EMANCIPATION INFORMATION

What is emancipation?

Emancipation is a legal act that separates a minor or young person (at least 16 years of age) from the care and custody of his or her parent or guardian.

In a practical sense, emancipation gives a minor the right to earn and keep his or her money and to make certain life decisions that parents or guardians usually have the right and responsibility to make.

Emancipation is usually dependent on the ability of the minor to support himself without his parents contributing any support including food, clothing or living space. The minor would move out of his or her parents' or guardians' home and live somewhere else with the intent and ability to live independently from then on.

An emancipated minor would be able to keep his own earnings and make his own decisions about things like where to live and work, but still be bound by Georgia laws that apply to all people under the age of 18, including school attendance, obtaining a driver's license, and other things.

How does a minor become emancipated?

Per OCGA § 15-11-720, in the State of Georgia, a young person can be emancipated in two ways:

- 1. By operation of law
 - After a valid, legal marriage, OR
 - Upon joining the United states military, OR
 - Upon reaching the age of 18 years; OR
- 2. By filing a petition in the juvenile court in the county where the minor (at least 16 years of age) resides and securing a Declaration of Emancipation.

How would a minor get a declaration of emancipation from the court?

In order to request a Declaration of Emancipation, the minor would have to file a petition in the Juvenile Court in the County where the minor resides and request a Declaration of Emancipation signed by a judge. It is a good idea to speak with an attorney first, to evaluate the situation and prepare the petition.

If the minor files the Petition for Emancipation pro-se (without an attorney), the court may appoint an Attorney to represent the child and a Guardian ad litem (to investigate the allegations and prepare a report for the court.

EMANCIPATION REQUIREMENTS

The Fulton County Juvenile Court's policy shall apply to minors who are **RESIDENTS** of Fulton County and are age 16 and over. (Note: If the minor is seeking emancipation to enter into a valid marriage, the minimum age is 17)

If you are a minor seeking emancipation or a parent/relative seeking emancipation for a juvenile age 16 and over, please provide the following information to file a Petition for Emancipation, per OCGA § 15-11-721:

- 1. The juvenile's <u>full name</u> and <u>date of birth</u> and the <u>county and state where the</u> juvenile was born;
- 2. A certified copy of the juvenile's birth certificate;
- 3. Consent Affidavits for the juvenile's parent, guardian, or legal custodian **OR** the Name and last known address of the juvenile's parent, guardian, or legal custodian and, if no parent, guardian, or legal custodian can be found, then provide name and address of juvenile's nearest living relative residing in Georgia;
- 4. **Proof of Housing**: The juvenile's <u>current address and length of residence at that address</u>, along with documentation to demonstrate that the juvenile can manage personal needs (i.e. lease agreement or affidavit confirming juvenile's residence at the address).
- Proof of Income/Employment: A declaration by the juvenile demonstrating the ability to manage his or her financial affairs and proof of employment (paystubs for previous 30 days), and any information necessary to support the declaration (excluding general assistance or aid received from means-tested public assistance programs such as TANF).
- 6. <u>Affidavits from individuals who have personal knowledge of the petitioner's circumstances</u> and believe that under those circumstances emancipation is in the best interests of the petitioner. Such individuals may include any of the following:
 - (A) A licensed physician, physician assistant, or osteopath;
 - (B) A registered professional nurse or licensed practical nurse;
 - (C) A licensed psychologist;
 - **(D)** A licensed professional counselor, social worker, marriage or family therapist;
 - **(E)** A school guidance counselor, school social worker, or school psychologist;
 - **(F)** A school administrator, school principal, or school teacher;
 - **(G)** A member of the clergy;
 - (H) A law enforcement officer; or
 - (I) An attorney.

Additional Requirements for Juveniles Seeking Emancipation to Enter Into Marriage

- a. The Juvenile Petitioner Shall Be at least 17 years of age;
- b. Include the <u>name</u>, <u>age</u>, <u>date of birth</u>, and <u>address of the intended spouse</u>;
- c. Include statement of (1) the reasons why the petitioner desires to marry,
 (2) how the parties came to know each other, and (3) how long they have known each other;
- d. Attach copies of any criminal records of either party to be married and of any family violence or stalking protective order issued to protect or restrain either party to be married.

APPLICATION FOR EMANCIPATION PETITION

1. Is	the petitioner a resident of Fulton County, Georgia?	YES	NO	
2. Is	the petitioner at least 16 years of age?	YES	NO	
3. Is	the petitioner seeking emancipation to enter into marriage?	YES	NO	
	a. If yes, is petitioner at least 17 years of age?	YES	NO	
4. <u>P</u>	etitioner's Information:			
•	Name:			
•	DOB:			
•	Current Address: City	//State:		Zip:
•	Location of Birth (County and State):			
5. Par	ent/Legal Custodian's Contact Information: (If no parent/legal cu	stodian provi	de nearest re	lative in Georgia):
Name	: <u> </u>		-	
Addre	SS:	_ Phone nu	mber:	
Name	: <u> </u>	_ Relationsh	nip:	
Addre	SS:			
	b. If No, what proof of income does the petitioner			
7. Pro	vide Affidavits, or contact information, for three (3) adults with pe	rsonal knowl	edge of the p	etitioner's
circun	nstances and believe that under those circumstances, emancipat	ion is in the b	est interest o	of the petitioner.
Per O	CGA 15-11-721(a)(7) such individuals may be: licensed physicia	n, registered	professional	nurse or licensed
practi	cal nurse; licensed psychologist; licensed professional counselo	r, social work	er, family the	rapist; school
-	nce counselor, school social worker, or school psychologist; scho	ool administra	tor, school pr	incipal, or school
teach	er; member of the clergy; law enforcement officer; or attorney.			
•	Name:	Phone nu	mber:	
•	Address:			
•	Name:	Phone nu	mber:	
•	Address:			
•	Name:	Phone nu	mber:	
•	Address:			
				SLJ062021

8. I seek to obtain a Declaration of Emancipation for the	e following reason(s):
a. My parent(s) or guardian(s) failed to provide r	me with basic necessities.
b. My parent(s) or guardian(s) abandoned me.	
c. My parent(s) or guardian(s) have allowed me	to work and keep my wages.
d. My parent(s) or guardian(s) have treated me	cruelly.
e. Other: please explain more fully the reason(s) you seek Emancipation]
Signature: Petitioner (Minor)	Date:

PARENT/GUARDIAN'S CONSENT TO EMANCIPATION

Personally appeared before the undersigned officer duly commissioned to administer oaths, the affiant who after being sworn, states as follows:

who after b	peing sworn, states as	follows:			
1. I am the	parent or guardian of			a minor child s	seeking emancipation
2. I unders	stand that, if emancipa	ted by operation o	of law or by court	order, the child shall be	considered to have
the rights a	and responsibilities of a	an adult, except fo	r those specific c	onstitutional and statuto	ory age requirements
regarding	voting, use of alcoholic	beverages, and c	other health and s	safety regulations releva	ant to a child because
of his or he	er age. The rights of a	child to receive an	y transfer of prop	erty or money pursuant	to "The Georgia
Transfers	to Minors Act" under Aı	rticle 5 of Chapter	5 of Title 44; und	ler the Uniform Transfe	rs to Minors Act, the
Uniform G	ift to Minors Act, or other	er substantially sir	milar act of anoth	er state; or pursuant to	a trust agreement
shall not b	e affected by a declara	tion of an emanci	ipation.		
3. I under	stand further that a chil	ld shall be conside	ered emancipate	d for the purposes of, b	ut not limited to:
(1) The	e right to enter into enfor	ceable contracts, in	ncluding apartmer	nt leases;	
(2) The	e right to sue or be sued	in his or her own n	name;		
(3) The	e right to retain his or he	r own earnings;			
(4) The	e right to establish a sep	arate domicile / res	sidence;		
(5) The	e right to act autonomou	sly, and with the rig	ghts and responsit	oilities of an adult, in all b	usiness relationships,
includi	ng but not limited to prop	perty transactions a	and obtaining acco	ounts for utilities, except	for those estate or
proper	ty matters that the court	determines may re	equire a conservat	or or guardian ad litem;	
(6) The	e right to earn a living, su	ubject only to the h	ealth and safety re	egulations designed to pr	otect those under the
age of	18 regardless of their le	gal status;			
(7) The	e right to authorize his or	r her own preventiv	e health care, me	dical care, dental care, a	nd mental health care,
withou	t parental knowledge or	liability;			
(8) The	e right to apply for a drive	er's license or othe	r state licenses, if	he or she is eligible;	
(9) The	e right to register for sch	ool;			
(10) Th	ne right to apply for med	ical assistance and	d other social servi	ce benefits, if necessary	
(11) Th	ne right, if a parent, to m	ake decisions and	give authority in c	aring for his or her own r	ninor child; and
(12) Th	ne right to make a will.				
I CONSEN	IT TO THIS EMANCIPA	ATION			
Signature: F	Parent / Guardian	 Date	 Signature: F	Parent / Guardian	 Date
Printed Nan	me:		Printed Nam	ne:	
Address			Address		
Telephone:			Telephone:_		
Sworn to a	nd subscribed before me	е	Sworn to ar	nd subscribed before me	
This	day of	20	This	day of	20

Notary Public

Notary Public

SLJ062021

	In the Interest of:		: :	Sex: Age:	DOB:_	
			:			
			:			
	A child under 18		:	Case#:		
		AFFIDAVIT IN	SUPF	PORT OF		
		(Child's	Name)		
1					t I baya paraanal kr	nowlodgo obout
	umstances of the child lis est interest of the minor:	, do hereby s ted above, that the follow	ving fac	cts are true ar	nd accurate and tha	it emancipation is
Signatui	re (Affiant)			 Date		
Ū	,			Address		
Sworn to	o and subscribed before	me				
This	day of		<u>,</u> 20			
			_My Co	ommission Ex	xpires	
Notary F	ublic					

Ū	ure (Affiant)		Date
Ū	ure (Affiant) d Name:		Address
Printed	ure (Affiant)		

		<u>AFFIDAVIT</u>	IN SUPE	PORTOF
		(Ch	ild's Name)
	cumstances of the child lis best interest of the minor:	, do here sted above, that the fo	by swear a	and affirm that I have personal knowledge about cts are true and accurate and that emancipation is
Signa	ture (Affiant)			Date
_	ture (Affiant) d Name:			Address
Printe	ture (Affiant)			

	Date of Birth:
PETITIONER (MINOR)	
	CASE NO:
	FILE NO:

PETITIONER'S STATEMENT

FOR EMANCIPATION

ONLY FOR THE PURPOSE OF ENTERING INTO A MARRIAGE

Intended Spouse's Name		DOB:
Address of Residence:	City/State	Zip:
How long has the Petitioner known the Intended Spouse?	Years	Months
List the Reason(s) the petitioner desires to marry the Inte	nded Spouse:	
How did the Petitioner meet the Intended Spouse?		
Signature: Petitioner (Minor)	Date:	
Sworn to and subscribed before me		
Thisday of	. 20	
	_ My Commission Expires	
Notary Public		

PETITION FOR THE EMANCIPATION OF A MINOR

In Re	, Date	of Birth:	Gender:
A Child			
File No		_ Case No	
I am years old	, having been born on		.,(date) in
	(county)	(city)	(state).
1. A certified copy of	of my birth certificate is attac	ched as Exhibit A.	
2.	of Fulton County, Georgia, ar	nd have been a resident of	f the State of Georgia
for	(length of time).		
3. My present address is	S		
			, Fulton County.
I have lived at this addre	ess for	(lenç	gth of time).
3. My parents are		(mother)	(father).
[OR] My legal guardian	is		
The last known address	(es) for my parent(s) or lega	l guardian are:	
Mother:			
My parent(s) will be serve may file an answer within	ved with a copy of this petition 30 days of service.	on and a summons to appe	ear at the hearing, and
	nt(s) or guardian(s) can be f of my nearest living relative		
address:	e in Georgia will be served v	, City	State
	e in Georgia will be served v nd may file an answer withir		
4. My parent(s) or guard	lian(s)do not object to	this petition	
	this petition. ided on whether to object to		does not

6. I have demons	strated the ability to manage my finan	cial affairs by:
	s assertion, I attach the following docu	ments as evidence:
Statemer	s for weeks; nt/Affidavit from my employer;	
Other:		
7. I have demons	strated the ability to manage my perso	onal and social affairs by:
	, , , ,	,
In support of this	assertion, I attach the following docu	ments as evidence:
	greement nt/Affidavit from my landlord;	
emancipation is physician, registe professional cou worker, or school	in my best interests. Per OCGA 15-1 ered professional nurse or licensed proselor, social worker, family therapist	of my circumstances and believe that 1-721(a)(7) such individuals may be: licensed ractical nurse; licensed psychologist; licensed; school guidance counselor, school social school principal, or school teacher; member of the
The adult has iss be served with a	sued an affidavit in support of this peti	tion as required by O.C.G.A. §15-11-721, and will to appear at the hearing, and may file an answer
Name:		Title/Profession:
		Email:
Name:		Title/Profession:
		Email:
 Name: 		Title/Profession:
Address: _		
Countv:	Phone Number:	Email:

	mancipation for the following reason(s)	
a. My parent(s) or guardian(s) fai	led to provide me with basic necessitie	es.
b. My parent(s) or guardian(s) ab	andoned me.	
c. My parent(s) or guardian(s) ha	ve allowed me to work and keep my w	ages.
d. My parent(s) or guardian(s) ha	ve treated me cruelly.	
[Here explain more fully the reason(s) yo	u seek Emancipation]	
WHEREFORE I pray that this Court will of such other relief as the Court will deem ju		nt(s) or guardian(s) and
Petitioner pro se (child's signature)	 Date	
Print Name:		
Address:		
Phone:	Email:	
Personally appeared before me, the Peti are true and correct to the best of his/her		s set forth in this Petition
Sworn to and subscribed before me this	day of	, 20
Notary Public, State of Georgia		