

**EMANCIPATION OF CHILD**

**CHILD TO BE EMANCIPATED MUST BE 18 YEARS OLD AND HAS NOT ATTENDED SCHOOL FOR THE PAST 4 MONTHS AND NOT GOING ON TO COLLEGE.**

DATE: \_\_\_\_\_

CASE # \_\_\_\_\_

**PERSON REQUESTING EMANCIPATION**

CUSTODIAL PARENT \_\_\_\_\_

NON-CUSTODIAL PARENT \_\_\_\_\_

NAME & ADDRESS:

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

PRIMARY NUMBER:

\_\_\_\_\_

SECONDARY NUMBER:

\_\_\_\_\_

NAME AND BIRTHDATE OF  
THE CHILD OR CHILDREN:

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

