



Ottawa County
Clerk | Register of Deeds

Information on Petitioning for Emancipation
20th Circuit Court – Family Division
Provided by Ottawa County Clerk/Register of Deed's Office
All emancipation petitions are to be filed at:
Family Division of 20th Circuit Court in West Olive
12120 Fillmore Street, West Olive, MI 49460
Phone: (616) 786-4107 Fax: (616) 738-4638

All emancipation petitions need to be filed at the location above only. The filing fee is \$175.00.

This packet of information is intended to assist the public with the filing of an emancipation petition. **Please note:** clerks cannot help you fill out your forms.

Please read all of the information contained in this packet, including the Michigan Compiled Laws referenced in item #8 of the Petition for Emancipation, Affidavit, and Waiver of Notice to ensure the attached forms are filled out properly. If you require assistance in filling out forms or have legal questions, you may need to consult an attorney. **Please note:** clerks and court personnel are prohibited by law from giving legal advice.

**FORMS IN THE PACKET:
(CURRENT VERSIONS OF SCAO FORMS ARE REQUIRED)**

All of the forms contained within this informational packet must be completed in their entirety (if applicable). Failure to do so may result in the petition for emancipation being denied.

- Form PC 100: PETITION FOR EMANCIPATION, AFFIDAVIT, AND WAIVER OF NOTICE
 - This form is to be filled out by the minor who is age 16 or older
 - A **certified copy** of the petitioner's birth certificate must accompany the petition
 - Prior family division court cases involving the petitioner or family members must be listed on the petition (such as a name change, a divorce, an adoption, a neglect/abuse case, etc.)
 - Names and last known addresses of parents, guardian, or custodian must be supplied
 - All subsequent information requested on the petition must be provided, including declarations by the minor
 - The affidavit portion of the petition must be filled out by a qualified professional

- Form PC 561: WAIVER/CONSENT
 - This form may be filled out by **each** parent or guardian if they choose

- Form PC 101: ORDER FOLLOWING HEARING ON PETITION FOR EMANCIPATION
 - This form must be pre-filled out by petitioner for the hearing and submitted to the clerk/register's office prior to scheduling the hearing

- Form PC 102: PETITION TO RESCIND ORDER OF EMANCIPATION
 - This form may be filed by either the parent of the minor or the minor.

- Form PC 103: ORDER FOLLOWING HEARING ON PETITION TO RESCIND ORDER OF EMANCIPATION
 - This form must be pre-filled out by the party requesting a rescission of the order of emancipation which will be presented to the judge for a decision

NOTE: Summons will be issued to petitioner and parent(s)/guardian(s) by the clerk/register's office personnel. A notice of hearing will be sent by clerk/register's office personnel to the affiant.

**All petitions for emancipation need to be filed at:
20th Circuit Court- Family Division
Ottawa County Clerk/Register of Deed's Office
Located in West Olive at:
12120 Fillmore Street, West Olive, MI 49460
Phone: (616) 786-4107 Fax: (616) 738-4638**

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	PETITION FOR EMANCIPATION, AFFIDAVIT, AND WAIVER OF NOTICE	FILE NO.
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In the matter of the emancipation of _____, a minor

1. My full name is _____ and my social security number is _____.

First name, middle name, and last name (type or print)

Last 4 digits

2. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and remains is no longer pending.

3. I am at least 16 years of age. I was born on _____ in _____ County, _____.

Date

State

A certified copy of my birth certificate is attached to this petition.

4. The name(s) and last known address(es) of my parents, guardian, or custodian are:

NAME	RELATIONSHIP	ADDRESS
	Parent	
	Parent	
	Guardian	
	Custodian	

5. I presently reside within this county at _____ and I have lived there continuously since _____.

Street address

City, state, zip

Date

6. I am able to manage my own financial affairs as shown by the following facts: _____

I am employed by: _____

(PLEASE SEE OTHER SIDE)

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7. I am able to manage my personal and social affairs as shown by the following facts: _____

My housing arrangements are: _____

8. I have read the Emancipation of Minors laws (Michigan Compiled Laws 722.1 through 722.6), and I understand my rights and responsibilities as an emancipated minor.

I REQUEST the court to order my emancipation.

I declare that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

/s/
Minor's signature

/s/
Attorney signature

Name (type or print) Bar no.

Address City State Zip Telephone no.

AFFIDAVIT

1. I am a _____, and I conduct business at or am employed at
Occupation

Address City State Zip Telephone no.

2. I have personally known _____, a minor, for _____ years, and I
Name (type or print)
have personal knowledge of his/her current circumstances.

3. I believe that emancipation would be in the best interests of the minor because of the following circumstances:

4. I have reviewed this petition, and I waive notice of hearing and any adjournment of the hearing.

Date

Signature of affiant

Name (type or print)

Address

City, state, zip Telephone no.

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires: _____ Signature: _____
Date Notary public

Notary public, State of Michigan, County of _____

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	ORDER FOLLOWING HEARING ON PETITION FOR EMANCIPATION	FILE NO.
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In the matter of the emancipation of _____, a minor

1. Date of hearing: _____ Judge: _____ Bar no.

2. The minor has filed a petition and affidavit (form PC 100) requesting an order of emancipation.

THE COURT FINDS:

3. A copy of the petition and a summons to appear was served on the minor's parent(s). guardian.

4. Notice of hearing was given to or waived by the affiant.

5. Necessary conditions for emancipation do not exist.

6. Emancipation should be ordered because all of the following conditions have been established by a preponderance of the evidence.

a. The minor's parent or guardian did not object to the petition; or if the parent or guardian objected to the petition, that objecting parent or guardian is not providing the minor with support.

b. The minor is at least 16 years of age and a resident of Michigan.

c. The minor has demonstrated the ability to manage his/her financial affairs, including proof of employment or other means of support.

d. The minor has the ability to manage his/her personal and social affairs, including, but not limited to, proof of housing.

e. The minor understands his/her rights and responsibilities under this act as an emancipated minor.

f. Emancipation is in the best interests of the minor and should be ordered.

IT IS ORDERED:

7. The petition is granted and _____ is emancipated.
Name

8. The petition is denied.

Date

Judge

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STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	PETITION TO RESCIND ORDER OF EMANCIPATION	FILE NO.
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In the matter of _____, an emancipated minor

1. I am interested in this matter and make this petition as the parent of the minor. minor.

2. The addresses of the minor and parents of the minor are the same as in the original petition except as to the following:

NAME	RELATIONSHIP	ADDRESS
	Parent	
	Parent	
	Minor	

3. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and remains is no longer pending.

4. This court entered an order of emancipation on _____ .
Date

5. The order of emancipation should be rescinded for one or more of the following reasons:

- a. The minor is indigent and has no means of support.
- b. The minor and the minor's parent(s) agree that the order should be rescinded.
- c. The family relationship has resumed and the order of emancipation is in conflict with this relationship.

6. I understand that rescission of an order of emancipation does not alter any contractual obligations or rights or any property rights or interests that arose during the period of time that the emancipation order was in effect.

I REQUEST that the order of emancipation be rescinded.

I declare that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Attorney signature	Date
Name (type or print)	Signature
Address	Name (type or print)
City, state, zip	Address
Telephone no.	City, state, zip
	Telephone no.

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STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	ORDER FOLLOWING HEARING ON PETITION TO RESCIND ORDER OF EMANCIPATION	FILE NO.
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In the matter of _____, an emancipated minor

1. Date of hearing: _____ Judge: _____ Bar no.

2. A petition has been filed requesting rescission of the order of emancipation dated _____ .

THE COURT FINDS:

3. The minor minor's parent(s) were served a copy of the petition and a summons.

4. The minor is indigent and has no means of support.

5. The minor and minor's parent(s) agree that the order should be rescinded.

6. There is a resumption of family relations inconsistent with the existing emancipation order.

7. The petitioner has failed to establish a ground for rescission of the order.

IT IS ORDERED:

8. The petition is granted and the order of emancipation is rescinded.

9. The petition is denied.

Date

Judge

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STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	WAIVER/CONSENT	FILE NO.
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In the matter of _____

1. I am interested in the matter as _____ .

2. I waive notice of the hearing and consent to the application/petition for _____
Nature of application/petition and name of applicant/petitioner

_____, and I declare that I have received a copy of this application/petition.

3. I waive notice of the hearing concerning _____
Nature of hearing

_____		_____	
Attorney name (type or print)		Date	
_____		_____	
Bar no.		Signature	
_____		_____	
Address		Name (type or print)	
_____		_____	
City, state, zip		Address	
_____		_____	
Telephone no.		City, state, zip	
_____		_____	
		Telephone no.	

NOTE: Do not use for waivers pursuant to MCL 700.3310.

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