Saginaw Chippewa Indian Tribe
Tribal Court
6954 E. Broadway
Mt. Pleasant, MI 48858

FILE NO.

IVIL. Fleasalli, IVII 40000					
In the matter of the emancipation of				,	a minor
1. My full name				and my socia	I security
First name, middle name	, and last name (type or	print)			
number is					
2. An action within the jurisdiction of th	e family division of ci	rcuit court involving the far	mily or famil	y members of the r	ninor has
been previously filed inCourt, Case Number				, was	
assigned to Judge					—
3. I am at least 16 years of age. I wa					
	Date				
	certified copy of my	birth certificate is attache	ed to this pe	etition.	
State					
4. The name(s) and last known addr NAME	ess(es) of my paren	its, guardian, or custodia	n are: ADDRE	26	
NAME	Father		ADDRES	55	
	i auter				
	Mother				
	Guardian				
	Custodian				
	Custoulari				
5. I presently reside within this count	y at Street address				
	and	I have lived there contin	uously sinc	20	
City, state, zip				Date	<u> </u>
6. I am able to manage my own final	ncial affairs as show	n by the following facts:			
I am employed by:					
	(PLEASE 3	SEE OTHER SIDE)			

Do not write below this line - For court use only

## PETITION FOR EMANCIPATION, AFFIDAVIT, AND WAIVER OF NOTICE

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 (Tribal Code Sections 3.1719 and 3.1724), 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.

Dete		Min sola a lava tura				
Date		Minor's signature				
Attorney signature						
Name (type or print)	Bar no.					
Address	City	State	Zip	Telephone		
	AFFIDAVIT					
1 Jam a						
1. I am a Occupation		, and I conduct business at or am employed at				
Coouparion						
Address	City	State	Zip	Telephone		
	Chy					
2. I have personally known		, a minor, for	years,	and I have		
Name (type or print)						
personal knowledge of his/her current circum	stances.					
3. I believe that emancipation would be in the be	est interests of the min	or because of the follow	vina circumst	ances.		
			ving on our ist			
	ation of hearing and a					
4. I have reviewed this petition, and I waive r	notice of nearing and ai	ny adjournment of the	nearing.			
Date	Signature o	f Affiant				
	Name (type	or print)				
	Address					
	City, state,	zip		Telephone no.		
Subscribed and sworn to before me on			County, N	lichigan		
Date	,			nenigan.		
My commission expires:	Signatu					
Date		Notary public				