

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
IN THE MATTER OF (NAME):   <div style="text-align: right;">Petitioner, a minor</div>	
<b>NOTICE OF HEARING-EMANCIPATION OF MINOR</b> <b>CONSENT AND WAIVER OF NOTICE</b>	CASE NUMBER:

1. The minor (name): \_\_\_\_\_ has filed a petition asking the court to declare the minor an **EMANCIPATED MINOR**. If the petition is granted, the minor will be considered to be over the age of majority for purposes set forth in California Family Code section 7050.

2. A HEARING for the court to consider the petition will be held:  
 on (date): \_\_\_\_\_ at (time): \_\_\_\_\_ in Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

**TO PARENTS:**

**IF THE PETITION IS GRANTED, THE MINOR, THE MINOR'S REPRESENTATIVE, OR THE DISTRICT ATTORNEY MAY LATER PETITION THE COURT TO RESCIND THE DECLARATION OF EMANCIPATION AND YOU MAY BE LIABLE FOR SUPPORT AND MEDICAL COVERAGE FOR THE MINOR.**

Date: \_\_\_\_\_

\_\_\_\_\_ (TYPE OR PRINT NAME)      \_\_\_\_\_ PETITIONER      \_\_\_\_\_ CLERK

**CONSENT AND WAIVER OF NOTICE**

The undersigned give up the right to notice of a hearing on the Petition for Declaration of Emancipation, and consent to a declaration of emancipation without a hearing.

- a. Mother: Signature: \_\_\_\_\_ Dated: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_
- b. Father: Signature: \_\_\_\_\_ Dated: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_
- c. Legal guardian: Signature: \_\_\_\_\_ Dated: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_
- d. Social worker: Signature: \_\_\_\_\_ Dated: \_\_\_\_\_  
 Probation officer: Address: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_
- e. District attorney: Signature: \_\_\_\_\_ Dated: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_