) Maintenance | \$ |
| I declare under penalty of perjury that the foregoing is true and correct. | |
| Date: 8/15/2004 | |
| | w s |
| | has Kidd |
| Christopher Kidd (TYPE OR PRINT NAME) | ATURE OF PETITIONER) |

| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): — Christopher Kidd 2400 Telegraph Avenue Oakland, CA 94612 | TELEPHONE NO.: 510-555-2209 | | DURT USE ONLY |
|---|-------------------------------|---------------------|---|
| ATTORNEY FOR (Name): Christopher Kidd (In Pro Per) | ada. | | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF Alame STREET ADDRESS: 1225 Fallon Street MAILING ADDRESS: 1225 Fallon Street CITY AND ZIP CODE: Oakland, CA 94612 | eda | | |
| IN THE MATTER OF (NAME): | | | |
| Christopher Kidd | Petitioner, a minor | | |
| NOTICE OF HEARING — EMANCIPATION | | CASE NUMBER: | |
| CONSENT AND WAIVER OF NO | | | |
| The minor (name): to declare the minor an EMANCIPATED MINOR. If the petitic for purposes set forth in California Family Code section 7050 A HEARING for the court to consider the petition will be held: |). | | petition asking the court over the age of majority |
| on (date): at (time): | in Dept.: | Room: | |
| IF THE PETITION IS GRANTED, THE MINOR, THE MINOR'S PETITION THE COURT TO RESCIND THE DECLARATION O MEDICAL COVERAGE FOR THE MINOR. Date: 8/15/2004 Christopher Kidd (TYPE OR PRINT NAME) | EMANCIPATION AND Y | OU MAY BE LIABL | E FOR SUPPORT AND |
| CONSENT AND | WAIVER OF NOTICE | | |
| The undersigned give up the right to notice of a hearing on the F | Petition for Declaration of E | mancipation, and co | nsent to a declaration of |
| emancipation without a hearing. a. Mother | | Dated: | |
| b. Father Signature: Address: Telephone number: | | Dated: | SENSE ACTOR ASSESSED TOTAL ASSESSE |
| c. Legal guardian Signature: Address: Telephone number: | | Dated: | SE ESE ESE E ESE ESSOS ESECE ESSOS |
| d. Social worker Probation officer. Signature: Address: | | Dated: | 04 808 8080 8 608080808 8080 8 80808 |
| Telephone number: e. District attorney | | Dated: | e sa kara mendan tana babu |
| Telephone number: | | | |

| | 1 L-550 |
|--|---|
| ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406 (Name, State Bar number, and address): | FOR COURT USE ONLY |
| Christopher Kidd 2400 Telegraph Avenue Oakland, CA 94612 | |
| TELEPHONE NO.: (510) 555-2209 ATTORNEY FOR (Name): Christopher Kidd (In Pro Per) | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF Alameda STREET ADDRESS: 1225 Fallon Street MAILING ADDRESS: 1225 Fallon Street CITY AND ZIP CODE: Oakland, CA 94612 | |
| PETITIONER/PLAINTIFF: Christopher Kidd | CASE NUMBER: |
| RESPONDENT/DEFENDANT: | |
| OTHER PARENT/PARTY: | (If applicable, provide): HEARING DATE: 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 Person served (name): Esther Kidd I served copies of the following documents (specify): Petition for Declaration of Emancipation of Minor Emancipation of Minor - Income and Expense Declaration, & Notice of Income | ė. |
| By personally delivering copies to the person served, as follows: | |
| a. Date: 8/20/2004 b. Time: 6:00 pm c. Address: 9324 Foothills Blvd., Oakland, CA 94621 | |
| 5. I am a. ont a registered California process server. b. a registered California process server. c. an employee or independent contractor of a registered California process server. d. exempt from registered code section 223st an employee or independent contractor of a registered California process server. | |
| My name, address, and telephone number, and, if applicable, county of registration and r Arnold Adult (510) 555-4322 2500 Cole Street Oakland, CA 94605 | number (specify): |
| 7. I declare under penalty of perjury under the laws of the State of California that the formula and I certify that the foregoing is true and correct I am a California sheriff or marshal and I certify that the foregoing is true and correct | |
| Date: 8/20/2004 | - |
| Arnold Adult (SIGNATURE OF SERVICE MANY OF SE | Adult |
| (TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS) (SIGNATUR | RE OF PERSON WHO SERVED THE PAPERS) |

INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

Use these instructions to complete the *Proof of Personal Service* (form FL-330).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Service by Mail* (form FL-335) if the documents are being served by mail. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving. **Third box, right side:** Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

- 1. You are stating that you are over the age of 18 and that you are neither a party of this action nor a protected person listed in any of the orders.
- 2. Print the name of the party to whom you handed the documents.
- 3. List the name of each document that you delivered to the party.
- 4. a. Write in the date that you delivered the documents to the party.
 - b. Write in the time of day that you delivered the documents to the party.
 - c. Print the address where you delivered the documents.
- 5. Check the box that applies to you. If you are a private person serving the documents for a party, check box "a."
- 6. Print your name, address, and telephone number. If applicable, include the county in which you are registered as a process server and your registration number.
- 7. You must check this box if you are not a California sheriff or marshal. You are stating under penalty of perjury that the information you have provided is true and correct.
- 8. Do not check this box unless you are a California sheriff or marshal.

Print your name, fill in the date, and sign the form.

| | LL-335 |
|---|--|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): | FOR COURT USE ONLY |
| Christopher Kidd 2400 Telegraph Avenue | |
| Oakland, CA 94612 | |
| | |
| TELEPHONE NO.: (510) 555-2209 FAX NO. (Optional): E-MAIL ADDRESS (Optional): | |
| ATTORNEY FOR (Name): Christopher Kidd (In Pro Per) | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF Alameda | |
| street ADDRESS: 1225 Fallon Street | |
| mailing address: 1225 Fallon Street city and zip code: Oakland, CA 94612 | |
| BRANCH NAME: | |
| PETITIONER/PLAINTIFF: Christopher Kidd | CASE NUMBER: |
| RESPONDENT/DEFENDANT: | (If applicable, provide): |
| OTHER PARENT/PARTY: | HEARING DATE: |
| PROOF OF SERVICE BY MAIL | HEARING TIME: |
| THOU OF CLINICE DE INVIL | DEPT,: |
| NOTICE: To serve temporary restraining orders you must use personal service (see for | orm FL-330). |
| I am at least 18 years of age, not a party to this action, and I am a resident of or employe place. | d in the county where the mailing took |
| 2. My residence or business address is: | |
| 2500 Cole Street | |
| Oakland, CA 94605 | |
| 3. I served a copy of the following documents (specify): | |
| Petition for Declaration of Emancipation of Minor | |
| Emancipation of Minor - Income and Expense Declaration | |
| Notice of Hearing - Emancipation of Minor | |
| by enclosing them in an envelope AND a. depositing the sealed envelope with the United States Postal Service with the | postage fully prepaid |
| b. placing the envelope for collection and mailing on the date and at the place sho | |
| business practices. I am readily familiar with this business's practice for collecting | |
| mailing. On the same day that correspondence is placed for collection and maili business with the United States Postal Service in a sealed envelope with postage. | |
| 4. The envelope was addressed and mailed as follows: | • |
| a. Name of person served: Leonard Kidd | |
| b. Address: Inmate #V35489, San Quentin State Prison, San Quentin, CA | 94964 |
| c. Date mailed: 8/20/2004 | |
| d. Place of mailing (city and state): Oakland, CA | |
| 5. I served a request to modify a child custody, visitation, or child support judgment o | r permanent order which included an |
| address verification declaration. (Declaration Regarding Address Verification—Policy | stjudgment Request to Modify a Child |
| Custody, Visitation, or Child Support Order (form FL-334) may be used for this pur | |
| 5. I declare under penalty of perjury under the laws of the State of California that the forego | 200 |
| Date: 8/20/2004 | td Adult |
| Arnold Adult | Va Commo |

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving. **Third box, right side:** Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

- 1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
- 2. Print your home or business address.
- 3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
 - a. Check this box if you put the documents in the regular U.S. mail.
 - b. Check this box if you put the documents in the mail at your place of employment.
- 4. a. Print the name you put on the envelope containing the documents.
 - b. Print the address you put on the envelope containing the documents.
 - c. Print the date that you put the envelope containing the documents in the mail.
 - d. Print the city and state you were in when you mailed the envelope containing the documents.
- 5. Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to change a child custody, visitation, or child support order).
- 6. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

| ATTORNEY OR PARTY WITHOUT ATTO _ Christopher Kidd | RNEY (Name and Address): | TELEPHONE NO.: 510-555-2209 | FOR COURT USE ONLY |
|--|--|--|---|
| 2400 Telegraph Avenu Oakland, CA 94612 | ıe | | |
| ATTORNEY FOR (Name): Christor | oher Kidd (In Pro Per) | | |
| SUPERIOR COURT OF CALIF | ORNIA, COUNTY OF Alameda | a | |
| STREET ADDRESS: 1225 Fall MAILING ADDRESS: 1225 Fall | | | |
| CITY AND ZIP CODE: Oakland, | CA 94612 | | |
| BRANCH NAME: IN THE MATTER OF (NAME): | | | |
| Christopher Kidd | | | |
| | | Petitioner, a minor | |
| DECLARATION OF E | MANCIPATION OF MINOR | R AFTER HEARING | CASE NUMBER: |
| This proceeding came on force. | | N | |
| a. Date: 9/20/20 b. Judge (name): Judith 3 | | 1 | Div.: Room: |
| c. Present in court: | | A.II. | |
| Petitioner Father | | Attorney <i>(name)</i> : Attorney <i>(name)</i> : | |
| Mother Probation officer (| | Attorney (name): | |
| Social worker (na | me): | | |
| County counsel (r District attorney (r | - | | |
| Other (name and | relationship to minor): | | |
| 2. THE COURT FINDS THAT a. Notice was given a | : as prescribed by the court. __ | | |
| | given to the petitioner's [the parents may become liable | | that a court may rescind the declaration of |
| c. The petitioner is a person | n described by Family Code se | ction 7120. | nedical coverage. |
| • | rary to the best interests of the | • | ED FOR THE PURPOSES SET FORTH IN |
| FAMILY CODE SECTION | | | |
| | | | |
| | | | |
| | | | |
| Date: | | <u>.</u> | JUDGE OF THE SUPERIOR COURT) |
| | | · | |
| [SEAL] | 31 | a | 0.4.75 |
| | Legitify that the foregoing | CLERK'S CERTIFI | CATE he original on file in my office. |
| | r certify that the loregoling | is a true and correct copy or t | no onginar on mo in my omoo. |
| | | | |
| | | | |
| | Date: | Clerk, by | , Deputy |
| 1 | | | |

| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Christopher Kidd | TELEPHONE NO.: 510-555-2209 | FOR COURT USE ONLY |
|--|-----------------------------|--|
| 2400 Telegraph Avenue | 310-333-2209 | |
| Oakland, CA 94612 | | |
| Oakland, CA 74012 | | |
| ATTORNEY FOR (Name): Christopher Kidd (In Pro Per) | | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF Alameda | | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF Alameda STREET ADDRESS: 1225 Fallon Street | | |
| MAILING ADDRESS: 1225 Fallon Street | | |
| CITY AND ZIP CODE: Oakland, CA 94612 | | |
| BRANCH NAME: | | |
| IN THE MATTER OF (NAME): | | |
| Christopher Kidd | | |
| | | |
| | Petitioner, a minor | |
| EMANCIPATED MINOR'S APPLICATION TO C | CALIFORNIA | CASE NUMBER: |
| DEPARTMENT OF MOTOR VEHICL | | |
| | | |
| | | |
| On September 20, 2004 I was o | declared to be emancipate | ed for the purposes set forth in Family Code |
| (DATE OF EMANCIPATION ORDER) | acciared to be emanapate | is the purposes server arm army seems |
| section 7050 et seg. by order of the Honorable | Judith | |
| • | (NAME OF JUDIC | IAL OFFICER) |
| Judge of the Superior Court ofAlameda | County. | |
| (NAME OF COUNTY) | | |
| | | |
| I apply to the California Department of Motor Vehicles for entry of | | |
| for inclusion of the fact of my emancipation on any identification ca | ard issued to me by the D | epartment. |
| ik . | | |
| I have attached a certified copy of the Declaration of Emancipatio | n. | 11811 |
| | \bigcap | 11 |
| 5 / 0/02/2004 | Christa | oher Kidd |
| Date: 9/22/2004 | (SIG | VATURE OF EMANCIPATED MINOR) |

FW-001

Request to Waive Court Fees

CONFIDENTIAL

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

| If you are getting public benefits, are a low-income person, or do not have |
|---|
| enough income to pay for household's basic needs and your court fees, you may |
| use this form to ask the court to waive all or part of your court fees. The court |
| may order you to answer questions about your finances. If the court waives the |
| fees, you may still have to pay later if: |

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for \$10,000 or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs

| | waived fees and costs. The court may also charge yo | | | | |
|-----|---|------|----------------------|--------------------------------|---|
| 1 | Your Information (person asking the court to was | | | | |
| | Name: | | | | |
| | Street or mailing address: | | | Fill in case number and name: | |
| | City: State: | | _ Zip: | Case Number: | _ |
| | Phone number: | | | | |
| (2) | Your Job, if you have one (job title): | | | | _ |
| | Name of employer: | | | Case Name: | |
| | Employer's address: | | | | |
| (3) | Your Lawver, if you have one (name, firm or affil | iati | on, address, phone r | number, and State Bar number): | |

- a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes No Dec. (If yes, your lawyer must sign here) Lawyer's signature:

 If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.
- What court's fees or costs are you asking to be waived?
 - Superior Court (See Information Sheet on Waiver of Superior Court Fees and Costs (form FW-001-INFO).)
 Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See Information Sheet on Waiver of Appellate Court Fees (form APP-015/FW-015-INFO).)
- 5 Why are you asking the court to waive your court fees?
 - a.

 I receive (check all that apply):

 Medi-Cal

 Food Stamps

 SSI

 SSP

 County Relief/General Assistance

 IHSS (In-Home Supportive Services)

 CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families)

 CAPI (Cash Assistance Program for Aged, Blind and Disabled)
 - b. My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 5b, you must fill out 7, 8, and 9 on page 2 of this form.)

| | Family Size | Family Income | Family Size | Family Income | Family Size | Family Income | If more than 6 people |
|---|-------------|---------------|-------------|---------------|-------------|---------------|------------------------|
| r | 1 | \$1,215.63 | 3 | \$2,061.46 | 5 | \$2,907.30 | at home, add \$422.92 |
| ľ | 2 | \$1,638.55 | 4 | \$2,484.38 | 6 | \$3,330.21 | for each extra person. |

- c. \Boxed I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to (check one): \Boxed waive all court fees \Boxed waive some of the court fees \Boxed let me make payments over time (Explain): (If you check 5c, you must fill out page 2.)
- 6 Check here if you asked the court to waive your court fees for this case in the last six months.

 (If your previous request is reasonably available, please attach it to this form and check here:)

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.

Date:

Sign here

Print your name here

| | | | | | Case Numbe | r: | |
|------------------------------|---|-------------------|-----------|-------|--------------------------------------|-----------------------|-----------------|
| our name: | | | | | | | |
| you checked 5a d | on page 1, do not fili | out below. If yo | u checke | ed 5 | ib, fill out questions | s 7, 8, and 9 o | nly. If you |
| necked 5c, you m | ust fill out this entire | e page. If you ne | eed more | spa | ace, attach form M | C-025 or attac | ch a sheet |
| | Financial Informatio | | e and cas | se r | number at the top. | | |
| , , | our income changes a lot fro | • | (a) Yo | our l | Money and Property | | |
| | sed on your average incom | | | Cas | | | \$ |
| months. | | | | | financial accounts <i>(List ba</i> | ank name and amo | unt): |
| Your Monthly Inc | come | | ۵. | (1) | | | \$ |
| | come (before deductions): | \$ | | (2) | FI. | | \$ |
| • • | deduction and amount belo | | | (3) | | | \$ |
| (1) | | \$ | | (4) | | | \$ |
| (2) | | \$ | | ` ' | | | 1 |
| (3) | | \$ | C. | Car | rs, boats, and other vehic | | How Much You |
| (4) | | ¥ | | | Make / Year | Value | Still Owe |
| | (add 8a (1)-(4) above): | \$ | | (1) | | \$ | \$ |
| | e-home pay <i>(8a minus 8b);</i> | | | (2) | | \$ | \$ |
| month, including: | nd amount of <u>any</u> other inco spousal/child support, retire | ement, social | | (3) | | \$ | \$ |
| | r, unemployment, military ba reterans payments, dividenc | | d. | Rea | al estate | | How Much You |
| | , net business or rental inco | | | (1) | Address | Value \$ | Still Owe |
| reimbursement fo | r job-related expenses, gar | | | | | | Ψ |
| winnings, etc. | | | | (2) | | | |
| (1) | | \$ | | (3) | | Φ | Φ |
| (2) | | \$ | | | er personal property (jewe | Iry, furniture, furs, | |
| (3) | | \$ | | stoc | ks, bonds, etc.): | Fair Market | How Much You |
| (4) | | \$ | | 445 | Describe | Value | Still Owe |
| e. Your total month | nly income is (8c plus 8d): | \$ | | | | \$ | \$ |
| | | | | (2) | | | \$ \$ |
| Household Incom | ne | | | (3) | | \$ | Φ |
| a. List all other perso | ons living in your home and | their income; | | | Monthly Expenses | | |
| include only your | spouse and all individuals v | vho depend in | (D | | include payroll deductions yo | - |) |
| whole or in part of | n you for support, or on whom support. | om you depend m | | | nt or house payment & ma | | \$ |
| | | Gross Monthly | | | d and household supplies | | \$ |
| Name | Age Relationship | Income \$ | | | ties and telephone | | Φ |
| (1) | | ¢ | | | thing Indry and cleaning | | \$ \$ |
| (2) | | ¢ | f. | | dical and dental expenses | | \$ |
| (4) | | Ψ | g. | | rance (life, health, accide | | \$ |
| (+/ | | Ψ | h. | | ool, child care | | \$ |
| b. Total monthly in | come of persons above: | \$ | i. | | ld, spousal support (anoth | | \$ |
| | | | j. | | nsportation, gas, auto rep | | \$ |
| otal monthly income | e and ncome (8e plus 9b): | \$ | k. | | allment payments (list ea aid to: | | |
| | , | | | (1) | | | \$ |
| To list any other facts | s you want the court to k | now, such | | (2) | | | \$ |
| as unusual medical ex | xpenses, family emerger | icies, etc., | | (3) | | | \$ |
| | Or attach a sheet of pap | | I. | Wa | ges/earnings withheld by | court order | \$ |
| | mation and your name a | | m. | | other monthly expenses | (list each below). | \$ |
| number at the top. Ch | neck here if you attach a | nother page. | | | aid to: | | How Much? \$ |
| <i>Important!</i> If your fi | inancial situation or ab | oility to pay | | (2) | 77 | | \$ |
| | , you must notify the co | ourt within | | (3) | | | \$ |
| five days on form F | W-010. | | _ | | | | |
| | | | Total m | ont | hly expenses (add 11 | a –11m above): | \$ |

| FW-003 | Order on Court F (Superior Court) | | Clerk stamps date here when form is filed. |
|----------------------|--------------------------------------|---------------------------|--|
| 1 Person who as | sked the court to waive c | ourt fees: | |
| Name: | | | _ |
| Street or mailing | address: | | _ |
| City: | State: | Zip: | |
| 2 Lawyer, if pers | on in 1 has one (name, Bar number): | address, phone number, | , |
| e man, and state | Dai manoory. | | Fill in court name and street address: |
| | | | Superior Court of California, County of |
| | | | |
| | ve court fees was filed | | |
| | e a previous fee waiver order | in this case | |
| on (date): | | | Fill in case number and case name: Case Number: |
| D 141.0 | C 11 - A11 -111 | 1 | |
| Read this form care | fully. All checked boxes ✓ | lare court oraers. | Case Name: |
| | fees. The trial court may not | | |
| the court makes t | our (check one): | it to Waive Court Fees | Request to Waive Additional Court Fees |
| a. The court gra | ants your request, as follows: | : | |
| _ | | | ourt fees and costs listed below. (Cal. Rules of |
| Court, rul | e 3.55.) You do not have to p | ay the court fees for the | following: |
| | apers in Superior Court | | iving notice and certificates |
| _ | copies and certifying copies | | ending papers to another court department ourt-appointed interpreter in small claims cour |
| Sneriii Reporter | s fee to give notice | | er order at the court-approved daily rate) |
| | g and certifying the clerk's tr | | |
| (2) Additional | al Fee Waiver. The court gra | unts your request and wa | nives your additional superior court fees and You do not have to pay for the checked items. |
| _ | es and expenses | | or a peace officer to testify in court |
| • | or court-appointed experts | | appointed interpreter fees for a witness |
| | er's daily fees (beyond the 60 | | |
| | (specify): | | |
| , | 1 007 | | ives the fees and costs checked below, for you |
| appeal. (Co | al. Rules of Court, rules 3.55 | , 3.56, 8.26, and 8.818.) | You do not have to pay for the checked items |
| | ng and certifying clerk's tran | | |
| Other (| specify): | | |

| | Case Number: |
|--|--|
| our name: | |
| b. The court denies your request, as follows: | |
| Warning! If you miss the deadline below, the court cannot proyou filed with your original request. If the papers were a notic | ocess your request for hearing or the court papers se of appeal, the appeal may be dismissed. |
| (1) The court denies your request because it is incomplet this order (see date below) to: Pay your fees and costs, or File a new revised request that includes the items | |
| The anew revised request that includes the femis | |
| (2) The court denies your request because the informatio eligible for the fee waiver you requested (specify rea | on you provided on the request shows that you are not usons): |
| FW-006. You have 10 days after the clerk gives notice Pay your fees and costs, or | About Court Fee Waiver Order (Superior Court), form ce of this order (see date below) to: e information. (Use form FW-006 to request hearing.) |
| c. The court needs more information to decide whether to grabelow. The hearing will be about (specify questions regard) | |
| ☐ Bring the following proof to support your request if | reasonably available: |
| Hearing | Name and address of court if different from page 1: |
| Date: Time: Rm.: | |
| Warning! If item c is checked, and you do not go to court on you waive court fees, and you will have 10 days to pay your fees. If the court papers you filed with your request. If the papers were | you miss that deadline, the court cannot process |
| Date: | |
| Signature of (chec. | k one): \square Judicial Officer \square Clerk, Deputy |
| Request for Accommodations. Assistive listening system language interpreter services are available if you ask at least office for Request for Accommodation, Form MC-410. | east 5 days before your hearing. Contact the clerk's |
| Clerk's Certificate | of Service |
| certify that I am not involved in this case and (check one): | |
| I handed a copy of this order to the party and attorney, if any, 1 | isted in (1) and (2), at the court, on the date below. |
| This order was mailed first class, postage paid, to the party and | attorney, if any, at the addresses listed in (1) and (2), on the date below. |
| Date: | lerk, by, Deputy |

| | MC-300 |
|--|--|
| 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 CITY: | |
| BRANCH NAME: IN THE MATTER OF (NAME): | |
| THE MICH LET (10 MILE). | |
| Petitioner, a minor | |
| PETITION FOR DECLARATION OF EMANCIPATION OF MINOR | CASE NUMBER: |
| ORDER PRESCRIBING NOTICE | |
| DECLARATION OF EMANCIPATION ORDER DENYING PETITION | |
| DESCRIPTION OF EMPARENT | |
| 1. My name: | |
| My address: | |
| I am a resident of or temporarily domiciled in this county. | |
| 2. 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 conse | ent of my parents or legal guardian. I |
| have been living apart from them since (date): | ent of my parents of legal guardian. I |
| c. I am managing my own financial affairs. I have completed my declaration of income and | expenses on form MC-306 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 | 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): | 02 |
| 8. I am a dependent child probation] ward of the Juvenile Court of | County. |
| Case number (if known): My social worker probation officer is (name): | |
| His / her consent is attached | |

(SIGNATURE OF PETITIONER)

Page 1 of 2

(place):

on (date):

I declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed at

, California,

| | | | | | MC-300 |
|--|--|----------------|--|--|----------|
| NAME OF MINOR | | | | CASE NUMBER: | |
| | | | | | |
| | ORD | ER PRESCRII | BING NOTICE | | |
| b. The addresses of (1) Father (2) Moth (3) Lega | f the following are unknov er | wn. | | ation and waived notice of he | aring. |
| d. Other (specify): | | | | | |
| b. is required to the (1) Fathe (2) Mothe (3) Legal | ne declaration of emancip following persons: r | (4) (5) (5) | Juvenile Court of | orker or probation officer in (dept): | County |
| Date: | | | | | |
| | | | (JUD | GE OF THE SUPERIOR COURT) | |
| The court finds that the petition by the court. Emancipation is note THE PETITION IS GRANTIFAMILY CODE SECTION 7 | ot contrary to the best inf ED. THE PETITIONER IS | terests of the | child. | ce requirements have been O FOR PURPOSES SET FO | |
| Date: | | | | | |
| Bato | | 7= | (JU | DGE OF THE SUPERIOR COURT) | |
| The court finds that the petition THE PETITION IS DENIEL | on its face fails to estab | | /ING PETITION petitioner is a person des | cribed by Family Code section | on 7120. |
| Date: | | - | (JUE | OGE OF THE SUPERIOR COURT) | |
| [SEAL] | I certify that th | | CLERK'S CERTIFICATE Declaration of Emanci s a true and correct copy | | office. |
| | Date: | | Clerk, by | | , Deputy |

| <u> </u> | | IVIO-300 |
|--|-----------------------------------|-----------------------|
| 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 | |
| EMANCIPATION OF MINOR | ₹ | CASE NUMBER: |
| INCOME AND EXPENSE DECLAR | RATION | |
| My name and address are: | | |
| 1. Wy Harrie and address are. | | |
| | | |
| | | |
| My telephone number is: | | |
| I have been living at this address since: | | |
| I live there with (name and relationship of all persons, include | ding children) | |
| Tilve triere with thame and relationship of all persons, inclu- | ung ciniareny. | |
| | - | |
| | | |
| 2. My date of birth is: | | |
| 3. a. I am attending school (name of school and grade |); | |
| b. I am not attending school. The highest year of ed | | |
| Tani not attending sollool. The highest year or ea | acation i have completed to. | |
| 4. My occupation is: | | |
| | | |
| | | |
| 5. a. I am employed. My place of employment is (name | e and address): | |
| | | |
| | | |
| | | |
| I started work there on (date): | | |
| b. I am not employed at the present time. I last work | ed from (starting month and year | r): |
| to (ending month end year): | My gross month | nly earnings were: \$ |
| 6. a. I am not receiving welfare or AFDC and I do not in | itend to apply for welfare or AFD | C. |
| b. I am receiving welfare or AFDC. Monthly amount r | | |
| c. I have applied for welfare or AFDC. | | |
| d. I intend to apply for welfare or AFDC. | | |
| | | |
| | | |

| IN THE M | ATTER OF (NAME): | CASE NUMBER: |
|-----------|--|----------------------|
| 7. The | average of my gross monthly earnings is: | <u>Amount</u> |
| а. [| Salary and wages, including bonuses and overtime | \$ |
| b. [| Money received from parents or other adults assisting me | \$ |
| | (name and relationship): | |
| с. [| Other (specify source and amount): | \$ |
| 8. I ha | ve the following assets: | Value |
| a. [| Cash | \$ |
| b. [| Checking account | \$ |
| c. [| Savings account | \$ |
| d. [| Stocks, bonds | \$ |
| е. [| Vehicle (year, make, model) | \$ |
| f. [| Other (specify): | \$ |
| 9. My ı | nonthly expenses are: | <u>Amount</u> |
| а. [| Rent or Mortgage | \$ |
| b. [| Food | \$ |
| с. [| Clothing | \$ |
| d. [| Phone and utilities | \$ |
| e. [| Vehicle | \$ |
| | (1) Loan payments | \$ |
| | (2) Maintenance | \$ |
| l declare | under penalty of perjury that the foregoing is true and correct. | |
| Date: | | |
| | | |
| | N | |
| | (TYPE OR PRINT NAME) (SIGN | ATURE OF PETITIONER) |

| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): | TELEPHONE NO. | FOR C | OURT 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 O | OF MINOR | CASE NUMBER: | |
| CONSENT AND WAIVER OF NO | | | |
| | | | |
| The minor (name): to declare the minor an EMANCIPATED MINOR. If the petition for purposes set forth in California Family Code section 7050. A HEARING for the court to consider the petition will be held: | | | petition asking the court e over the age of majority |
| on (date): at (time): | in Dept.: | Room: | |
| PETITION THE COURT TO RESCIND THE DECLARATION OF MEDICAL COVERAGE FOR THE MINOR. | EMANCIPATION AND | YOU MAY BE LIABL | ORNEY MAY LATER LE FOR SUPPORT AND |
| PETITION THE COURT TO RESCIND THE DECLARATION OF MEDICAL COVERAGE FOR THE MINOR. Date: | EMANCIPATION AND | YOU MAY BE LIABL | E FOR SUPPORT AND |
| PETITION THE COURT TO RESCIND THE DECLARATION OF MEDICAL COVERAGE FOR THE MINOR. | EMANCIPATION AND | YOU MAY BE LIABL | E FOR SUPPORT AND |
| PETITION THE COURT TO RESCIND THE DECLARATION OF MEDICAL COVERAGE FOR THE MINOR. Date: (TYPE OR PRINT NAME) CONSENT AND | WAIVER OF NOTICE | YOU MAY BE LIABL | E FOR SUPPORT AND |
| PETITION THE COURT TO RESCIND THE DECLARATION OF MEDICAL COVERAGE FOR THE MINOR. Date: (TYPE OR PRINT NAME) | WAIVER OF NOTICE | YOU MAY BE LIABL | E FOR SUPPORT AND |
| PETITION THE COURT TO RESCIND THE DECLARATION OF MEDICAL COVERAGE FOR THE MINOR. Date: (TYPE OR PRINT NAME) CONSENT AND The undersigned give up the right to notice of a hearing on the Perenancipation without a hearing. | WAIVER OF NOTICE etition for Declaration of B | PETITIONER Emancipation, and co | CLERK |
| PETITION THE COURT TO RESCIND THE DECLARATION OF MEDICAL COVERAGE FOR THE MINOR. Date: (TYPE OR PRINT NAME) CONSENT AND The undersigned give up the right to notice of a hearing on the Period Court of th | WAIVER OF NOTICE etition for Declaration of B | PETITIONER Emancipation, and co | E FOR SUPPORT AND |
| PETITION THE COURT TO RESCIND THE DECLARATION OF MEDICAL COVERAGE FOR THE MINOR. Date: (TYPE OR PRINT NAME) CONSENT AND The undersigned give up the right to notice of a hearing on the Perenancipation without a hearing. a. Mother | WAIVER OF NOTICE etition for Declaration of E | PETITIONER Emancipation, and co | CLERK |
| PETITION THE COURT TO RESCIND THE DECLARATION OF MEDICAL COVERAGE FOR THE MINOR. Date: (TYPE OR PRINT NAME) CONSENT AND The undersigned give up the right to notice of a hearing on the Perenancipation without a hearing. a. Mother | WAIVER OF NOTICE etition for Declaration of E | PETITIONER Emancipation, and co | CLERK |
| PETITION THE COURT TO RESCIND THE DECLARATION OF MEDICAL COVERAGE FOR THE MINOR. Date: (TYPE OR PRINT NAME) CONSENT AND The undersigned give up the right to notice of a hearing on the Perentage of the peren | WAIVER OF NOTICE etition for Declaration of I | PETITIONER Dated: | clerk |
| PETITION THE COURT TO RESCIND THE DECLARATION OF MEDICAL COVERAGE FOR THE MINOR. Date: (TYPE OR PRINT NAME) CONSENT AND The undersigned give up the right to notice of a hearing on the Perenancipation without a hearing. a. Mother | WAIVER OF NOTICE etition for Declaration of I | PETITIONER Dated: | CLERK |
| PETITION THE COURT TO RESCIND THE DECLARATION OF MEDICAL COVERAGE FOR THE MINOR. Date: CONSENT AND The undersigned give up the right to notice of a hearing on the Perenancipation without a hearing. a. Mother | WAIVER OF NOTICE etition for Declaration of I | PETITIONER Dated: | clerk |
| PETITION THE COURT TO RESCIND THE DECLARATION OF MEDICAL COVERAGE FOR THE MINOR. Date: (TYPE OR PRINT NAME) CONSENT AND The undersigned give up the right to notice of a hearing on the Perenancipation without a hearing. a. Mother | WAIVER OF NOTICE etition for Declaration of E | PETITIONER Dated: | CLERK Onsent to a declaration of |
| PETITION THE COURT TO RESCIND THE DECLARATION OF MEDICAL COVERAGE FOR THE MINOR. Date: (TYPE OR PRINT NAME) CONSENT AND The undersigned give up the right to notice of a hearing on the Perenancipation without a hearing. a. Mother | WAIVER OF NOTICE etition for Declaration of E | PETITIONER Dated: | clerk |
| PETITION THE COURT TO RESCIND THE DECLARATION OF MEDICAL COVERAGE FOR THE MINOR. Date: CONSENT AND The undersigned give up the right to notice of a hearing on the Perenancipation without a hearing. a. Mother | WAIVER OF NOTICE etition for Declaration of B | PETITIONER Dated: Dated: Dated: | CLERK |
| PETITION THE COURT TO RESCIND THE DECLARATION OF MEDICAL COVERAGE FOR THE MINOR. Date: (TYPE OR PRINT NAME) CONSENT AND The undersigned give up the right to notice of a hearing on the Perenancipation without a hearing. a. Mother | WAIVER OF NOTICE etition for Declaration of B | PETITIONER Dated: Dated: Dated: | CLERK Onsent to a declaration of |
| PETITION THE COURT TO RESCIND THE DECLARATION OF MEDICAL COVERAGE FOR THE MINOR. Date: (TYPE OR PRINT NAME) CONSENT AND The undersigned give up the right to notice of a hearing on the Perenancipation without a hearing. a. Mother | WAIVER OF NOTICE etition for Declaration of B | PETITIONER Dated: Dated: Dated: | CLERK |
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| ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Fami (Name, State Bar number, and address): | y Code, §§ 17400,17406 | FOR COURT USE ONLY |
|---|-------------------------------|------------------------------------|
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| | | |
| | | |
| TELEPHONE NO.: FAX NO.: | | |
| ATTORNEY FOR (Name): | | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF | | |
| STREET ADDRESS: | | |
| MAILING ADDRESS: | | |
| CITY AND ZIP CODE: | | |
| BRANCH NAME: | | CASE NUMBER: |
| PETITIONER/PLAINTIFF: | | CASE NOWBER. |
| | | |
| RESPONDENT/DEFENDANT: | - | (If applicable, provide): |
| | | HEARING DATE: |
| OTHER PARENT/PARTY: | | HEARING TIME: |
| PROOF OF PERSONAL SERVIC | E | DEPT.: |
| I am at least 18 years old, not a party to this action, and not a Person served (name): I served copies of the following documents (specify): | protected person listed in an | ny of the orders. |
| | | |
| 4. By personally delivering copies to the person served, as follows: | WS: | |
| a. Date: | b. Time: | |
| c. Address: | | |
| | | |
| | | |
| 5. I am | | |
| a not a registered California process server. | | ration under Business & Profession |
| b. a registered California process server. | Code section 22350 | |
| 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 nu | imber (specify): |
| o. My name, address, and telephone number, and, if applicable | county of registration and ne | amber (opeany). |
| | | |
| | | |
| | | |
| 7. I declare under penalty of perjury under the laws of the 8. I am a California sheriff or marshal and I certify that the | | |
| Date: | | |
| | * | |
| | | |
| (TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS) | (SIGNATURE | OF PERSON WHO SERVED THE PAPERS) |

INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

Use these instructions to complete the Proof of Personal Service (form FL-330).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Service by Mail* (form FL-335) if the documents are being served by mail. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, **left side**: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving. Third box, right side: Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

- 1. You are stating that you are over the age of 18 and that you are neither a party of this action nor a protected person listed in any of the orders.
- 2. Print the name of the party to whom you handed the documents.
- 3. List the name of each document that you delivered to the party.
- 4. a. Write in the date that you delivered the documents to the party.
 - b. Write in the time of day that you delivered the documents to the party.
 - c. Print the address where you delivered the documents.
- 5. Check the box that applies to you. If you are a private person serving the documents for a party, check box "a."
- 6. Print your name, address, and telephone number. If applicable, include the county in which you are registered as a process server and your registration number.
- 7. You must check this box if you are not a California sheriff or marshal. You are stating under penalty of perjury that the information you have provided is true and correct.
- 8. Do not check this box unless you are a California sheriff or marshal.

Print your name, fill in the date, and sign the form.

| (TYPE OR PRINT NAME) | (SIGNATURE OF PERSON COMPLETING THIS FORM) |
|--|--|
| Date: | |
| 6. I declare under penalty of perjury under the laws of the State of | California that the foregoing is true and correct. |
| 5. I served a request to modify a child custody, visitation, or address verification declaration. (Declaration Regarding a Custody, Visitation, or Child Support Order (form FL-334) | child support judgment or permanent order which included an Address Verification—Postjudgment Request to Modify a Child may be used for this purpose.) |
| c. Date mailed:d. Place of mailing (city and state): | |
| 4. The envelope was addressed and mailed as follows:a. Name of person served:b. Address: | |
| business practices. I am readily familiar with this busin mailing. On the same day that correspondence is place business with the United States Postal Service in a sea | date and at the place shown in item 4 following our ordinary less's practice for collecting and processing correspondence for ed for collection and mailing, it is deposited in the ordinary course of |
| 3. I served a copy of the following documents (specify): | |
| 2. My residence or business address is: | |
| I am at least 18 years of age, not a party to this action, and I am place. | ı a resident of or employed in the county where the mailing took |
| NOTICE: To serve temporary restraining orders you must use | personal service (see form FL-330). |
| PROOF OF SERVICE BY MAIL | DEPT.: |
| OTHER PARENT/PARTY: | HEARING DATE: HEARING TIME: |
| RESPONDENT/DEFENDANT: | (If applicable, provide): |
| PETITIONER/PLAINTIFF: | CASE NUMBER: |
| CITY AND ZIP CODE: BRANCH NAME: | _ |
| MAILING ADDRESS: | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: | |
| TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): | |
| | |
| | |
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) | FOR COURT USE ONLY |
| | FL-335 |

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the Proof of Service by Mail (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving. **Third box, right side:** Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

- 1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
- 2. Print your home or business address.
- 3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
 - a. Check this box if you put the documents in the regular U.S. mail.
 - b. Check this box if you put the documents in the mail at your place of employment.
- 4. a. Print the name you put on the envelope containing the documents.
 - b. Print the address you put on the envelope containing the documents.
 - c. Print the date that you put the envelope containing the documents in the mail.
 - d. Print the city and state you were in when you mailed the envelope containing the documents.
- 5. Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to change a child custody, visitation, or child support order).
- 6. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

| ATTORNEY OR PARTY WITHOUT ATTO | RNEY (Name and Address): | TELEPHONE NO.: | FOR COURT USE ONLY |
|----------------------------------|-----------------------------|--------------------------------------|---|
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| | | | |
| ATTORNEY FOR (Name): | | | |
| SUPERIOR COURT OF CALIF | ORNIA, COUNTY OF | | |
| STREET ADDRESS: | | | |
| MAILING ADDRESS: | | | |
| CITY AND ZIP CODE: | | | |
| BRANCH NAME: | | | |
| IN THE MATTER OF (NAME): | | | |
| | | | |
| | | Petitioner, a minor | |
| | | <u> </u> | CASE NUMBER: |
| DECLARATION OF E | MANCIPATION OF MIN | OR AFTER HEARING | |
| | | | |
| | | | |
| 1. This proceeding came on for | | | |
| a. Date: | Time: | Dept.: | Div.: Room: |
| b. Judge (name): | | | |
| c. Present in court: Petitioner | | Attorney (name): | |
| Father | | Attorney (name): | |
| Mother | | Attorney (name): | |
| Probation officer (| name): | , , | |
| Social worker (nai | | | |
| County counsel (r | name): | | |
| District attorney (r | | | |
| | relationship to minor): | | |
| 2. THE COURT FINDS THAT | | | |
| | as prescribed by the court. | mother father t | that a court may rescind the declaration of |
| | given to the petitioner's | able for the minor's support and m | - |
| c. The petitioner is a persor | | | icultai coverage. |
| d. Emancipation is not cont | | | |
| | | | ED FOR THE PURPOSES SET FORTH IN |
| FAMILY CODE SECTION 7 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Date: | | | JUDGE OF THE SUPERIOR COURT) |
| | 27 | (3 | INDUSE OF THE SUPERIOR COURTY |
| | | | |
| [SEAL] | | | |
| | | CLERK'S CERTIFIC | CATE |
| | I certify that the forego | oing is a true and correct copy of t | he original on file in my office. |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Date: | Clerk, by | , Deputy |

| 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: | N | |
| IN THE MATTER OF (NAME): | | |
| | | |
| | | |
| | Petitioner, a minor | |
| EMANCIPATED MINOR'S APPLICATION | TO CALIEODNIA | CASE NUMBER: |
| DEPARTMENT OF MOTOR VEH | | |
| DEPARTMENT OF MOTOR VE | TICLES | |
| <u></u> | | |
| | | |
| | was declared to be emancipat | ed for the purposes set forth in Family Code |
| (DATE OF EMANCIPATION ORDER) | | |
| section 7050 et seq. by order of the Honorable | | |
| | (NAME OF JUDIO | JIAL OFFICER) |
| Judge of the Superior Court of | County. | |
| (NAME OF COU | NTY) | |
| | | |
| I apply to the California Department of Motor Vehicles for en | try of identifying information in | its law enforcement computer network and |
| for inclusion of the fact of my emancipation on any identification | tion card issued to me by the D | Department. |
| | | |
| I have attached a certified copy of the Declaration of Emanc | ipation | |
| | | |
| | | |
| Date: | 7 | |
| | (SIC | SNATURE OF EMANCIPATED MINOR) |