ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.:	FOR COURT USE ONLY
_		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS: MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
IN THE MATTER OF (NAME):		
	Petitioner, a minor	
EMANCIPATED MINOR'S APPLICAT		CASE NUMBER:
DEPARTMENT OF MOTOR	(VEHICLES	
On(DATE OF EMANCIPATION ORDER)	I was declared to be emancipate	ed for the purposes set forth in Family Code
,		
section 7050 et seq. by order of the Honorable	(NAME OF JUDIO	;
Judge of the Superior Court of	·	
Judge of the Superior Court of	County.	
(*******		
apply to the California Department of Motor Vehicles	for entry of identifying information in	its law enforcement computer natwork and
for inclusion of the fact of my emancipation on any ider		
of inclusion of the fact of my emancipation on any iden	illication card issued to me by the b	ераннени.
I have attached a certified copy of the Declaration of E	mancipation	
Thave altached a continue copy of the Bookington of E	manoipation.	
Date:		
	(SIG	NATURE OF EMANCIPATED MINOR)