Nebraska State Court Form REQUIRED DC 6:16.3 NEW 06/19 Neb. Rev. Stat. § 43-4801 et seq.	**PETITION FOR JUDGMENT OF EMANCIPATION**	☑ Printing the form and handwriting the answers. ☐ Completing the form electronically. See Self-help Page

IN THE DISTRICT COURT OF _____ COUNTY, NEBRASKA
Choose the county (county where Complaint filed)

IN RE EMANCIPATION OF:

Case No. _____
(case number assigned by clerk of the court)

_____ ,
(your name) Petitioner

PETITION FOR JUDGMENT OF EMANCIPATION

STATE OF NEBRASKA)
) ss
COUNTY OF_____
(county where verification signed)

1. I,_____, am petitioning for a judgment of emancipation.
   - My age is: _____.
   - ☐ I am married. ☐ I am living apart from my parent(s) or legal guardian(s).
   - I am a legal resident of _____ County, Nebraska.
     (name of county where you live)

   ☐ I do not speak English. The language that I speak is:_____.

2. My address is:

   _____
   (Street or Route/Box) (City) (State) (ZIP code)

   My mailing address (if different) is:

   _____
   (Street or Route/Box) (City) (State) (ZIP code)

3. ☐ I do not agree to receive notification by email.
   ☐ **I agree** to receive notification by email.
   My email address is: _____

   NOTE: By providing this email address, <u>I acknowledge that I am aware that this information will be public record.</u> I also understand that I will only receive email communications regarding this case from the court.

4. The name(s) and current address(es) of my parent(s) is/are (if known):

Name:	Address:
_____	_____
_____	_____

OR

5. My parents are not currently my legal guardians. The name(s) and address(es) of my legal guardian(s) is/are (if known):

Name:	Address:
_____	_____
_____	_____

OR

6. I cannot find either my parent(s) or legal guardians(s). Below is the name and address of my nearest known relative that lives in Nebraska.

Name:	Address:
_____	_____
_____	_____

7. To the best of my knowledge, I ☐ am ☐ am not a party to, or the subject of a pending court case in Nebraska or any other place, nor am I the subject of any court order of any kind that was issued as part of any pending court case in Nebraska or any other place.

If I answered that I am part of a pending court case:

Type of Court: (district, county, juvenile, etc.)	County and State: (where the case is at)	Case Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. There ☐ is ☐ is not an order for my support in Nebraska or any other place (If known).

If I answered that there is an order for my support, I provide the following information about the case:

County and State: Case No.

_____ _____

_____ _____

9. I am filing this petition as a free and voluntary act.

10. Specific facts supporting my request for emancipation are:

- I am willingly living apart from my parent(s) and/or legal guardian(s).
- ☐ I am able to support myself without financial assistance. OR ☐ I do not have a parent, a legal guardian, or a custodian who is providing support to me.
- I am mature, knowledgeable, and able to manage my affairs without the guidance of a parent or legal guardian.
- I have demonstrated the ability and commitment to obtain and maintain education, vocational training, or employment.

School and/or employer's name:	Address:	Grade and/or how long employed:
_____	_____	_____
_____	_____	_____

- The reason(s) that emancipation is in my best interest is/are:

_____

_____

_____

_____

_____

- The reason(s) that I am requesting emancipation is/are:

_____

_____

_____

_____

_____

******DO NOT SIGN UNTIL YOU ARE IN THE PRESENCE OF A NOTARY*****

I, the undersigned, first being sworn upon oath, depose and say that I am the petitioner in the above-entitled matter and have read the foregoing Petition for Judgment of Emancipation. The facts contained therein are true.

_____ Date _____
***Signature

_____ _____
Name Street Address/P.O. Box

_____
City/State/ZIP Code

_____ _____
Phone Email Address

The foregoing instrument was acknowledged before me by_____, this
(Name)

_____ day of_____,_____.
(Day) (Month) (Year)

_____
Notary Public (Signature of Person Taking Acknowledgment)

_____My commission expires: _____
(Title or Rank) (Serial Number, if any)