ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Add	fress):	TELEPHONE NO.:	FOR C	OURT USE ONLY
-				
ATTORNEY FOR (Name):				
SUPERIOR COURT OF CALIFORNIA, CO	UNTY OF		1	
STREET ADDRESS:				
MAILING ADDRESS:				
CITY AND ZIP CODE:				
BRANCH NAME:			_	
IN THE MATTER OF <i>(NAME)</i> :				
		Petitioner, a minor		
		rendoner, a minor	CASE NUMBER:	
NOTICE OF HEARING — E	EMANCIPATION OF	MINOR	ONGE NOMBER.	
CONSENT AND	WAIVER OF NOTIC	CE		
1. The minor (name):			has filed a	petition asking the court
to declare the minor an EMANCIPATED I		s granted, the minor wil	Il be considered to be	e over the age of majority
for purposes set forth in California Family				
2. A HEARING for the court to consider the p	petition will be held:			
an (data):	at (tima)	in Dept.:	Room:	
on (date):	at (time):	шт Берг	Room.	
TO PARENTS:				
IF THE PETITION IS GRANTED, THE MINO	OR. THE MINOR'S RE	PRESENTATIVE. OR 1	THE DISTRICT ATT	ORNEY MAY LATER
PETITION THE COURT TO RESCIND THE				
MEDICAL COVERAGE FOR THE MINOR.				
Date:				
(TYPE OR PRINT NAME)				
(THE OKTAINE)			PETITIONER	CLERK
	CONSENT AND W	AIVER OF NOTICE		
The undersigned give up the right to notice o	f a hearing on the Peti	tion for Declaration of F	mancination, and co	insent to a declaration of
emancipation without a hearing.	rancaning on the reti	tion for Decidiation of E	manoipation, and oc	riscrit to a accidiation of
a. Mother	. Signature:		Dated:	
Address:				
Telephone number:				
b. Father	Signature:		Dated:	
Address:	-			
Telephone number:				
c. Legal guardian	Signature:		Dated:	
Address:				
Telephone number:				
d. Social worker				
Probation officer	Signature:		Dated:	
Address:				
Telephone number:				
e. District attorney	Signature:		Dated:	
Address:				
Telephone number:				