	T IN BLACK INK) NORTH CA		File No. In The General Court Of Justice District Court Division
		County	
Name And Address Of .	IN THE MAT	TER OF:	
			JUVENILE PETITION FOR
Date Of Birth	Age	Social Security Number	EMANCIPATION
State And County Of Bi	rth		G.S. 7B-3500 et. seq.
within the bo judicial decre	undaries of North e of emancipatior		the above county in North Carolina, or on federal territory preceding the filing of this Petition, I petition the Court for a owing.
2. The name	e(s) and last know	n address(es) of my parent(s),	guardian, or custodian are:
3. My addre	ess and length of	residence at that address are:	
S. Wy dure			
1 I request	omonoination for	the following recence	
4. Trequest	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.

VERIFICATION

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.

SWORN A	AND SUBSCRIBED TO BEFORE ME	Date
Date	Signature Of Person Authorized To Administer Oaths	Signature Of Juvenile
Deputy CSC	Assistant CSC Clerk Of Superior Court	Name Of Juvenile (Type Or Print)
SEAL Notary	Date My Commission Expires	

(A certified copy of the birth certificate of the petitioner must be attached.)

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