

Petitioner's Name: _____ Address: _____ <i>Street Address</i> _____ <i>City State Zip</i>	Petitioner's Name: _____ Address: _____ <i>Street Address</i> _____ <i>City State Zip</i>
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## Representing Self, Without an Advocate/Attorney

In the Matter of the Incorrigibility of: \_\_\_\_\_,

Minor.

Case No.: \_\_\_\_\_

Petition for Incorrigibility of a Minor

request(s) the Court to find, determine and adjudge the following minor incorrigible:

Residence: \_\_\_\_\_  
(where child lives)      *Street Name*      *City*      *State*      *Zip*

Mailing address: \_\_\_\_\_

*Street Name* *City* *State* *Zip*

☐ I am minor's parent: ☐ Father ☐ Mother

☐ I am minor's legal guardian: In case number \_\_\_\_\_ guardianship was granted on \_\_\_\_\_ by the following Court, \_\_\_\_\_

☐ I am related to the minor, I am minor's \_\_\_\_\_

☐ The minor is an enrolled member of SRPMIC

☐ The minor lives in SRPMIC

☐ The minor is a ward of Salt River Juvenile Court

Please print all information. If any information is unknown, do not leave blank, write in, "unknown."

4. In support of the petition, the Petitioner(s) allege(s) that the minor committed the following acts of incorrigibility: (include approximate dates, times and locations)

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5. List all services that the minor received or is receiving to help minor overcome incorrigible behaviors: (include counseling, mentoring, and any efforts undertaken to remedy minor's incorrigible behavior)

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If you are the minor's guardian(s), fill in the information below:

6. Minor's mother's name: \_\_\_\_\_ living? yes no unknown

Mother's residence: \_\_\_\_\_  
(where she lives)      *Street Name*      *City*      *State*      *Zip*

Mailing address: \_\_\_\_\_  
   *Street Name*      *City*      *State*      *Zip*

Minor's father's name: \_\_\_\_\_ living? yes no unknown

Father's residence: \_\_\_\_\_  
(where he lives)      *Street Name*      *City*      *State*      *Zip*

Mailing address: \_\_\_\_\_  
   *Street Name*      *City*      *State*      *Zip*

7. ☐ A Notice dated \_\_\_\_\_ from the Probation Department is attached to this petition and it confirms that there is no substantial likelihood that further diversion services will benefit the family.

I verify, under penalty of perjury, that I have read this petition and all the statements in the petition are true and correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Date

Signed and Sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

SEAL

\_\_\_\_\_  
Court Clerk or Notary Public