

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 full name and date of birth and the county and state where the 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 current address and length of residence at that address, 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).
5. **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. Affidavits from individuals who have personal knowledge of the petitioner's circumstances 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 name, age, date of birth, and address of the intended spouse;
- 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; **AND**
- 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.

IN THE JUVENILE COURT OF FULTON COUNTY
STATE OF GEORGIA

**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. Petitioner's Information:

- Name: _____
- DOB: _____
- Current Address: _____ City/State: _____ Zip: _____
- Location of Birth (County and State): _____

5. Parent/Legal Custodian's Contact Information: (If no parent/legal custodian provide nearest relative in Georgia):

Name: _____ Relationship: _____

Address: _____ Phone number: _____

Name: _____ Relationship: _____

Address: _____ Phone number: : _____

6. Is the Petitioner Employed? YES NO
- a. If Yes, does the petitioner have paystubs for previous 30 days? YES NO
- b. If No, what proof of income does the petitioner have? _____

7. Provide Affidavits, or contact information, for three (3) adults with personal knowledge of the petitioner's circumstances and believe that under those circumstances, emancipation is in the best interest of the petitioner. Per OCGA 15-11-721(a)(7) such individuals may be: licensed physician, registered professional nurse or licensed practical nurse; licensed psychologist; licensed professional counselor, social worker, family therapist; school guidance counselor, school social worker, or school psychologist; school administrator, school principal, or school teacher; member of the clergy; law enforcement officer; or attorney.

- Name: _____ Phone number: _____
- Address: _____

- Name: _____ Phone number: _____
- Address: _____

- Name: _____ Phone number: _____
- Address: _____

IN THE JUVENILE COURT OF FULTON COUNTY
STATE OF GEORGIA

8. I seek to obtain a Declaration of Emancipation for the following reason(s):

- _____ a. My parent(s) or guardian(s) failed to provide 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:

IN THE JUVENILE COURT OF FULTON COUNTY
STATE OF GEORGIA

In the Interest of: _____ : Sex: _____
: Age: _____ DOB: _____
: _____
: File#: _____
: _____
A child under 18 : Case#: _____

AFFIDAVIT IN SUPPORT OF

(Child's Name)

I, _____, do hereby swear and affirm that I have personal knowledge about the circumstances of the child listed above, that the following facts are true and accurate and that emancipation is in the best interest of the minor:

Signature (Affiant) _____ Date _____
Printed Name: _____ Address _____
Telephone: _____

Sworn to and subscribed before me
This _____ day of _____, 20_____.

Notary Public My Commission Expires _____

IN THE JUVENILE COURT OF FULTON COUNTY
STATE OF GEORGIA

In the Interest of: _____ : Sex: _____
: Age: _____ DOB: _____
: _____
: File#: _____
: _____
A child under 18 : Case#: _____

AFFIDAVIT IN SUPPORT OF

(Child's Name)

I, _____, do hereby swear and affirm that I have personal knowledge about the circumstances of the child listed above, that the following facts are true and accurate and that emancipation is in the best interest of the minor:

Signature (Affiant) Date
Printed Name: _____ Address _____
Telephone: _____

Sworn to and subscribed before me
This _____ day of _____, 20_____.

Notary Public My Commission Expires _____

IN THE JUVENILE COURT OF FULTON COUNTY
STATE OF GEORGIA

In the Interest of: _____ : Sex: _____
: Age: _____ DOB: _____
: _____
: File#: _____
: _____
A child under 18 : Case#: _____

AFFIDAVIT IN SUPPORT OF

(Child's Name)

I, _____, do hereby swear and affirm that I have personal knowledge about the circumstances of the child listed above, that the following facts are true and accurate and that emancipation is in the best interest of the minor:

Signature (Affiant) Date
Printed Name: _____ Address _____
Telephone: _____

Sworn to and subscribed before me
This _____ day of _____, 20_____.

Notary Public My Commission Expires _____

**IN THE JUVENILE COURT OF FULTON COUNTY
STATE OF GEORGIA**

_____ 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 Intended Spouse:

How did the Petitioner meet the Intended Spouse?

Signature: Petitioner (Minor) Date: _____

Sworn to and subscribed before me

This _____ day of _____, 20_____.

Notary Public My Commission Expires _____

**IN THE JUVENILE COURT OF JUVENILE COUNTY
STATE OF GEORGIA**

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 my birth certificate is attached as Exhibit A.

2. I am a resident of Fulton County, Georgia, and have been a resident of the State of Georgia
for _____ (length of time).

3. My present address is _____
_____, Fulton County.

I have lived at this address for _____ (length of time).

3. My parents are _____ (mother) _____ (father).

[OR] My legal guardian is _____

The last known address(es) for my parent(s) or legal guardian are:

Mother: _____

Father: _____

Legal Guardian: _____

My parent(s) will be served with a copy of this petition and a summons to appear at the hearing, and
may file an answer within 30 days of service.

[OR] Neither of my parent(s) or guardian(s) can be found.

The name and address of my nearest living relative residing in Georgia is _____,

address: _____, City _____ State _____

My nearest living relative in Georgia will be served with a copy of this petition and a summons to
appear at the hearing, and may file an answer within 30 days of service, per OCGA 15-11-722.

4. My parent(s) or guardian(s) _____ do not object to this petition

[OR] _____ do object to this petition.

[OR] _____ they are divided on whether to object to this petition. _____ does not
object; while _____ does object.

6. I have demonstrated the ability to manage my financial affairs by:

In support of this assertion, I attach the following documents as evidence:

- PayStubs for _____ weeks;
- Statement/Affidavit from my employer;
- Other: _____

7. I have demonstrated the ability to manage my personal and social affairs by:

In support of this assertion, I attach the following documents as evidence:

- Lease Agreement
- Statement/Affidavit from my landlord;
- Other: _____

8. The following (3) adult(s) have personal knowledge of my circumstances and believe that emancipation is in my best interests. Per OCGA 15-11-721(a)(7) such individuals may be: licensed physician, registered professional nurse or licensed practical nurse; licensed psychologist; licensed professional counselor, social worker, family therapist; school guidance counselor, school social worker, or school psychologist; school administrator, school principal, or school teacher; member of the clergy; law enforcement officer; or attorney.

The adult has issued an affidavit in support of this petition as required by O.C.G.A. §15-11-721, and will be served with a copy of this petition and a summons to appear at the hearing, and may file an answer within 30 days of service, per OCGA 15-11-722.

- Name: _____ Title/Profession: _____
- Address: _____
- County: _____ Phone Number: _____ Email: _____
- Name: _____ Title/Profession: _____
- Address: _____
- County: _____ Phone Number: _____ Email: _____
- Name: _____ Title/Profession: _____
- Address: _____
- County: _____ Phone Number: _____ Email: _____

9. I seek to obtain a Declaration of Emancipation for the following reason(s):

_____ a. My parent(s) or guardian(s) failed to provide 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.

[Here explain more fully the reason(s) you seek Emancipation]

WHEREFORE I pray that this Court will declare me emancipated from my parent(s) or guardian(s) and such other relief as the Court will deem just and proper.

Petitioner pro se (child's signature) Date _____

Print Name: _____

Address: _____ City, State, Zip _____

Phone: _____ Email: _____

Personally appeared before me, the Petitioner, who on oath states that the facts set forth in this Petition are true and correct to the best of his/her knowledge and belief.

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public, State of Georgia

My Commission Expires: _____