

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

1. My name 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, including children*):

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 education I have completed is:

4. My occupation is:

5. a. I am employed. My place of employment is (*name and address*):

I started work there on (*date*):

b. I am not employed at the present time. I last worked from (*starting month and year*):

to (*ending month and year*): My gross monthly earnings were: \$

6. a. I am not receiving welfare or AFDC and I do not intend to apply for welfare or AFDC.

b. I am receiving welfare or AFDC. Monthly amount received: \$

c. I have applied for welfare or AFDC.

d. I intend to apply for welfare or AFDC.

IN THE MATTER OF <i>(name)</i> :	CASE NUMBER:
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7. The average of my gross monthly earnings is: Amount
- a. Salary and wages, including bonuses and overtime \$
 - 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: Value
- a. Cash \$
 - b. Checking account \$
 - c. Savings account \$
 - d. Stocks, bonds \$
 - e. Vehicle *(year, make, model):* \$
 - f. Other *(specify):* \$

9. My monthly expenses are: Amount
- a. Rent or Mortgage \$
 - b. Food \$
 - c. Clothing \$
 - d. Phone and utilities \$
 - e. Vehicle \$
 - (1) Loan payments \$
 - (2) Maintenance \$

I declare under penalty of perjury that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

