

(TYPE OR PRINT IN BLACK INK)

# STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice  
District Court Division

\_\_\_\_\_ County

## IN THE MATTER OF:

Name And Address Of Juvenile

## JUVENILE PETITION FOR EMANCIPATION

Date Of Birth

Age

Social Security Number

State And County Of Birth

G.S. 7B-3500 et. seq.

Being sixteen (16) years of age or older and having resided in the above county in North Carolina, or on federal territory within the boundaries of North Carolina, for six months next preceding the filing of this Petition, I petition the Court for a judicial decree of emancipation and respectfully show the following.

1. A certified copy of my birth certificate is attached.
2. The name(s) and last known address(es) of my parent(s), guardian, or custodian are:
3. My address and length of residence at that address are:
4. I request emancipation for the following reasons:

5. My plan for meeting my own needs and living expenses is stated below: *(You may attach a statement of employment and wages earned which is verified by your employer.)*

I request:

1. That the Court issue an order declaring me to be emancipated.
2. Such other and further relief as to the Court may deem just.

<b>VERIFICATION</b>		
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Being first duly sworn, I say that I have read this Petition and that the same is true to my own knowledge, except as to those matters alleged upon information and belief, and as to those, I believe it to be true.

<b>SWORN AND SUBSCRIBED TO BEFORE ME</b>	
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		Date
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Date	Signature Of Person Authorized To Administer Oaths	Signature Of Juvenile
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<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Clerk Of Superior Court
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Name Of Juvenile (Type Or Print)	
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SEAL <input type="checkbox"/> Notary	Date My Commission Expires
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(A certified copy of the birth certificate of the petitioner must be attached.)