

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> : TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR <i>(Name)</i> : SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
IN THE MATTER OF <i>(NAME)</i> : <p style="text-align: right;">Petitioner, a minor</p>	
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 end 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 (NAME):	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:

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(TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)