

**CHILD CUSTODY, SUPPORT  
and PARENTING TIME  
(VISITATION)**

**3**

**RESPONSE**

**TO PETITION TO ESTABLISH  
(Forms Packet)**

## SELF-SERVICE CENTER

### RESPONSE TO PETITION TO ESTABLISH CHILD CUSTODY, PARENTING TIME, and CHILD SUPPORT (when paternity has already been established)

#### PART 3 -- RESPONSE TO PETITION (Forms Only)

This packet contains court forms to respond to a petition for custody, support and parenting time when paternity has already been established. The documents should appear in order as listed below. Items listed in **BOLD** are forms that you will need to file with the Court. Do **NOT** copy or file *non-bold* items. Note that you will need the separately stapled INSTRUCTIONS to complete these forms.

Order	File Number	Title	# pages
1	DRCV3ft	Table of Contents (this page)	1
2	DRCV3k	Checklist: <i>You may use these forms if . . .</i>	1
3	DRSDS10f	<b>"Sensitive Data Sheet"</b>	1
4	DRCV31f	<b>"Response to Petition"</b>	6
5	DRS12f	<b>"Parent's Worksheet"</b>	2
6	DRAD10f	<b>"Alternative Dispute Resolution (ADR) Statement to the Court"</b>	1

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**SELF-SERVICE CENTER  
FORMS**

**RESPONSE TO PETITION TO ESTABLISH CHILD CUSTODY,  
PARENTING TIME AND CHILD SUPPORT**

**CHECKLIST**

*You may use this packet if . . .*

- ✓ **You want to respond to a petition to establish a Court Order** regarding custody, parenting time and support for the minor children named in the Petition, **AND**
  - ✓ You want to inform the Court of your disapproval *or approval* of the request and/or to request a court hearing to explain why the request should or should not be granted,
- AND/OR**
- ✓ The ***Petition*** or other documents contain inaccurate information that you believe the Court should be aware of,

**READ ME:** Consulting a lawyer before filing documents with the court may help prevent unexpected results. The Self-Service Center has a list of lawyers who can give you legal advice and who can help you on a task-by-task basis for a fee, and a list of court-approved mediators as well. You may view the lists at the Self-Service Centers or on the Internet at:  
[www.superiorcourt.maricopa.gov/SuperiorCourt/Self-ServiceCenter/LawyersAndMediators/](http://www.superiorcourt.maricopa.gov/SuperiorCourt/Self-ServiceCenter/LawyersAndMediators/).

Name: \_\_\_\_\_

Representing:  Self  Petitioner  Respondent

(If Attorney) State Bar Number: \_\_\_\_\_



FOR CLERK'S USE ONLY

### SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

_____	Case No. _____
Petitioner	
_____	ATLAS No. _____
Respondent	

### SENSITIVE DATA SHEET (Not public record)

Fill out. File with Clerk of Court. Omit Social Security Numbers when requested on other forms. Do NOT serve this document on the other party.

#### A.

Personal Information:	Petitioner	Respondent
Name	_____	_____
Gender	<input type="checkbox"/> Male or <input type="checkbox"/> Female	<input type="checkbox"/> Male or <input type="checkbox"/> Female
Date of Birth (Month/Day/Year)	_____	_____
Social Security Number	_____	_____
Driver's License Number	_____	_____
Mailing Address	_____	_____
City, State, Zip Code	_____	_____
Daytime Phone	_____	_____
Evening Phone	_____	_____
Other Phone (cell/pager)	_____	_____
Email Address	_____	_____
Current Employer Name	_____	_____
Employer Address	_____	_____
Employer City, State, Zip Code	_____	_____
Employer Telephone Number	_____	_____
Employer Fax Number	_____	_____

#### B. Child(ren) Information:

Child Name	Gender	Child Social Security Number	Child Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Clerk of Court  
Issued:

**\*For Court use only. NOT public record. Do NOT provide a copy of this document to the other party.**

Your Name: \_\_\_\_\_ (B)  
Your Address: \_\_\_\_\_  
Your City, State, ZIP: \_\_\_\_\_  
Your Telephone No: \_\_\_\_\_  
ATLAS # (if applicable): \_\_\_\_\_  
Representing  Self (Without a Lawyer)  
OR Attorney for  Petitioner OR  Respondent



## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Case Number: \_\_\_\_\_ (D)

\_\_\_\_\_  
(Name of Petitioner) (C)

(A) **RESPONSE TO PETITION TO  
ESTABLISH FIRST COURT ORDER FOR:**  
(Check one box, depending on whether  
you need child support order)

AND

- CHILD CUSTODY, PARENTING TIME  
and CHILD SUPPORT**  
OR  
 **CHILD CUSTODY AND PARENTING TIME**

\_\_\_\_\_  
(Name of Respondent)

### GENERAL INFORMATION:

#### 1. INFORMATION ABOUT THE PETITIONER (THE OTHER PARTY)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
County of residence: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Relationship to minor children for whom person wants the **CUSTODY/ PARENTING TIME** order:  
 Mother  
 Father  
 Other: (explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 2. INFORMATION ABOUT THE RESPONDENT (ME)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
County of residence: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Relationship to minor children for whom person wants the **CUSTODY/PARENTING TIME** order:  
 Mother  
 Father  
 Other: (explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. INFORMATION ABOUT MINOR CHILD(REN) FOR WHOM PERSON WANTS ORDER:**

Name \_\_\_\_\_  
 Birth date \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 \_\_\_\_\_

Name \_\_\_\_\_  
 Birth date \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 \_\_\_\_\_

County of residence: \_\_\_\_\_  
 Father: \_\_\_\_\_  
 Mother: \_\_\_\_\_

County of residence: \_\_\_\_\_  
 Father: \_\_\_\_\_  
 Mother: \_\_\_\_\_

Name \_\_\_\_\_  
 Birth date \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 \_\_\_\_\_

Name \_\_\_\_\_  
 Birth date \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 \_\_\_\_\_

County of residence: \_\_\_\_\_  
 Father: \_\_\_\_\_  
 Mother: \_\_\_\_\_

County of residence: \_\_\_\_\_  
 Father: \_\_\_\_\_  
 Mother: \_\_\_\_\_

**STATEMENTS ABOUT PATERNITY AND CHILD SUPPORT:**

**4. PATERNITY WAS ESTABLISHED BY: (check one box).**

(A copy of any Order or document referenced here should already be in the Court file or attached.)

- A Court Order for Paternity from this county or previously transferred to this county stating that \_\_\_\_\_ is the natural father of the minor child(ren). (A.R.S. § 25-502(c))
- Both parents signing an Acknowledgment of Paternity through the Hospital Paternity Program or other means provided by law after July 18, 1996, and a birth certificate listing the name of the father was issued as a result.
- We do not have an order of paternity, but we do have a child support order. (See instructions)
- Parties were legally married when minor child(ren) was (were) born, conceived or adopted.\*

**5. INFORMATION ABOUT CHILD SUPPORT FOR MINOR CHILD(REN): (check one box)**

- An Order for Child Support is dated \_\_\_\_\_ from the (Name of court) \_\_\_\_\_ which states that child support is established. This Order **does NOT need to be changed.** (Note: if order is from court other than Superior Court in Maricopa County, see instructions.)
- An Order for Child Support is dated \_\_\_\_\_ from the (Name of court) \_\_\_\_\_ which states that child support is established. This Order **DOES need to be changed.** (Note: if order is from a court other than Superior Court in Maricopa County, see instructions.)
- To my knowledge **there is no child support order** for the minor child(ren) and the court should order child support in this case along with custody and parenting time.

6. **WHAT I SAY ABOUT PATERNITY AND CHILD SUPPORT THAT IS DIFFERENT FROM WHAT PETITIONER SAID:** (Summarize what is different between what you say and what the other party said in the petition)

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

**OTHER INFORMATION ABOUT THE MINOR CHILDREN:**

7. **WHERE THE CHILDREN WHO ARE UNDER 18 YEARS OLD HAVE LIVED FOR THE LAST 5 YEARS.** (Attach extra pages if necessary.)

Child's Name \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Lived with \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_

Child's Name \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Lived with \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_

Child's Name \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Lived with \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_

8. **COURT CASES NOT INVOLVING CUSTODY OR PARENTING TIME RELATED TO THE CHILDREN UNDER 18 YEARS OLD: (check one box)**

I HAVE  I HAVE NOT been a party or a witness in court in this state or in any other state regarding the custody or parenting time of any of the minor children named above (If so, explain below, using extra pages if necessary. **IF NOT, GO ON.**)

Name of each child: \_\_\_\_\_

Court state: \_\_\_\_\_ Court location: \_\_\_\_\_

Court case number: \_\_\_\_\_ Current status: \_\_\_\_\_

How the child is involved: \_\_\_\_\_

Summary of any Court Order \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. **CUSTODY OR PARENTING TIME CASES RELATED TO CHILDREN UNDER 18 YEARS OLD: (check one box)**  I DO NOT HAVE  I DO HAVE information about a custody or parenting time court case relating to any of the minor children named above that is pending in this state or in any other state (If so, explain below, using extra pages if necessary. **IF NOT, GO ON.**)

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

Name of each minor child: \_\_\_\_\_

Court state: \_\_\_\_\_ Court location: \_\_\_\_\_

Court case number: \_\_\_\_\_ Current status: \_\_\_\_\_

Nature of the court proceeding: \_\_\_\_\_

Summary of any Court Order \_\_\_\_\_

**10. CUSTODY OR PARENTING TIME CLAIMS OF ANY PERSON: (check one box)**

**I DO NOT KNOW**  **I DO KNOW** a person other than the Petitioner or the Respondent who has physical custody or who claims custody or parenting time rights to any of the minor children named above. (If so, explain below, using extra pages if necessary. IF NOT, GO TO #11).

Name of each child minor claimed: \_\_\_\_\_

Name of person with the claim: \_\_\_\_\_

Address of person with the claim: \_\_\_\_\_

Nature of the claim: \_\_\_\_\_

Additional claims of custody or parenting time stated on attached page.

**11. SUMMARY OF WHAT I SAY ABOUT THE CHILDREN THAT IS DIFFERENT FROM WHAT THE PETITIONER ASKED FOR:** (Summarize what is different between what you say about the children, and what the other party said.) \_\_\_\_\_

**OTHER STATEMENTS TO THE COURT:**

**12. OTHER EXPENSES:** The parties should be ordered to divide between them any uninsured medical, dental, or health expenses, reasonably incurred for the minor child(ren), in proportion to their respective incomes.

**13. DOMESTIC VIOLENCE:** (If you intend to ask for joint custody, there must have been no significant domestic violence between the parties in this case. A.R.S. 25-303.03. Check the box to make a true statement: Significant domestic violence  **has** or  **has not** occurred in this relationship.

**14. GENERAL DENIAL:** I deny anything stated in the complaint that I have not specifically admitted, qualified, or denied.

**REQUESTS I MAKE TO THE COURT:**

**1. CUSTODY OF MINOR CHILDREN:** (check and complete a or b) **Order that:**

a.  **JOINT CUSTODY:** There have been no *significant* acts of domestic violence as defined by A.R.S.13-3601 by either parent. Petitioner and Respondent agree to act as joint custodians of the minor children, as set forth in the Joint Custody Agreement pursuant to A.R.S. Section 25-332, signed by both parties, if the Court adopts the terms of the Joint Custody Agreement.

Mother or  Father will be the primary custodial parent.

**OR**

b.  **SOLE CUSTODY** of the minor child(ren) awarded to  Petitioner OR  Respondent, subject to visitation as follows:

1)  **Reasonable parenting time rights to the parent not having custody**, as will be described in a Parenting Plan attached to the Final Order.

2) **(Check and explain *only* if you want the other parent to have supervised or no parenting time)**

**Supervised parenting time** between the minor children and  me OR  the other party

or  **NO parenting time** between the minor children and  me OR  the other party is in the best interests of the children, pursuant to A.R.S. Section 25-337 and 25-338, because (explain here reasons for supervised parenting time or no parenting time):

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

3)  **Supervised parenting time** to the parent not having custody, only in the presence of another person, who is named by the court (suggestion below) upon a finding that supervised access is in the best interest of the child.

Person to supervise: \_\_\_\_\_

Requested restrictions on parenting time: (explain here) \_\_\_\_\_

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

The cost of supervised parenting time shall be paid by  the parent being supervised;  the parent having custody;  shared equally by the parties.

4)  **No parenting time** rights to the parent not having custody to the parent not having custody is in the best interests of the minor child(ren) because: (Explain the reasons for no visitation. Use extra paper if necessary): \_\_\_\_\_

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

**Check below if you are asking for a child support order or a change of child support in this case:**

2.  **CHILD SUPPORT:** Order that child support shall be paid by (check one box)

- Me \_\_\_\_\_ (my name) or
- Other party \_\_\_\_\_ (name)

in a reasonable amount as determined by the Court under the Arizona Child Support Guidelines and the attached Child Support Worksheet. Support payments shall begin on the first day of the first month following the entry of the Custody/Visitation Order. These payments, plus a fee for handling, shall be paid through the Support Clearinghouse and collected by automatic assignment.

3. **MEDICAL, DENTAL, VISION CARE FOR MINOR CHILDREN:** Order that

- Mother** is responsible for providing:     medical    dental    vision care insurance.
- Father** is responsible for providing:     medical    dental    vision care insurance.

Petitioner and Respondent will pay for all reasonable unreimbursed medical, dental, and health-related expenses incurred for the minor child(ren) in proportion to their respective incomes.

4. **OTHER ORDERS I AM REQUESTING** (explain request here): \_\_\_\_\_

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**OATH OR AFFIRMATION**

**I swear or affirm the contents of this document are true and correct under penalty of perjury.**

\_\_\_\_\_  
Respondent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

(1) Name of Person Filing : \_\_\_\_\_  
 Phone Number(s): \_\_\_\_\_ / \_\_\_\_\_  
 In this case I am  Petitioner or  Respondent Or  represented by Attorney  
 (IF) Attorney, Name: \_\_\_\_\_ Bar No.: \_\_\_\_\_  
 Atty. Email: \_\_\_\_\_ Atty. Phone: \_\_\_\_\_

For Clerk's Use Only

**SUPERIOR COURT OF ARIZONA  
 IN MARICOPA(2) COUNTY**

**PARENT'S WORKSHEET FOR CHILD SUPPORT**

(3) Petitioner \_\_\_\_\_ (4) Case No. \_\_\_\_\_

(3) Respondent \_\_\_\_\_ (4) ATLAS \_\_\_\_\_

(5) Total Number of Children: \_\_\_\_\_

(6) Parent with Primary Custody: Father  Mother

(7) Parent who is filing this form: Father  Mother

(8) Gross Income figures for the OTHER PARENT are:

- ACTUAL**, with proof, such as a recent W2 or pay stub attached, or other party's signed statement.
- ESTIMATED**, based on facts or knowledge of pay before promotion or of others in similar job.
- ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 5e).

	<b>FATHER</b>		<b>MOTHER</b>
<b>Gross Income</b> (Pre-Tax Income. Before deductions.)	\$ _____	(9)	\$ _____
Spousal Maintenance Paid	\$ -	(10)	\$ -
Spousal Maintenance Received	\$ +	(11)	\$ +
Child Support Paid/Contributed	\$ -	(12)	\$ -
Other Support of Children Paid	\$ -	(13)	\$ -
<b>Adjusted Gross Income</b>	\$ _____	(14)	\$ _____
Combined Adjusted Gross Income	(15)	\$	_____
<b>Basic Child Support Obligation</b>	(16)	\$	_____
<b>Plus Costs for:</b>			
Medical/Dental/Vision Insurance	\$ _____	(17)	\$ _____
Childcare	\$ _____	(18)	\$ _____
Education Expenses	\$ _____	(19)	\$ _____
Extraordinary/Special Needs Child Expenses	\$ _____	(20)	\$ _____
No. of Children Age 12 or Over _____ Adjustment _____ %	(21)	\$	_____
Total Adjustments for Costs	(22)		_____
Total Child Support Obligation	(23)	\$	_____



Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Daytime Phone Number: \_\_\_\_\_  
 Evening Phone Number: \_\_\_\_\_  
 Representing:  Self  Petitioner  Respondent  
 State Bar Number: \_\_\_\_\_

FOR CLERK'S USE ONLY

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
 Petitioner

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

\_\_\_\_\_  
 Respondent

ATLAS No. \_\_\_\_\_

### ALTERNATIVE DISPUTE RESOLUTION STATEMENT TO THE COURT A.R.C.P. 16(g)(2)

Check appropriate box below:

- Petitioner's Statement
- Respondent's Statement
- Joint Statement (signed by both parties)

Pursuant to the Arizona Rules of Family Law Procedure, we hereby state the following, under penalty of perjury:

1.  The parties agree to participate in the following Alternative Dispute Resolution (ADR) process and:
  - a. have selected the following ADR process:
    - Arbitration
    - Mediation
    - Settlement Conference
    - Other: \_\_\_\_\_
  - b.  The parties will use a private provider OR  
 The parties request a program provided through the court.
  - c. The person or company providing the ADR service is: \_\_\_\_\_
  - d. The parties expect to complete the ADR process by \_\_\_\_\_, \_\_\_\_.
2.  The parties have been unable to agree on an ADR process.
  - The  Petitioner  Respondent believe(s) that the following ADR process would be appropriate: \_\_\_\_\_
  - The  Petitioner  Respondent request(s) a conference to discuss ADR.
  - The  Petitioner  Respondent believe(s) that an ADR process would not be appropriate for the following reason: \_\_\_\_\_

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Petitioner

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Respondent