IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF MARION
Juvenile Department

In the Matter of:	)	**Case No.** _____
	)	
_____,	)	SUMMONS
a youth.	)	(Emancipation)

TO: _____

_____

_____

IN THE NAME OF THE STATE OF OREGON:

You are directed to appear before the above entitled court at the Marion County Juvenile Department, 2970 Center Street NE, Salem, Oregon 97301 on:

_____ at _____ a.m/p.m. for the preliminary hearing.

NOTICE: READ THESE PAPERS CAREFULLY!
STATEMENT OF FACTS

The attached Emancipation Petition has been filed by the youth and is within the jurisdiction of the Court because the youth reside in Marion County. A true copy of the original Emancipation Petition is attached and incorporated by reference into this Summons.

IF YOU DO NOT APPEAR IN COURT, THE COURT WILL CONTINUE WITH THE PROCEEDINGS WITHOUT YOU.

IT IS YOUR RESPONSIBILITY TO KEEP IN CONTACT WITH THE COURT.

STATE OF OREGON)
) ss.
County of Marion)

Deputy Court Administrator/Designee
By:_____

- ❑ ORIGINAL
- ❑ I certify that this is a true copy of the original Summons and Emancipation Petition on this case.

Dated Issued:_____

By: _____
Deputy Court Administrator/Designee

PROOF OF SERVICE

STATE OR OREGON)
) ss.
County of Marion)

I, _____, hereby certify that I am a competent person 18 years of age or older and a resident of the state of service or the State of Oregon and that I am not a party nor an officer, director or employee of, nor attorney for any party, corporate or otherwise, and that on the _____ day of _____, 20_____, I served a true copy of the attached Summons and Emancipation Petition on

_____,

The parent/guardian of the your named therein, personally and in person at the following address: _____, at _____ a.m./p.m.

_____	_____
Signature	Date
_____	_____
Printed Names	Phone Number