

STATE OF MAINE

DISTRICT COURT

Location _____

Docket No. _____

In re: _____
Petitioner

**REQUEST FOR APPOINTMENT OF
COUNSEL FOR EMANCIPATION
PETITION**

I, _____, am _____ years of
age (must be at least 16 years of age). My date of birth is _____.

The names and addresses of my parents, guardians or custodians are:

Name _____
Address _____

Relationship _____

Telephone _____

Name _____
Address _____

Relationship _____

Telephone _____

I desire to petition this court for an order of emancipation. I request this court to appoint
an attorney to petition for my emancipation.

Date: _____

Petitioner

Address

Telephone

ORDER

The court appoints _____
to represent the Petitioner named above in an emancipation proceeding pursuant to 15 M.R.S.A.
§ 3506-A. Counsel shall file a Petition for Emancipation within thirty days of receiving notice of
this appointment, or the matter is subject to dismissal without further notice to counsel or the
juvenile and without prejudice. See Administrative Order. 05-19.

Date: _____

Judge