

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF MULTNOMAH

Juvenile Department

In the matter of	)	
	)	Court No.
DOB:	)	JJIS No.
	)	Petition No.
	)	
	)	APPLICATION FOR
A Child	)	JUDGMENT OF EMANCIPATION

TO THE ABOVE-ENTITLED COURT:

I, the applicant whose name appears below, respectfully represent to the court as follows:

1. I am a domiciliary of the County of Multnomah, State of Oregon.
2. I am \_\_\_\_\_ years of age.
3. My name, birth date and residence are as follows:

<b>Last Name, First Name, Middle Name</b>	<b>DOB</b>	<b>Address</b>	<b>Phone Number</b>

4. I wish to be recognized as an adult for the purpose of the criminal laws of this state, contracting and conveying, establishing a residence, suing and being sued; and I wish to terminate the legal benefits and duties of the parent/child relationship as set forth in ORS 109.010, 109.055, 109.100, 419.515, and 415.519.

\*If more space is required to provide any of the information requested below, please attach additional sheets of paper to this application.

In support of this application, I assert:

1. The names and addresses of my parents or legal custodians are:

<b><u>FATHER</u> Last Name, First Name, Middle</b>	<b>DOB</b>	<b>Address</b>	<b>Phone Number</b>

<b><u>MOTHER</u> Last Name, First Name Middle</b>	<b>DOB</b>	<b>Address</b>	<b>Phone Number</b>

<b><u>OTHER</u> Last Name, First Name, Middle</b>	<b>DOB</b>	<b>Address</b>	<b>Phone Number</b>

2. My parents, or legal custodian if other than a parent, consent to my proposed emancipation as follows:

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3. I have been living away from the family home:  Yes  No

If yes, give dates and places of residence other than the family home. If you have lived with persons other than a parent or legal custodian, give their names, present addresses, and telephone numbers.

<b>Date</b>	<b>Last, First Name</b>	<b>Address</b>	<b>Phone Number</b>
<b>Date</b>	<b>Last, First Name</b>	<b>Current Address, if other than above</b>	<b>Phone Number</b>
<b>Date</b>	<b>Last, First Name</b>	<b>Current Address, if other than above</b>	<b>Phone Number</b>

4. I am substantially able to be self-maintained and self-supported without parental guidance and supervision.

List below all your means of support and all jobs you have held. Give dates of employment, hours worked, and names, addresses, and phone numbers of each employer and supervisor.

EMPLOYMENT

<b>Dates</b>	<b>Employer</b>	<b>Direct Supervisor</b>
<b>Address</b>		<b>Phone Number</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Hours</b>	<b>Net Pay (monthly, weekly, etc.)</b>	<b>Letter of Reference Enclosed?</b>

<b>Dates</b>	<b>Employer</b>	<b>Direct Supervisor</b>
<b>Address</b>		<b>Phone Number</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Hours</b>	<b>Net Pay (monthly, weekly, etc.)</b>	<b>Letter of Reference Enclosed?</b>

<b>Dates</b>	<b>Employer</b>	<b>Direct Supervisor</b>
<b>Address</b>		<b>Phone Number</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Hours</b>	<b>Net Pay (monthly, weekly, etc.)</b>	<b>Letter of Reference Enclosed?</b>

<b>Other Income (social security, trust fund, etc.)</b>	
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5. I am sufficiently mature and knowledgeable to manage my own affairs without parental assistance.

List below the names, positions, addresses, business addresses, and telephone numbers of at least three responsible person (other than employers listed above) who can verify your maturity, knowledge, and good judgment. Indicate the length and nature of your relationship with each such person; explain why you believe each such person to be responsible and capable of evaluating your maturity.

**REFERENCES**

<b>Name</b>	<b>Address</b>	<b>Phone Number</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Relationship to Applicant</b>	<b>Known How Long?</b>	<b>Letter of Reference</b>
<b>Comments:</b>		

<b>Name</b>	<b>Address</b>	<b>Phone Number</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Relationship to Applicant</b>	<b>Known How Long?</b>	<b>Letter of Reference</b>
<b>Comments:</b>		

<b>Name</b>	<b>Address</b>	<b>Phone Number</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Relationship to Applicant</b>	<b>Known How Long?</b>	<b>Letter of Reference</b>
<b>Comments:</b>		

6. Indicate your present educational status, where you are attending school, or the last school you attended.

EDUCATIONAL HISTORY

<b>School Name</b>	<b>City</b>	<b>State</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Dates (From ___ to ___?)</b>	<b>Grade Level Completed</b>	<b>Completed?</b>

<b>School Name</b>	<b>City</b>	<b>State</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Dates (From ___ to ___?)</b>	<b>Grade Level Completed</b>	<b>Completed?</b>

<b>School Name</b>	<b>City</b>	<b>State</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Dates (From ___ to ___?)</b>	<b>Grade Level Completed</b>	<b>Completed?</b>

<b>School Name</b>	<b>City</b>	<b>State</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Dates (From ___ to ___?)</b>	<b>Grade Level Completed</b>	<b>Completed?</b>

7. This application shall be accompanied by a written explanation of the applicant’s reasons for requesting emancipation, discussion of the benefits and disadvantages of emancipation as the applicant believes these will apply to him/her, and a discussion of the applicant’s immediate and long-range plans for the future.

8. This application shall be accompanied by *two hundred and eighty one dollars (\$281.00)* in cash, cashier’s check, or money order, payable to the State of Oregon.

I understand that once a decree of emancipation is entered, there is no legal procedure for becoming un-emancipated. I understand that once emancipated, I am no longer subject to the jurisdiction of the Juvenile Court, and that, should I be arrested for a crime, I will be handled for all purposes as an adult. I understand that emancipation will terminate any and all legal duty of my parents or custodian to support me. And, I further understand that emancipation does not affect my eligibility for military service and does not legally qualify me to purchase or consume alcoholic liquor before the age of 21.

I hereby authorize the Multnomah County Department of Community Justice to request information and records pertaining to me from any of the above-named persons and institutions, and specifically from any employer and from any school with which I have been or am now associated. And, I further authorize all such persons and institutions, employers and schools, to release any and all such information and record to the Multnomah County Department of Juvenile and Adult Community Justice so that the Court may well evaluate this application.

WHEREFORE, I ask this Court to find that my best interests will be served by emancipation and to enter a Decree of Emancipation as provided in Chapter 525, Oregon Laws 1977.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

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Applicant