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## STATE OF MICHIGAN FILE NO. **JUDICIAL CIRCUIT - FAMILY DIVISION** PETITION TO RESCIND COUNTY ORDER OF EMANCIPATION In the matter of \_\_\_\_ \_\_\_\_\_ , an emancipated minor minor. 1. I am interested in this matter and make this petition as the parent of the minor. 2. The addresses of the minor and parents of the minor are the same as in the original petition except as to the following: **RELATIONSHIP ADDRESS** Parent Parent Minor ☐ 3. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in \_\_\_\_\_\_ Court, Case Number \_\_\_\_\_ ☐ remains ☐ is no longer assigned to Judge \_\_\_\_\_, and pending. 4. This court entered an order of emancipation on $\frac{}{Date}$ 5. The order of emancipation should be rescinded for one or more of the following reasons: a. The minor is indigent and has no means of support. ☐ b. The minor and the minor's parent(s) agree that the order should be rescinded. c. The family relationship has resumed and the order of emancipation is in conflict with this relationship. 6. I understand that rescission of an order of emancipation does not alter any contractual obligations or rights or any property rights or interests that arose during the period of time that the emancipation order was in effect. **I REQUEST** that the order of emancipation be rescinded. I declare that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief. Date Attorney signature Signature Name (type or print) Name (type or print)

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