(TYPE OR PRINT IN BLACK INK) STATE OF NORTH CAROLINA		File No.	
STATE OF I	OKTTOAKOLINA	In The General Court Of Justice	
	County	District Court Division	
	IN THE MATTER OF		
Name And Address Of Juve	enile		
		JUVENILE PETITION	
		FOR	
Date Of Birth	Age	EMANCIPATION	
State And County Of Birth		_	
ciato rina county or Birth		G.S. 7B-3500 et seq	
		identify person(s) and language(s). Interpreters provided for all court proceedings at no cost.)	
No Yes: (explain	<u>'</u>	al and a sum of the su	
boundaries of North		above county in North Carolina, or on federal territory within the ing of this Petition, I petition the Court for a judicial decree of	
A certified copy o	f my birth certificate is attached.		
17	,		
2. The name(s) and	last known address(es) of my parent(s), guar	dian, or custodian are:	
3 My address and I	ength of residence at that address are:		
o. My dadrood and i	ongar or rootaonoo at that address are.		
4. I request emancip	pation for the following reasons:		

5. My plan for meeting my own needs and living expenses is stated which is verified by your employer.)	below: (You may attach a statement of employment and wages earned		
I request:			
That the Court issue an order declaring me to be emancipated.			
2. Such other and further relief as the Court may deem just.			
	CATION		
Being first duly sworn, I say that I have read this Petition and that the alleged upon information and belief, and as to those, I believe it to be			
SWORN/AFFIRMED 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)		
Date My Commission Expires			
SEAL Notary			
(A certified copy of the birth certificate of the petitioner must be attached.)			

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