

# Documentation of Self-Sufficient Minor Status

## *California*

For the purposes of obtaining medical, dental or surgical diagnosis or treatment, pursuant to California Family Code §6922, I hereby certify that the following is true:

1. I am 15-years-old or older, and was born on \_\_\_\_\_, at \_\_\_\_\_  
(Date) (Location)

2. I am living separate and apart from my parents or legal guardian.

\_\_\_\_\_  
(Residence) (Phone)

\_\_\_\_\_  
(Residence of parents/guardians) (Phone)

3. I am managing my own financial affairs.

\_\_\_\_\_  
(Name and Address of Employer)

\_\_\_\_\_  
(Other Source(s) of Income)

\_\_\_\_\_  
(Location of Bank Account)

4. I understand that, under the law, I will be financially responsible for my medical, dental, or surgical care and treatment.

\_\_\_\_\_  
(Signed) (Date)