



**Information on Filing for Emancipation in the  
20th Circuit Court – Family Division  
Provided by:  
Ottawa County Clerk/Register of Deed's Office**

All emancipations get filed at the Family Division of Circuit  
Court in West Olive:  
**12120 FILLMORE STREET, WEST OLIVE, MI 49460**  
**Phone: (616) 786-4107 Fax: (616) 738-4638**

This packet is intended to assist the public with filing an emancipation petition. The filing fee for the petition is \$175. Please read all 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:** the clerks are prohibited by law from giving legal advice.

**FORMS IN THIS PACKET:**

\*Note: current versions of SCAO forms are required. The current version can be verified at <https://www.courts.michigan.gov/SCAO-forms/> by searching for the form number.

- Form PC 100: PETITION FOR EMANCIPATION, AFFIDAVIT, AND WAIVER OF NOTICE
  - This form must be filled out in its entirety and be filed by the minor who is age 16 or older.
  - Form MC97a must accompany the petition. Complete this form as directed by the petition.
  - A certified copy of the petitioner's birth certificate must accompany the petition.
- 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 if, in the future, the parent or minor seeks to rescind the emancipation order.
- 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

File the petition and supporting documents either:

- **In person** at the court address above. Payment for the filing fee can be made by card, cash, or money order. Personal checks are not accepted.
- **By mail** to the court address above with a money order.
- **By email** to [familydivisionfilings@miottawa.org](mailto:familydivisionfilings@miottawa.org), and follow up your email with a call to our office to pay the filing fee by credit card over the phone.

**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 to the affiant.

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION <b>PROBATE COURT</b> <b>COUNTY</b>	<b>PETITION FOR EMANCIPATION,                  AFFIDAVIT, AND WAIVER OF NOTICE</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_  
First, middle, and last name of the minor

Petitioner's name, address, and telephone no.

Petitioner's attorney, bar no., address, and telephone no.

1. My full name is \_\_\_\_\_ and my social security  
First, middle, and last name (type or print)

number is Put last 4 digits of SSN in Ref. No. row 10 on MC 97a.  
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 Put DOB in Ref. No. row 10 on MC 97a. in \_\_\_\_\_  
Date  
 County, State. A certified copy of my birth certificate accompanies 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 \_\_\_\_\_  
Street address  
 \_\_\_\_\_ and I have lived there continuously since \_\_\_\_\_  
City, state, zip Date

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am employed by: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney's signature

**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  
Name (type or print)

I 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 \_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy clerk/Notary public signature

My commission expires on \_\_\_\_\_ .

\_\_\_\_\_  
Name (type or print)

Notary public, State of Michigan, County of \_\_\_\_\_ .  Acting in the County of \_\_\_\_\_ .

This notarial act was performed using an electronic notarization system or a remote electronic notarization platform.

<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE</b>	<b>ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

Plaintiff's/Petitioner's name	<b>v</b>	Defendant's/Respondent's name
In the matter of _____		

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). Use this form to provide PII only for a person who is a NOT a defendant, respondent, or decedent. If the person is a defendant, respondent, or decedent use form MC 97.

**Instructions:**

- When PII (such as date of birth) must be filed with the court on a public document, DO NOT include it on that public document. Instead, you must provide it on this form.
- **Provide only** the protected PII required for your particular case. For example, if you are filing a public document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97a is being filed with: \_\_\_\_\_

\_\_\_\_\_  
Printed name of individual completing form and date

Ref. No.	Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required. For Other, specify the type of PII in addition to the PII itself - for example, Social Security No. XXXX. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. XX" in place of the DOB in the public document.		
<b>10</b>	Name	DOB	Other
<b>11</b>	Name	DOB	Other
<b>12</b>	Name	DOB	Other
<b>13</b>	Name	DOB	Other
<b>14</b>	Name	DOB	Other
<b>15</b>	Name	DOB	Other
<b>16</b>	Name	DOB	Other
<b>17</b>	Name	DOB	Other
<b>18</b>	Name	DOB	Other

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>ORDER FOLLOWING HEARING ON          PETITION FOR EMANCIPATION          (Part 1)</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_  
First, middle, and last name

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

**THE COURT FINDS:**

1. A copy of the petition and a summons to appear was served on the minor's  parent(s).  guardian.
2. Notice of hearing was given to or waived by the affiant.
3. Necessary conditions for emancipation do not exist.
4. 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:**

5. The petition is granted and \_\_\_\_\_ is emancipated.  
Name

6. The petition is denied.

  
 \_\_\_\_\_  
 Judge signature and date

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>ORDER FOLLOWING HEARING ON          PETITION FOR EMANCIPATION          (Part 2)</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_  
First, middle, and last name

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

**THE COURT FINDS:**

1. A copy of the petition and a summons to appear was served on the minor's  parent(s).  guardian.
2. Notice of hearing was given to or waived by the affiant.
3. Necessary conditions for emancipation do not exist.
4. 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:**

5. The petition is granted and \_\_\_\_\_ is emancipated.  
Name

6. The petition is denied.

\_\_\_\_\_  
 Judge signature and date

Minor's Social Security No.

I certify that this document is a full and correct copy of the original on file in the \_\_\_\_\_ Court, State of Michigan, except the social security number of the minor appears only on this copy.

\_\_\_\_\_  
 Deputy clerk signature and date

<b>STATE OF MICHIGAN</b> <b>JUDICIAL CIRCUIT - FAMILY DIVISION</b> <b>COUNTY</b>	<b>PETITION TO RESCIND</b> <b>ORDER OF EMANCIPATION</b>	<b>FILE NO.</b>
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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.

Do not write below this line - For court use only



<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>ORDER FOLLOWING HEARING ON          PETITION TO RESCIND          ORDER OF EMANCIPATION</b>	<b>FILE NO.</b>
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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

Do not write below this line - For court use only

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> <b>COUNTY</b> <b>CIRCUIT COURT - FAMILY DIVISION</b>	<b>WAIVER/CONSENT</b>	<b>FILE NO.</b>
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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

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\_\_\_\_\_, 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.

Do not write below this line - For court use only