

Emancipation Instructions

1. The person applying for emancipation must fill out the application completely. He/She must provide the names and addresses of both his/her parents or legal guardians.
2. Take the completed form to the Trial Court Window on the main floor of the Court House with a check or money order in the amount of \$281.00 made out to the Trial Court Clerk (a case number will not be assigned and a hearing will not be set without payment).
3. After the Trial Court Clerk receives the completed form and payment, an Emancipation Hearing will be scheduled in front of the Juvenile Court Judge. If there is an objecting party, they will voice their objection at the hearing.

Facts about Emancipation

1. An application must be filed with the Juvenile Court in the County in which the juvenile resides.
2. The minor submitting the application must be between the ages of 16 and 18 years of age.
3. The application fee is \$281.00. This fee must be paid when submitting the emancipation application. The fee is non-refundable even if the Court denies the request for emancipation.
4. A preliminary court hearing must be scheduled within 10 days of application.
5. The minor must be employed or have a reasonable means of income.
6. The Minor must be substantially able to be self-maintained, self-supported and sufficiently mature and knowledgeable to manage his/her own affairs.
7. The court will also consider whether the parents or guardians of the minor consent to the proposed emancipation.
8. A Judgment of emancipation will only serve for the following:
 - a. Contracting and conveying.
 - b. Suing and being sued.
 - c. Establishing a residence.
 - d. Being recognized as an adult for criminal laws of this state.
 - e. Terminating a parent/child relationship as to the provisions of ORS 419B.552(b)(c).
9. A judgment of emancipation **does not** serve for the following:
 - a. Purchasing alcoholic beverages.
 - b. Obtaining a marriage license.
 - c. The minor's status under ORS 109.510.
10. Emancipation means the parents are no longer financially responsible for the emancipated child.

**IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF CLATSOP
Juvenile Department**

In the matter of	}	Case No. _____
	}	
_____	}	APPLICATION FOR JUDGMENT
	}	OF EMANCIPATION
A youth.	}	

I, the applicant whose name appears above, respectfully represent to the court as follows:

1. I am domiciliary (resident) of County of Clatsop, State of Oregon.
2. I am at least 16 years of age, to-wit: _____ years of age.
3. My name (as it appears on my birth certificate), my birth date and my address are as follows:
Name: _____ DOB: _____
Address: _____
City: _____ State: _____ Phone: _____
4. I wish to be recognized as an adult for the purpose of the criminal laws of this State, contracting and conveying, establishing a residence, suing and being sued and to terminate as to the parent/child relationship as to the provisions of ORS 419B.550 and ORS 419B.558.

In support of this application, I assert:

1. The name address and relationship of my parent(s)/legal guardians(s) are:
Name: _____ Relationship: _____
Address: _____
Mailing Address (if different): _____
City: _____ State: _____ Phone: _____

Name: _____ Relationship: _____
Address: _____
Mailing Address (if different): _____
City: _____ State: _____ Phone: _____
2. My parent(s) or legal guardian(s) consent to my proposed emancipation, except as follows:

3. I have/have not been living away from the family home.
4. I am substantially able to be self-maintained and self-supported without parental guidance and supervision and I am sufficiently mature and knowledgeable to manage my own affairs without parental assistance.
5. I am currently employed as follows:

Employer: _____ Phone: _____

Address: _____

City: _____ State: _____

Hours: _____

WHEREFORE, I ask this Court to find my best interest will be served by emancipation and to enter a Decree of Emancipation as provided in ORS 419B.558.

DATED this _____ Day of _____ , _____

Name of Applicant

Subscribed and sworn to before me this _____ day of _____ , _____

Notary Public for Oregon

My Commission Expires: _____