

INSTRUCTIONS FOR EMANCIPATION PACKET (Removal of disabilities of nonage of minor)

(Compiled by Sherry Coker)

IMPORTANT – PLEASE READ

IF NOT PROPERLY COMPLETED AND PARTIES NOT PROPERLY SERVED, YOUR CASE MAY BE DISMISSED OR YOU MAY NOT OBTAIN YOUR FINAL JUDGMENT.

Emancipation is the removal of disability of nonage. In other words, emancipation is the act by which a person gains all rights and responsibilities of an adult. Early emancipation can be obtain through court order.

In Florida, emancipation automatically occurs when a minor reaches 18 years of age or when they marry. However, a minor cannot get married without parental consent. A minor under 16 years of age cannot get married with parental consent unless the minor female is pregnant and a Judge approves the marriage.

A minor parent of a child is not considered emancipated except to seek a child support proceeding for the child; consent to the child's medical care; consent to the minor pregnant mother's own medical care for her pregnancy; and consent to the child's adoption.

Unless emancipated by court order, a minor must have a parent (natural guardian) or a legal guardian to make sure they are taken care of; provided housing, clothing, and meals; and to take responsibility for the minor's property and all legal actions. The parent or legal guardian has the right to set rules for the minor, make decisions on their behalf, and control the minor's earnings. The minor does have the right to protection and care from their parent or guardian.

A minor cannot be held responsible for most contracts; cannot bring a legal action in their own behalf; or make a will. A minor may consent to some medical decisions and treatments. Also, a minor can purchase car insurance, borrow money for college (if 16 years or older), or purchase necessities such as food.

An emancipated minor has the legal capacity to act as an adult, be in control of his or her affairs and free of the legal control and custody of his or her parents. Emancipated minors **do lose** the benefits of their parents providing for them and the protection of Department of Children and Families. Emancipation does not change the effect of certain laws, i.e. drinking and voting.

FILING YOUR CASE: Using black ink, please complete the **CIVIL COVER SHEET, NOTICE OF PERMANENT MAILING ADDRESS and STATEMENT OF RESPONSIBILITY** forms included in this packet. There is a filing fee due **Clerk of Court** in the amount of \$255.00. The Clerk can accept cash, personal or business checks, Cashier Checks or money orders.

VENUE: Venue is in the county where the minor resides.

To obtain a court order the minor must be at least 16 years of age. The **PETITION FOR EMANCIPATION OF A MINOR**, enclosed in this Packet, must be completed and filed by the minor's parent(s) or legal guardian, or if none then by a guardian ad litem

The petition must show the court:

1. That the minor is independent and able to support him or herself, and his or her child, if any.
2. A specific plan for meeting the needs of the minor if the minor is not supporting him or herself at the time of petitioning.
3. That he or she is not dependent on public benefits.
4. The reasons why the minor needs to be emancipated.
5. Evidence that the removal of disabilities of nonage is in the best interest of the minor.

If the petition is not signed by both parents, the nonpetitioning parent will need Service of Process...to be served by means of a Summons and a copy of the petition and all accompanying documents, if any, by a Deputy Sheriff. See **INSTRUCTIONS FOR SUMMONS: PERSONAL SERVICE ON AN INDIVIDUAL** enclosed in this Packet. The nonpetitioning parent will have twenty (20) days from date of service of the Summons in which to file an Answer to the petition. The **SUMMONS**, included in this Packet, must be executed by the Clerk or a Deputy Clerk. If the whereabouts of the nonpetitioning parent are unknown, the petitioning parent may use Constructive Service provided the petitioning parent makes an actual, diligent search to discover the location of, and provide notice to, the nonpetitioning parent. See **INSTRUCTIONS FOR CONSTRUCTIVE SERVICE** enclosed in this Packet.

If the petition is filed by a guardian ad litem or next friend, Service of Process by use of Summonses must be made on the natural parents of the minor.

If a nonpetitioning parent, after having Service of Process by either Summons or Constructive Service, has not responded to the petition, the Petitioner may file the **MOTION FOR DEFAULT** and **DEFAULT** included within this Packet with the Clerk of Court.

During the proceeding, an attorney ad litem will need to be appointed by the court to represent the minor in all related proceedings. You will need to retain an attorney that would be willing to serve as the attorney ad litem. Please fill out the caption at the top of the **ORDER APPOINTING ATTORNEY AD LITEM** and insert the attorney's name and address where indicated. This will be an expense incurred by the Petitioner(s).

A hearing will be scheduled by the Court upon Petitioner filing a **MOTION FOR HEARING** included in this Packet. The minor must attend the hearing, together with the Petitioner(s) and attorney ad litem.

If the court is satisfied that emancipation is in the minor's best interest, it will enter an order removing the disabilities of nonage and shall authorize the minor to perform all acts that the minor could do if he or she were 18 years of age.

The order will be recorded in the public records of the county where the action is filed. The minor will need to obtain certified copies of the order to show proof of his or her emancipation.

*****NOTICE*****

ALL PAPERWORK PROVIDED BY THIS OFFICE IS USED FOR 'PRO SE' LITIGANTS ONLY. 'PRO SE' MEANS THAT YOU ARE ACTING AS YOUR OWN ATTORNEY. ACTING AS YOUR OWN ATTORNEY MAKES YOU RESPONSIBLE FOR EVERYTHING THAT INVOLVES YOUR CASE FILE. FOR EXAMPLE, IF YOU DO NOT RECEIVE A COURT DATE OR NOTICE FROM THE CLERK'S OFFICE OR THE JUDGE, IT IS UP TO YOU TO CONTACT THE JUDGE FOR A HEARING DATE.

THIS PACKET PROVIDED FOR YOUR USE BY:

**HONORABLE DON T. HALL
COUNTY JUDGE
DESOTO COUNTY, FLORIDA
115 EAST OAK STREET, SUITE 201
ARCADIA, FLORIDA 34266**

**HONORABLE MITZIE W. MCGAVIC
CLERK OF THE COURT
DESOTO COUNTY, FLORIDA
115 EAST OAK STREET
ARCADIA, FLORIDA 34266**

FORM 1.997 CIVIL COVER SHEET

The civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law. This form is required for the use of the Clerk of Court for the purpose of reporting judicial workload data pursuant to Florida Statute 25.075.

I. CASE STYLE

IN THE CIRCUIT/COUNTY COURT IN AND FOR DESOTO COUNTY, FLORIDA

IN RE: EMANCIPATION OF:

_____ CASE NO. _____
a Minor

II. TYPE OF CASE (Place an x in one box only. If the case fits more than one type of case, select the most definitive.)

<u>Domestic Relations</u>	<u>Torts</u>	<u>Other Civil</u>
<input type="checkbox"/> Simplified dissolution	<input type="checkbox"/> Professional Malpractice	<input type="checkbox"/> Contracts
<input type="checkbox"/> Dissolution	<input type="checkbox"/> Products Liability	<input type="checkbox"/> Condominium
<input type="checkbox"/> Support – IV-D	<input type="checkbox"/> Auto negligence	<input type="checkbox"/> Real property/ Mortgage foreclosure
<input type="checkbox"/> Support – Non IV-D	<input type="checkbox"/> Other negligence	<input type="checkbox"/> Eminent Domain
<input type="checkbox"/> URESA – IV-D		<input type="checkbox"/> Other
<input type="checkbox"/> URESA – Non IV-D		<input type="checkbox"/> Eviction
<input type="checkbox"/> Domestic Violence		<input type="checkbox"/> Small Claims
<input type="checkbox"/> Other domestic relations		

III. Is Jury Trial Demanded in Complaint?

Yes
 No

Date: _____

Petitioners' signature(s)

IN THE COUNTY COURT IN AND FOR DESOTO COUNTY, FLORIDA

IN RE: EMANCIPATION OF:

CASE NO. _____

a Minor
_____ /

NOTICE OF PERMANENT MAILING ADDRESS

I/We, _____, the Plaintiff(s) in the above styled cause of action hereby certify that my/our permanent mailing address is as follows:

Phone: _____

I/WE UNDERSTAND THAT ONLY THIS ADDRESS WILL BE USED BY THE COURT, THE OPPOSING PARTY, AND ANY INTERVENING PARTIES TO THIS CASE FOR THE PURPOSE OF PROVIDING ME WITH:

- a. Notice of all future hearings in this case, and
- b. Any Court documents and papers pertaining to this case.

I/We understand that all notices and court papers in this case will be sent to me/us only at the above address and that in the event personal service of any court documents is necessary that they will first be attempted to be served at the above listed address unless and until I/We notify the court of my/our new address. I/We also understand that if I/We change my/our permanent mailing address or residence address, I/We must notify the Clerk of Court of my/our new address **in writing** by completion of another form similar to this form at the following address within one week of the change of address and with a copy being furnished to all parties:

CLERK OF COURT
Attn: County Civil
115 East Oak Street
Arcadia, Florida 34266

I/We have read this document and I/We understand that it is my/our responsibility to keep the Court informed of any change in my/our current address. I/We understand that copies of any court documents and notice of all future hearings which are mailed to my/our current address set forth herein will constitute proper notice and service, and the Court may proceed on all matters noticed and mailed to the above address even if I/We do not appear for said hearing.

Dated: _____

Signature

IN THE CIRCUIT COURT IN AND FOR DESOTO COUNTY, FLORIDA

IN RE: EMANCIPATION OF:

a Minor

CASE NO. _____

STATEMENT OF RESPONSIBILITY

Before filing this case, I have considered the following matters and acknowledge that:

1. This case is being filed in the Circuit Court under the removal of disabilities of nonage of minors, Chapter 743 Florida Statutes. That the conduct of this case will be in accordance with the rules of procedure and laws of Florida which apply to this case.
2. The naming of proper parties is an important element of the case and the responsibility for naming the proper plaintiff(s) and defendant(s) in this case is mine.
3. I am responsible for the furnishing of a correct address or location at which the defendant(s) can be served or given notice of this suit.
4. I assume responsibility as to my right to file this case for myself or for the named plaintiff(s) realizing that if the plaintiff is a corporation that such plaintiff may be required to be represented by an attorney.
5. I do not expect the Clerk who receives and files this claim to give me legal advice as to how to prosecute this case and acknowledge that the Clerk is not acting as my attorney or legal advisor.
6. I am solely responsible for the collection of any judgment entered in my favor.

Dated: _____

Signature

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT OF
THE STATE OF FLORIDA, IN AND FOR DESOTO COUNTY

IN RE: EMANCIPATION OF:

_____ CASE NO. _____
a Minor _____/

PETITION FOR EMANCIPATION OF A MINOR

1. Petitioner, _____, whose address is _____,
_____ and whose relationship to the above minor is _____,
petitions this Court to remove the disabilities of nonage of the above minor.

2. The minor, _____, is 16 years of age or older,
and whose date of birth is: _____; currently resides at: _____
_____; whose mailing address is: _____
_____; and is a resident of _____ County, Florida.

3. The parents of the above minor are: _____,
father, whose residence is: _____ and
whose mailing address is: _____,
and _____, mother, whose residence is: _____
_____ and whose mailing address is: _____.

4. The name, date of birth, custody and location of any children born to the minor
are as follows:

- a. Name: _____
- b. Date of Birth: _____
- c. Custody and location: _____

(Attach extra sheet if additional children.)

5. The minor's character, habits, education, income, and mental capacity for
business are as follows: _____

_____.

6. The minor's needs with respect to food, shelter, clothing, medical care, and other necessities will be met as follows: _____

_____.

7. With respect to whether or not the minor is a party to or subject of a pending judicial proceeding in this State or any other jurisdiction or the subject of a judicial order of any description issued in connection with such judicial proceeding, such as a child support order, custody or visitation order or guardianship, is as follows: (check **one** only)

____ a. The minor is not a party or subject to pending judicial proceedings.

____ b. The minor is a party to or subject to a pending judicial proceeding, namely,

Nature of proceedings

Court or jurisdiction where proceeding is pending

Names and addresses of parties to such judicial proceeding

8. The disabilities of nonage should be removed from the minor for the following reason: _____

_____.

9. The above minor has joined in this petition and consents to the Court granting an Order of Emancipation as indicated and evidenced by the minor's signature on this petition.

WHEREFORE, the Petitioner(s) and the Minor hereby request that this Court enter an Order of Emancipation removing the disabilities of nonage of said Minor.

Signed this _____ day of _____, 20____.

Signature of Petitioner

Printed name of Petitioner

Address of Petitioner

Signature of Petitioner

Printed name of Petitioner

Address of Petitioner

STATE OF FLORIDA,
COUNTY OF _____.

BEFORE ME, the undersigned authority, personally appeared _____
_____, who has acknowledged before me that he/she is the
Petitioner in the above Petition for Emancipation of a Minor and executed the same, and
said person is ___ personally known to me OR ___ produced identification: _____

Witness my hand and official seal this _____ day of _____, 20____.

Notary Public/Deputy Clerk

STATE OF FLORIDA,
COUNTY OF _____.

BEFORE ME, the undersigned authority, personally appeared _____
_____, who has acknowledged before me that he/she is the
Petitioner in the above Petition for Emancipation of a Minor and executed the same, and
said person is ___ personally known to me OR ___ produced identification: _____

_____.

Witness my hand and official seal this ____ day of _____, 20__.

Notary Public/Deputy Clerk

CONSENT BY MINOR

I, _____, the above named minor, do hereby consent to the entry by this Court of an Order of Emancipation and I am fully ready to assume my responsibilities as an adult.

Signed this ____ day of _____, 20__.

Minor's signature

Minor's printed name

Minor's address

STATE OF FLORIDA,
COUNTY OF _____.

BEFORE ME, the undersigned authority, personally appeared _____, who has acknowledged before me that he/she is the Minor that is the subject of the Petition for Emancipation of a Minor and that he/she executed the foregoing Consent, and said person is ___ personally known OR ___ produced identification: _____.

Witness my hand and official seal this ____ day of _____, 20__.

Notary Public/Deputy Clerk

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT OF
THE STATE OF FLORIDA, IN AND FOR DESOTO COUNTY

IN RE: EMANCIPATION OF:

_____ CASE NO. _____
a Minor
_____ /

ORDER APPOINTING ATTORNEY AD LITEM FOR MINOR

THIS CAUSE came before the Court on the Petition for Emancipation of a Minor filed in this case, and the court having been fully informed in the premises, finds that:

1. An attorney ad litem should be appointed to represent the minor.
2. _____, a practicing attorney in the State of Florida, whose address is: _____, will accept such an appointment.

Therefore, the Court ORDERS and DECREES that _____, Esquire, is appointed as attorney at litem to represent the above minor in this matter.

DONE AND ORDERED in Arcadia, DeSoto County, Florida, this _____ day of _____, 20____.

CIRCUIT JUDGE

**INSTRUCTIONS FOR SUMMONS:
PERSONAL SERVICE ON AN INDIVIDUAL**

When should this form be used?

This form should be used to obtain personal service on the parents of the minor that is the subject of the removal of disabilities of nonage. Service is required for **all** documents filed in your case. Service means giving a copy of the required papers to the parents using the procedure that the law requires. Generally, there are two ways to make service: (1) personal service, or (2) constructive service.

You will need to find out how much the Sheriff charges to serve the papers. The fees to the Sheriff's Department must be paid separately from the filing fee and are paid directly to the Sheriff's Department. Personal checks are not acceptable. You should attach a cashier's check or money order made payable to the Sheriff to the Summons and deliver all of the paperwork and the fee to the Sheriff's Department yourself.

You cannot serve the paperwork filed in this case on the parents yourself or by mail or by hand delivery. Personal service must be made by the Sheriff's Department in the county where the parent(s) lives or works.

IF THE PARENT(S) CANNOT BE LOCATED OR DO NOT LIVE IN FLORIDA:

If, after you have made **diligent effort** to locate the parent(s), and you absolutely cannot locate them, you may serve them by publication. Service by publication is also known as constructive service. You may also be able to use constructive service if the parent does not live in Florida. See **INTRUCTIONS FOR CONSTRUCTIVE SERVICE FOR EMANCIPATION** in the enclosed Packet.

Special notes...

If you have been unable to obtain proper service on the parent within **120 days** after filing your lawsuit, the court will dismiss your lawsuit unless you can show the court a good reason why service was not made within **120 days**. For this reason, if you had the sheriff serve the papers, you should check with the Clerk every couple weeks after completing the service papers to see if service has been completed. You may need to supply the sheriff with a new or better address.

If the parent fails to respond, i.e., fails to file a written response with the court, within **20 days** after the service of the Summons, you are entitled to a **default**. Complete the Motion for Default included in this Packet and file it with the Clerk.

IN THE CIRCUIT COURT IN AND FOR DESOTO COUNTY, FLORIDA

IN RE: EMANCIPATION OF:

_____ CASE NO. _____
a Minor

SUMMONS

IMPORTANT

A lawsuit has been filed against you. You have 20 calendar days after this summons is served on you to file a written response to the attached complaint with the Clerk of this Court. A phone call will not protect you. Your written response, including the case number given above and the names of the parties, must be filed if you want the court to hear your side of the case. If you do not file your response on time, you may lose the case, and your wages, money, and property may thereafter be taken without further warning from the court. There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may call an attorney referral service or a legal aid office (listed in the phone book).

If you choose to file a written response yourself, at the same time you file your written response to the court you must also mail or take a copy of your written response to the "Plaintiff/Plaintiff's Attorney" named below.

IMPORTANTE

Usted ha sido demandado legalmente. Tiene 20 dias, contados a partir del ricibo de esta notificacion, para contestar la demanda adjunta, por escrito, y presentarla ante este tribunal. Una llamada telefonica no lo protegera. Si usted desea que el tribunal considere su defense, debe presentar su respuesta por escrito, incluyendo el numero del caso y los nombres de las partes interesadas. Si usted no contesta la demanda a tiempo, podria perder el caso y podria ser despojado de sus ingresos y propiedades, o privado de sus derechos, sin previo aviso del tribunal. Existen otros requisitos legales. Si lo desea, puede usted consultar a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a una de las oficinas de asistencia legal que aparecen en la guia telefonica.

Si desea responder a la demanda por su cuenta, al mismo tiempo en que presenta su respuesta ante al tribunal, debera usted enviar por correo o entregar una copia de su respuesta a la persona denominada abajo como "Plaintiff/Plaintiff's Attorney" (Demandante o Abogado del Demandante).

IMPORTANTE

Des poursuites judiciaires ont ete enterprises contre vous. Vous avez 20 jours consecutifs a partir de la date de l'assignation de cette citation pour deposer une reponse ecrite a la plainte ci-jointe aupres de ce tribunal. Un simple coup de telephone est insuffisant pour vous proteger. Vous etes obliges de deposer votre reponse ecrite, avec mention du numero de dossier ci-dessus et du nom des parties nommees ici, si vous souhaitez que le tribunal entende votre cause. Si vous ne deposez pas votre reponse ecrite dans le relai requis, vos risquez de perdre la cause ainsi que votre salaire, votre argent, et vos biens peuvent etre saisis par la suite, sans aucun preavis ulterieur du tribunal. Il y a d'autres obligations juridiques et vous pouvez requerir les services immediats d'un avocet. Si vos ne connaissez pas d'avocat, vous pourriez telephoner a un service de reference d'avocats ou a un bureau d'assistance juridique (figurant a l'annuaire de telephones).

Si vous choisissez de deposer vous-meme une reponse ecrite, il vous faudra egalement, en meme temps que cette formalite, faire parvenir, ou expediter une copie de votre reponse ecrite au "Plaintiff/Plaintiff's Attorney" (Plaignant ou a son avocet) nomme cidessous.

Plaintiff/Plaintiff's Attorney

Address
Florida Bar No. _____

THE STATE OF FLORIDA:

To Each Sheriff of the State:

YOU ARE COMMANDED to serve this summons and a copy of the complaint in this lawsuit on the above-named defendant.

DATED on _____.

MITZIE W. MCGAVIC
CLERK OF COURT

(SEAL)

By: _____
Deputy Clerk

INSTRUCTIONS FOR CONSTRUCTIVE SERVICE FOR EMANCIPATION

When should this form be used?

This form may be used to obtain **constructive service** (also called service by publication) in your case if you do not know where the parent(s) live or if the parent(s) lives outside Florida and you are unable to obtain **personal service**. This is a complicated area of the law and you may wish to consult an attorney before using constructive service.

You must complete and file an **AFFIDAVIT OF DILIGENT SEARCH AND INQUIRY** which is included in this Packet. This form includes a checklist of places you can look for information on the location of the parent(s). While you do not have to look in all of these places, the Court must believe that you have made a very serious effort to get information about the parent(s) location and that you have followed up on any information you received.

You should also complete and file a **NOTICE OF ACTION** with the Clerk for their execution of same. After the Clerk has signed this form you must deliver it to a qualified local newspaper to be published for four (4) consecutive weeks. When in doubt, ask the Clerk which newspapers in your area are “qualified”. The newspaper will charge you for the publication.

You should keep a copy of the Affidavit of Diligent Search and Inquiry and the Notice of Action for your records.

Special notes...

If the parent(s) fail(s) to respond to your petition within the time limit stated in the Notice of Action that is published, you may request a **default** by completing and filing the Motion for Default.

IN THE CIRCUIT COURT IN AND FOR DESOTO COUNTY, FLORIDA

IN RE: EMANCIPATION OF:

a Minor
_____ /

CASE NO. _____

AFFIDAVIT OF DILIGENT SEARCH AND INQUIRY

Petitioner(s), _____,
being sworn, certify that the following information is true:

1. I have made diligent search and inquiry to discover the name and current residence _____ of the _____ parent(s), _____, of the above minor.

Refer to checklist below and identify all actions taken (any additional information included such as the date the action was taken and the person with whom you spoke is helpful). Attach additional sheet if necessary.

[X all that apply]

- _____ United States Post Office inquiry through Freedom of Information Act for current address or relocations.
- _____ Last known employment of parent(s), including name and address of employer. You should also ask for any addresses to which W-2 Forms were mailed, and, if a pension or profit-sharing plan exists, then for any addresses to which any pension or plan payment is and/or has been mailed.
- _____ Unions from which parent(s) may have worked or that governed particular trade or craft.
- _____ Regulatory agencies, including professional or occupational licensing.
- _____ Names and addresses of relatives and contacts with those relatives, and inquiry as to parent(s) last known address. You are to follow up any leads of any addresses where parent(s) may have moved. Relatives included, but are not limited to: parents, brothers, sisters, aunts, uncles, cousins, nieces, nephews, grandparents, great-grandparents, former in-laws, stepparents, stepchildren.
- _____ Information about the parent(s) possible death and, if dead, the date and location of the death.
- _____ Telephone listings in the last known locations of parent(s) residence.
- _____ Internet at <http://www.switchboard.com> or other Internet people finder or the library checked for me.
- _____ Law enforcement arrest and/or criminal records in the last known residential area of parent(s).
- _____ Highway Patrol records in the state of parent(s) last known address.
- _____ Department of Motor Vehicle records in the state of parent(s) last known address.
- _____ Department of Corrections records in the state of parent(s) last known address.
- _____ Title IV-D (child support enforcement) agency records in the state of parent(s) last known address.
- _____ Hospitals in the last known area of parent(s) residence.
- _____ Utility companies, which include water, sewer, cable TV, and electric, in the last known area of parent(s) residence.
- _____ Letters to the Armed Forces of the U.S. and their response as to whether or not there is any information about the parent(s).
- _____ Tax Assessor's and Tax Collector's Office in the area where parent(s) last resided.
- _____ Other: (explain) _____

2. The age of the parent(s) is { **x one only** } _____ known (enter age) _____ **or** _____ unknown.

3. The parent(s) current residence

[x one only]

___ a. Parent(s) current residence is unknown to me.

___ b. Parent(s) current residence is in some state or country other than Florida, and parent(s) last known address is: _____

___ c. The Parent(s), having residence in Florida, have been absent from Florida for more than 60 days prior to the date of this affidavit, or conceals him or herself so that process cannot be served personally upon him or her, and I believe there is no person in the state upon whom service of process would bind this absent or concealed parent(s).

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Petitioner

Printed name of Petitioner

Address of Petitioner
Phone: _____

Signature of Petitioner

Printed name of Petitioner

Phone: _____

STATE OF FLORIDA,
COUNTY OF _____.

Sworn to or affirmed and signed before me on _____ by _____
_____.

Notary Public/Deputy Clerk

___ Personally known

___ Produced identification

Type of identification produced: _____

IN THE CIRCUIT COURT IN AND FOR DESOTO COUNTY, FLORIDA

IN RE: EMANCIPATION OF:

_____ CASE NO. _____
a Minor
_____ /

NOTICE OF ACTION

TO: _____
Whose address is:

YOU ARE NOTIFIED that an action for removal of disabilities of nonage of the above minor has been filed and you are required to serve a copy of your written defenses, if any, to it on Petitioner(s), _____, whose address is: _____, on or before _____, 20____, and file the original with the Clerk of this Court immediately thereafter; otherwise a Default will be entered against you for the relief demanded in the Complaint.

DATED on _____.

MITZIE W. MCGAVIC
As Clerk of the Court

By: _____
Deputy Clerk

IN THE COUNTY COURT IN AND FOR DESOTO COUNTY, FLORIDA

IN RE: EMANCIPATION OF:

_____ CASE NO. _____
a Minor _____/

MOTION FOR DEFAULT

TO THE CLERK OF THE COURT:

PLEASE ENTER A DEFAULT AGAINST DEFENDANT WHO HAS FAILED TO RESPOND TO THE COMPLAINT.

I certify that a copy of this document was [**X one** only] () mailed () faxed and mailed () hand delivered to the Parent(s) of the above minor, _____ on _____.

Dated: _____

Signature of Plaintiff

Address
Phone: _____

DEFAULT

A default is entered in this action against Parent(s) of the above minor, _____ for failure to serve or file a response or any paper as required by law.

Dated: _____

MITZIE W. MCGAVIC
Clerk of Court

(SEAL)

By: _____
Deputy Clerk

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT OF
THE STATE OF FLORIDA, IN AND FOR DESOTO COUNTY

IN RE: EMANCIPATION OF:

_____ CASE NO. _____
a Minor _____/

MOTION FOR HEARING

Petitioner(s), _____,
file(s) this motion for hearing and allege(s):

1. Petitioner(s) have filed a Petition for Emancipation of a Minor with this court.
2. That Petitioner(s) are entitled to a hearing on this matter because: (check **one** only)

___ a. Both natural parents of the minor that is the subject of this case, as well as the minor, have executed the Petition for Emancipation of a Minor and consent to the removal of his/her disabilities of nonage.

___ b. The nonpetitioning parent(s) has been served by Service of Process and has failed to file a written response and a default has been entered against him/her.

WHEREFORE, Petitioner(s) ask(s) this court to set a hearing in this matter.

Signed this _____ day of _____, 20__.

Petitioner

Petitioner

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Public/Deputy Clerk