

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	CASE ID/NUMBER _____
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**PETITION FOR  
DECLARATION OF EMANCIPATION;  
EXHIBITS NO. \_\_\_\_\_**

In the Matter of Emancipation of \_\_\_\_\_

Minor's full name

[ ] Male [ ] Female [ ] \_\_\_\_\_

Birth Date: \_\_\_\_\_

This document is prepared by:

[ ] Attorney for Minor  
[ ] State Agency

\_\_\_\_\_  
Name (and Attorney Number if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-Mail Address

**PETITION FOR DECLARATION OF EMANCIPATION**

I, the subject Minor and Petitioner, in support of this Petition for Declaration of Emancipation attest to the following under penalty of perjury:

1. My full name is: \_\_\_\_\_  
(First, Middle, and Last Name)  
\_\_\_\_\_. HRS §577-25 (e)(1).

2. I am 16 years of age or older. My birth date is \_\_\_\_\_. HRS §577-25 (d) and (e)(1).  
a. A certified copy of my birth certificate [ ] is attached as Exhibit \_\_\_\_\_. HRS §577-25 (e)(2).  
[ ] is not available.

3. I reside in the State of Hawai'i on the island of O'ahu. HRS §577-25 (d).

4. This petition is being filed on my behalf by: HRS §577-25(d).

a state agency: \_\_\_\_\_.

my attorney who is named above.

5. a. My father's full name is: \_\_\_\_\_.

b. Father's last known address: \_\_\_\_\_  
\_\_\_\_\_. HRS §577-25(e)(3).

6. a. My mother's full name is: \_\_\_\_\_.

b. Mother's last known address: \_\_\_\_\_  
\_\_\_\_\_. HRS §577-25(e)(3).

7. a. My guardian's full name is: \_\_\_\_\_.

b. Guardian's last known address: \_\_\_\_\_  
\_\_\_\_\_. HRS §577-25(e)(3).

8. a. My present address is: \_\_\_\_\_  
\_\_\_\_\_.

b. I have lived at this address for \_\_\_\_  week(s).  month(s).  year(s). HRS §577-25(e)(4).

c.  I reside separately and apart from my parents or guardian and I do so of my own free will.  
I do not reside separately and apart from my parents or guardian. HRS §577-25(e)(5)(A).

d. I am managing or have the ability to manage my personal and social affairs **and** I have attached supporting documentation on proof of my housing as Exhibit \_\_\_\_\_. HRS §577-25(e)(5)(C).

9. Dependent(s)

[ ] I have \_\_\_\_ (number of) minor children. The following are my child(ren)'s initial(s) and age(s):

\_\_\_\_\_  
My child(ren) live(s) with  me.  \_\_\_\_\_.

[ ] I do not have any minor children.

10. Education

[ ] (a) I am a  full  part time student.

Name of school: \_\_\_\_\_.

[ ] (b) I do not attend school. Highest grade completed in school: \_\_\_\_\_.

[ ] (c) I am taking tests to earn a GED (General Education Diploma).

[ ] (d) I earned a GED on \_\_\_\_\_.

11. I am able to manage my financial affairs **and** have attached supporting documentation of my income and expenses as Exhibit \_\_\_\_\_. HRS §577-25(e)(5)(B).

a. Employment

I am employed. My employer's name and address is as follows:

\_\_\_\_\_

Job Title: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

\_\_\_\_\_

I have worked for the above employer for \_\_\_\_  week(s)  month(s)  year(s)

I am paid  weekly  every two weeks  monthly

Hourly pay: \$\_\_\_\_\_ and/or Salary \_\_\_\_\_ per  weekly  every 2 weeks  
 monthl

I have attached my most recent pay stub as Exhibit \_\_\_\_\_.

I am not employed.

b. Other sources of income: \_\_\_\_\_

c. I attest that the source(s) of my income is not derived from any activity in violation of any laws of the State of Hawai'i or the United States. HRS §577-25(e)(5)(D).

d. Assets

(1) Bank and credit union accounts

(a) Name of bank/credit union where I have a checking account: \_\_\_\_\_  
\_\_\_\_\_. Current balance: \$\_\_\_\_\_.

(b) Name of bank/credit union where I have a saving account: \_\_\_\_\_  
\_\_\_\_\_. Current balance: \$\_\_\_\_\_.

(c) Other bank/credit union accounts and current balances: \_\_\_\_\_  
\_\_\_\_\_.

(2) Vehicle

(a)  I own a vehicle. Make, model, and year: \_\_\_\_\_  
I  am paying for  paid for  was given the vehicle.

I do not own a vehicle.

(b)  I currently have a no fault insurance policy for the vehicle with the following company \_\_\_\_\_.

(3) Other assets I own: \_\_\_\_\_

e. Monthly expenses

Rent.....	\$ _____	Recreation (movies, etc.).....	\$ _____
Utilities (gas, water, electricity).....	\$ _____	School (include food).....	\$ _____
Cell Phone.....	\$ _____	Child support.....	\$ _____
Vehicle payment.....	\$ _____	Child care.....	\$ _____
Vehicle insurance.....	\$ _____	Medical.....	\$ _____
Bus pass.....	\$ _____	Dental.....	\$ _____
Clothing.....	\$ _____	_____..	\$ _____
Laundry.....	\$ _____	_____..	\$ _____
Household.....	\$ _____	Total Monthly Expenses .....	\$ _____

12. I understand that as an emancipated minor in the State of Hawai'i I shall be considered to have the rights and responsibilities of an adult, including but not limited to the rights and responsibilities listed below. HRS §§577-25(b). I have placed my initials next to each of the rights listed below to indicate that I have read and understand it. HRS §§577-25(c)(1)-(14) and (h)(7).

Initials An emancipated minor has the right to:

- \_\_\_\_\_ (1) Enter into enforceable contracts, including apartment leases;
- \_\_\_\_\_ (2) Sue or be sued in my own name;
- \_\_\_\_\_ (3) Retain my personal earnings;
- \_\_\_\_\_ (4) Establish a separate domicile;
- \_\_\_\_\_ (5) Act autonomously, and with the rights and responsibilities of an adult, in all business relationships, including property transactions and obtaining accounts for utilities, except for estate or property matters that a court determines may require a conservator or guardian ad litem;
- \_\_\_\_\_ (6) Earn a living, subject only to the health and safety regulations designated to protect individuals under the age of majority regardless of their legal status;
- \_\_\_\_\_ (7) File my own tax returns and pay taxes pursuant to applicable personal income tax laws;
- \_\_\_\_\_ (8) Authorize my own preventive health care, medical care, dental care, mental health care, and substance abuse treatment without knowledge or liability of my parents or guardian;
- \_\_\_\_\_ (9) Apply for a driver's license or other state licenses for which I may be eligible;
- \_\_\_\_\_ (10) Register for school;
- \_\_\_\_\_ (11) Marry;

- \_\_\_\_\_ (12) Apply to medical and other public assistance programs administered by the State of Hawai'i or its political subdivisions;
- \_\_\_\_\_ (13) If I am a parent, make decisions and give authority in caring for my child; and
- \_\_\_\_\_ (14) Execute a will and other estate planning documents, including trust documents, durable power of attorney, and an advance health care directive.

13. I have placed my initials next to each right below to indicate that I have read and understand that being declared an emancipated minor does **not** confer that right: HRS §§577-25(b)(1)-(3).

Initials Being declared an emancipated minor:

- \_\_\_\_\_ (1) Does not confer the right to vote in any federal, state, or county election;
- \_\_\_\_\_ (2) Does not confer the right to purchase, possess, consume, or sell alcoholic beverages, tobacco products, or electronic smoking devices;
- \_\_\_\_\_ (3) Does not prevent me from continuing to receive educational, mental health, or other services I am receiving solely due to my age;
- \_\_\_\_\_ (4) Does not change my status to be deemed a minor in connection with any criminal law; or affect the exclusive original jurisdiction of the Family Court over me under Hawai'i Revised Statute sections 571-11(1) and (12).

14. [ ] I had help filling out this petition. The following person(s) helped me:

Name Relationship to me (example: attorney, social worker)

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

**Minor's Verification**

I, the minor petitioning for a Declaration of Emancipation, verify under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information, and belief. I am not seeking emancipation under duress, and I have not been coerced by a parent, guardian, or any other third party to file this Petition for Declaration of Emancipation.

DATED: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(City) (State) (Date)

\_\_\_\_\_  
Signature of Minor

I am an attorney licensed to practice law in the State of Hawai‘i or an employee of a state agency in the State of Hawai‘i, and I am filing this Petition for Declaration of Emancipation on behalf of the minor named herein.

DATED: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
                    (City)                    (State)                    (Date)

\_\_\_\_\_  
Signature of Attorney or Employee of State Agency



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow time to provide an accommodation: Call the ADA Coordinator of the First Circuit Family Court Office at (808)954-8200, fax (808)954-8308, or send an e-mail to [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov). The ADA Coordinator will work to provide, but cannot guarantee your requested auxiliary aid, service, or accommodation.

*Please call the Family Court Service Center at (808) 954-8290 if you have any questions about forms or procedures.*