ATTORNEY OR PARTY WITHOUT ATTOR	RNEY (Name and Address):	TELEPHONE NO.:	FOR COURT USE ONLY
_			
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFO	ORNIA, COUNTY OF		
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
IN THE MATTER OF (NAME):			
		Petitioner, a minor	
			CASE NUMBER:
DECLARATION OF E	MANCIPATION OF MIN	IOR AFTER HEARING	
1. This proceeding came on fo	or hearing as follows:		
a. Date:	Time:	Dept.:	Div.: Room:
b. Judge <i>(name)</i> :			
c. Present in court:	_	_	
Petitioner	<u> </u>	Attorney (name):	
Father	F	Attorney (name):	
Mother  Drahation officer (	(n a m a ):	Attorney (name):	
Probation officer (name):			
Social worker (name):  County counsel (name):			
District attorney (name):			
	relationship to minor):		
2. THE COURT FINDS THAT			
a. Notice was given as prescribed by the court.			
b. Warning has been given to the petitioner's mother father that a court may rescind the declaration of			
emancipation and the parents may become liable for the minor's support and medical coverage.			
<ul><li>c. The petitioner is a person described by Family Code section 7120.</li><li>d. Emancipation is not contrary to the best interests of the petitioner.</li></ul>			
3. THE PETITION IS GRANTED. THE PETITIONER IS DECLARED TO BE EMANCIPATED FOR THE PURPOSES SET FORTH IN			
FAMILY CODE SECTION 7050 ET SEQ.			
D. L.			
Date:			JUDGE OF THE SUPERIOR COURT)
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[SEAL]		01 501/10 0507151	0.175
	CLERK'S CERTIFICATE  I certify that the foregoing is a true and correct copy of the original on file in my office.		
	Date:	Clerk. bv	, Deputy
	_ =		, Deputy