

IN THE JUVENILE COURT OF DEKALB COUNTY  
STATE OF GEORGIA

Case # \_\_\_\_\_

File # \_\_\_\_\_

**PETITION FOR EMANCIPATION**

In re: \_\_\_\_\_

Petitioner/Minor

Pursuant to O.C.G.A. § 15-11-720 et seq, the above minor is requesting to be declared emancipated. In support of the petition for emancipation the Petitioner/Minor shows the following:

1. a. The Petitioner/Minor \_\_\_\_\_ is a minor of \_\_\_\_\_ years, having been born in \_\_\_\_\_ County in the State of \_\_\_\_\_ on the day of the month of \_\_\_\_\_ in the year of \_\_\_\_\_.
- b. The Petitioner/Minor, pursuant to O.C.G.A. § 15-11-721(2), has attached a certified copy of his or her birth certificate.
2. a. The Petitioner/ Minor resides at:  
    Mailing address: \_\_\_\_\_  
    City, State, Zip code: \_\_\_\_\_  
    Day/Evening Telephone: \_\_\_\_\_
- b. The Petitioner/Minor has lived at the above address for \_\_\_\_\_ years and \_\_\_\_\_ months.
3. a. The Petitioner's/Minor mother is \_\_\_\_\_.
- b. The Petitioner's/Minor's mother last known address is:  
        Mailing address: \_\_\_\_\_  
        City, State, Zip code: \_\_\_\_\_  
        Day/Evening Telephone: \_\_\_\_\_
4. a. The Petitioner's/Minor father is \_\_\_\_\_.
- b. The Petitioner's/Minor's father last known address is:  
        Mailing address: \_\_\_\_\_  
        City, State, Zip code: \_\_\_\_\_  
        Day/Evening Telephone: \_\_\_\_\_
5. a. The Petitioner's/Minor guardian or other custodian is \_\_\_\_\_.
- b. The Petitioner's/Minor's guardian's or other custodian's last known address is:  
        Mailing address: \_\_\_\_\_  
        City, State, Zip code: \_\_\_\_\_  
        Day/Evening Telephone: \_\_\_\_\_
- c. If the Petitioner/Minor is in the custody of the DeKalb County DFCS, the Petitioner/Minor's caseworker is \_\_\_\_\_.
- Petitioner/Minor's caseworker is \_\_\_\_\_.

6. a. The Petitioner/Minor, pursuant to O.C.G.A. §§ 15-11-721(5), 15-11-725(3), declares that he and she has the ability to manage his and her financial affairs. In demonstrating this ability the Petitioner/Minor provides proof of employment or other means of support, not to include general assistance or aid received from means-tested public assistance programs under Title IV-A of the federal Social Security Act.

b. The Petitioner/Minor lists below proof of his and her employment:

Place of Employment: \_\_\_\_\_

Manager/Supervisor: \_\_\_\_\_

Manager/Supervisor's Telephone: ( \_\_\_\_ ) \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Hours per Week: \_\_\_\_\_

Weeks per Month: \_\_\_\_\_

c. The Petitioner/Minor, if sufficiently employed, explains below other support that would demonstrate the ability to manage his or her financial affairs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. a. The Petitioner/Minor, O.C.G.A. §§ 15-11-721(6), 15-11-725(4), declares that he or she has the ability to manage his or her personal and social affairs. In demonstrating this ability the Petitioner/Minor provides proof of housing below.

\_\_\_\_\_  
\_\_\_\_\_

b. The Petitioner/Minor includes a statement demonstrating how he or she has the ability to manage his or her personal and social affairs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. A. The Petitioner/Minor lists the names of all adults, pursuant to O.C.G.A. § 15-11-721(7), who have personal knowledge of the Petitioner's/Minor circumstances and believe that emancipation is in the best interest of the Petitioner/Minor.

Adult #1: \_\_\_\_\_ Occupation: \_\_\_\_\_

Adult #2: \_\_\_\_\_ Occupation: \_\_\_\_\_

Adult #3: \_\_\_\_\_ Occupation: \_\_\_\_\_

Adult #4: \_\_\_\_\_ Occupation: \_\_\_\_\_

Adult #5: \_\_\_\_\_ Occupation: \_\_\_\_\_

Adult #6: \_\_\_\_\_ Occupation: \_\_\_\_\_

Adult #7: \_\_\_\_\_ Occupation: \_\_\_\_\_

Adult #8: \_\_\_\_\_ Occupation: \_\_\_\_\_

Adult #9: \_\_\_\_\_ Occupation: \_\_\_\_\_

Adult #10: \_\_\_\_\_ Occupation: \_\_\_\_\_

9. The Petitioner/Minor demonstrates in the statement below that he or she understands his or her rights and responsibilities as an emancipated minor.

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Date: \_\_\_\_\_

\_\_\_\_\_  
Attorney for Petitioner

\_\_\_\_\_  
Bar #

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number