

2. I have been living away from the family home: _____Yes _____No

If yes, give dates and places of residence other than the family home. If you have lived with persons other than a parent or legal custodian, please give their names, present address and telephone number.

_____: _____: _____: _____
Date Last Name, First Name Address Phone

_____: _____: _____: _____
Date Last Name, First Name Current Address, if other than above Phone

_____: _____: _____: _____
Date Last Name, First Name Current Address, if other than above Phone

3. I am substantially able to be self-maintained and self-supported without parental guidance and supervision.

List below all your means of support and all jobs you have held. Give dates of employment, hours worked and names, addresses and phone numbers of each employer and supervisor.

EMPLOYMENT

_____: _____: _____: _____
Dates Employer Direct Supervisor

_____: _____: _____: _____
Address Phone

_____: _____: Yes _____ No _____
Hours Net Pay (Monthly, weekly, etc.) Letter of Reference Enclosed?

_____: _____: _____: _____
Dates Employer Direct Supervisor

_____: _____: _____: _____
Address Phone

_____: _____: Yes _____ No _____
Hours Net Pay (Monthly, weekly, etc.) Letter of Reference Enclosed?

_____: _____: _____: _____
Dates Employer Direct Supervisor

_____: _____: Yes _____ No _____
Hours Net Pay (Monthly, weekly, etc.) Letter of Reference Enclosed?

Other Income (Social Security, trust fund, etc)

4. I am sufficiently mature and knowledgeable to manage my own affairs without parental assistance.

List below the names, positions, addresses, business addresses and telephone numbers of at least three responsible persons (other than employers listed above) who can verify your maturity, knowledge and good judgment. Indicate the length and nature of your relationship with each such person; explain why you believe each such person to be responsible and capable of evaluating your maturity.

REFERENCES

| Name | Address | Phone |
|---------------------------|-----------------|---|
| Relationship to Applicant | Known how long? | Yes _____ No _____ Letter of Reference Enclosed? |
| Comments: _____ | | |
| _____ | | |
| _____ | | |

| Name | Address | Phone |
|---------------------------|-----------------|---|
| Relationship to Applicant | Known how long? | Yes _____ No _____ Letter of Reference Enclosed? |
| Comments: _____ | | |
| _____ | | |
| _____ | | |

| Name | Address | Phone |
|---------------------------|-----------------|---|
| Relationship to Applicant | Known how long? | Yes _____ No _____ Letter of Reference Enclosed? |
| Comments: _____ | | |
| _____ | | |
| _____ | | |

5. Indicate your present educational status and where you are attending or last attended school.

EDUCATIONAL HISTORY

School Name _____ City _____ State _____

Dates (from _ to_) _____ Grade Level Completed _____ Yes _____ No _____
Completed?

School Name _____ City _____ State _____

Dates (from_to_) _____ Grade Level Completed _____ Yes _____ No _____
Completed?

School Name _____ City _____ State _____

Dates (from _ to _) _____ Grade Level Completed _____ Yes _____ No _____
Completed?

6. This application shall be accompanied by a written explanation of the applicant's reasons for requesting emancipation, discussion of the benefits and disadvantages of emancipation as the applicant believes these will apply to him/her and a discussion of the applicant's immediate and long range plans for the future.
7. This application shall be accompanied by One Hundred and Thirty One Dollars (\$131.00) in cash, cashier's check or money order, payable to the State of Oregon.

I understand that once a decree of emancipation is entered; there is no legal procedure for becoming un-emancipated. I understand that once emancipated, I am no longer subject to the jurisdiction of the Juvenile Court and that should I be arrested for a crime, I will be handled for all purposes as an adult. I understand that emancipation will terminate any and all legal duty to my parents or custodian to support me. And, I further understand that emancipation does not affect my eligibility for military service and does not legally qualify me to purchase or consume alcoholic liquor before the age of 21.

I hereby authorize the Jefferson County Department of Community Justice, Juvenile Division to request information and records pertaining to me from any of the above-named persons and institutions and specifically from any employer or school with which I have been or am now associated. And, I further authorize all such persons and institutions, employers and schools to release any and all such information and records to the Jefferson County Department of Community Justice, Juvenile Division so that the Court may well evaluate this application.

WHEREFORE, I ask this Court to find that my best interests will be served by emancipation and to enter a Decree of Emancipation as provided in Chapter 525, Oregon Laws 1977.

Signed this ____ day of _____, 20__.

Applicant