

EMANCIPATION OF MINORS

PLEASE NOTE THE COURT IS NOT ALLOWED TO GIVE LEGAL ADVICE
OR HELP YOU FILL OUT THESE FORMS.
IF YOU SHOULD YOU NEED ASSISTANCE, PLEASE CONTACT AN ATTORNEY.

THIS PACKET INCLUDES:

1. PETITION FOR EMANCIPATION (PC 100)
2. PROTECTED PERSONAL IDENTIFYING INFORMATION (MC 97)
3. SUMMONS (PC 79)

THE FILING FEE OF \$175.00 IS DUE AT THE TIME OF FILING BASED UPON THE PROBATE COURT FEE SCHEDULE.

These forms and additional SCAO approved forms are available and can be viewed, printed, and completed at <https://www.courts.michigan.gov/SCAO-forms/emancipation/>

A minor seeking court-order emancipation must file a petition in the county where he/she lives. The minor must sign the petition and he/she must declare that the information in the petition is true. The petition must include the following information:

1. The minor's name, birth date, county and state of birth
2. A certified copy of the minor's birth certificate must be attached.
3. The name and last known address of the minor's parents, guardian or custodian.
4. The minor's present address and how long he/she has lived at that address.
5. A statement by the minor showing how he/she has demonstrated the ability to manage his/her financial affairs.
6. A statement by the minor showing that he/she has the ability to manage his/her personal and social affairs.

The petition must also include an affidavit by someone who knows the minor personally and believes emancipation is in the minor's best interest. The affidavit must be from one of the following people:

- Physician
- Nurse
- Member of the clergy
- Psychologist
- Family therapist
- Certified social worker
- Social worker
- Social work technician
- School administrator
- School Counselor
- Teacher
- Law Enforcement officer
- Licensed childcare provider

A copy of the petition and a summons to appear at the hearing shall be served on the minor's parents or guardian. A notice of hearing shall be sent to the individual who completed the affidavit.

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION PROBATE COURT Osceola COUNTY	PETITION FOR EMANCIPATION, AFFIDAVIT, AND WAIVER OF NOTICE	CASE NO. and JUDGE Hon. Tyler Thompson P70870
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Court address Courthouse Annex, 410 W Upton Ave, Reed City MI 49677	Court telephone no. 231-832-6124
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In the matter of _____
First, middle, and last name of the minor

Petitioner's name, address, and telephone no.

Petitioner's attorney, bar no., address, and telephone no.

NOTE: Provide the minor's date of birth and the last 4 digits of his or her SSN on a personal identifying information form (MC 97).

1. My full name is _____
First, middle, and last name (type or print)

2. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and remains is no longer pending.

3. I am at least 16 years of age. I was born in _____ County, _____ State.

A certified copy of my birth certificate accompanies this petition.

4. The name(s) and last known address(es) of my parents, guardian, or custodian are:

NAME	RELATIONSHIP	ADDRESS
	Parent	
	Parent	
	Guardian	
	Custodian	

5. I presently reside within this county at _____
Street address

_____ and I have lived there continuously since _____
City, state, zip Date

6. I am able to manage my own financial affairs as shown by the following facts: _____

I am employed by: _____

7. I am able to manage my personal and social affairs as shown by the following facts: _____

My housing arrangements are: _____

8. I have read the Emancipation of Minors laws (Michigan Compiled Laws 722.1 through 722.6), and I understand my rights and responsibilities as an emancipated minor.

I REQUEST the court to order my emancipation.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Minor's signature

Date

Attorney's signature

AFFIDAVIT

1. I am a _____, and I conduct business at or am employed at
Occupation

Address City State Zip Telephone no.

2. I have personally known _____, a minor, for _____ years, and
Name (type or print)

I have personal knowledge of his/her current circumstances.

3. I believe that emancipation would be in the best interests of the minor because of the following circumstances:

4. I have reviewed this petition, and I waive notice of hearing and any adjournment of the hearing.

Date

Signature of affiant

Name (type or print)

Address

City, state, zip Telephone no.

Subscribed and sworn to before me on _____
Date

Deputy clerk/Notary public signature

My commission expires on _____ .

Name (type or print)

Notary public, State of Michigan, County of _____ . Acting in the County of _____ .

This notarial act was performed using an electronic notarization system or a remote electronic notarization platform.

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY Osceola	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE Hon. Tyler Thompson P70870
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Court address Courthouse Annex, 410 W Upton Ave, Reed City MI 49677	Court telephone no. 231-832-6124
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Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
In the matter of _____		

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). Use this form to provide PII only for a person who is a defendant, respondent, or decedent. If the person is a plaintiff, petitioner, or other individual, use form MC 97a.

Instructions:

- When PII (such as date of birth) must be filed with the court on a public document, DO NOT include it on that public document. Instead, you must provide it on this form.
- **Provide only** the protected PII required for your particular case. For example, if you are filing a public document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97 is being filed with: _____

Printed name of individual completing form and date _____

Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required to be provided. For Other, specify the type of PII in addition to the PII itself. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. 1" in place of the DOB in the public document.

Ref. No.	Name (required)
1	Date of birth
2	National ID no. / Last 4 digits of SSN XXX-XX-_____
3	Driver's License / State-issued ID no.
4	Passport no.
5	Other

Ref. No.	Instructions: List the name of the financial institution and the account number. List the paragraph that references the account, if needed for clarity. Use reference number (Ref. No.) when necessary to refer to account in public documents.		
6	Financial institution	Account no.	Paragraph no.
7	Financial institution	Account no.	Paragraph no.
8	Financial institution	Account no.	Paragraph no.
9	Financial institution	Account no.	Paragraph no.

Approved, SCAO

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION Osceola COUNTY	SUMMONS	FILE NO.
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In the matter of _____

TO: Name and address

IN THE NAME OF THE PEOPLE OF THE STATE OF MICHIGAN

TAKE NOTICE: A hearing will be held on the attached petition for emancipation on _____
Date

at _____ at _____
Time Location

before _____
Judge

YOU ARE SUMMONED TO APPEAR at that hearing. If you fail to do so, you may lose your right to object to the granting of the petition.

If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

This summons expires on the date of hearing.

Date

Court Clerk: _____
Name

By: _____
Deputy clerk

Do not write below this line - For court use only