

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION PROBATE COURT COUNTY	PETITION FOR EMANCIPATION, AFFIDAVIT, AND WAIVER OF NOTICE	CASE NO. and JUDGE
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Court address _____ **Court telephone no.** _____

In the matter of _____
First, middle, and last name of the minor

Petitioner's name, address, and telephone no.

Petitioner's attorney, bar no., address, and telephone no.

NOTE: Provide the minor's date of birth and the last 4 digits of his or her SSN on a personal identifying information form (MC 97).

1. My full name is _____
First, middle, and last name (type or print)

2. 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 _____, was assigned to Judge _____, and remains is no longer pending.

3. I am at least 16 years of age. I was born in _____ County, _____ State.
 A certified copy of my birth certificate accompanies this petition.

4. The name(s) and last known address(es) of my parents, guardian, or custodian are:

NAME	RELATIONSHIP	ADDRESS
	Parent	
	Parent	
	Guardian	
	Custodian	

5. I presently reside within this county at _____
Street address
 _____ and I have lived there continuously since _____
City, state, zip Date

6. I am able to manage my own financial affairs as shown by the following facts: _____

I am employed by: _____

7. I am able to manage my personal and social affairs as shown by the following facts: _____

My housing arrangements are: _____

8. I have read the Emancipation of Minors laws (Michigan Compiled Laws 722.1 through 722.6), and I understand my rights and responsibilities as an emancipated minor.

I REQUEST the court to order my emancipation.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Minor's signature

Date

Attorney's signature

AFFIDAVIT

1. I am a _____, and I conduct business at or am employed at
Occupation

Address City State Zip Telephone no.

2. I have personally known _____, a minor, for _____ years, and
Name (type or print)

I have personal knowledge of his/her current circumstances.

3. I believe that emancipation would be in the best interests of the minor because of the following circumstances:

4. I have reviewed this petition, and I waive notice of hearing and any adjournment of the hearing.

Date

Signature of affiant

Name (type or print)

Address

City, state, zip

Telephone no.

Subscribed and sworn to before me on _____ .
Date

Deputy clerk/Notary public signature

My commission expires on _____ .

Name (type or print)

Notary public, State of Michigan, County of _____ . Acting in the County of _____ .

This notarial act was performed using an electronic notarization system or a remote electronic notarization platform.