

(1) Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Daytime / Evening Phone: _____ / _____
Person Filing Document is: Self or Attorney for Plaintiff Respondent
(If Attorney) State Bar No.: _____
Attorney Phone: _____
ATLAS No. (if applicable): _____



SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Regarding the Matter of:

Case No.: _____

(Name of Petitioner)

PETITION TO ESTABLISH

(Check one box only)

CHILD CUSTODY, PARENTING TIME,
and CHILD SUPPORT

(Name of Respondent)

CHILD CUSTODY AND PARENTING
TIME (ONLY)

General Information:

1. INFORMATION ABOUT THE PETITIONER

Name: _____

Address: _____

County of residence: _____

Date of Birth: _____

Occupation: _____

Relationship to children for whom I want the CUSTODY/PARENTING TIME order:

- Mother
- Father
- Other: (explain) _____

2. INFORMATION ABOUT THE RESPONDENT

Name: _____

Address: _____

County of residence: _____

Date of Birth: _____

Occupation: _____

Relationship to children for whom I want the CUSTODY/PARENTING TIME order:

- Mother
- Father
- Other: (explain) _____

3. JURISDICTION: WHY I AM FILING THIS COURT CASE IN ARIZONA AGAINST THE OTHER PERSON: (check all that apply)

- The person is a resident of Arizona.
- I believe that I will personally serve the person in Arizona (see "Service" packet for information).
- The person agrees to have the case heard here and will file written papers in the court case.
- The person lived with the minor child(ren) in this state at some time.
- The person lived in this state and provided pre-birth expenses or support for the minor child(ren).
- The minor child(ren) lives in this state as a result of the acts or directions of the person.
- The person had sexual intercourse in this state as a result of which the minor child may have been conceived in Arizona.
- The person signed an acknowledgment of paternity that is filed in this state.
- The person did any other acts that substantially connect the person with this state (see a lawyer to help you determine this).

4. INFORMATION ABOUT MINOR CHILD(REN) FOR WHOM I WANT CUSTODY/PARENTING TIME ORDER:

Name: _____
 Birthdate: _____
 Current Address: _____

 County of residence: _____
 Father: _____
 Mother: _____

Name: _____
 Birthdate: _____
 Current Address: _____

 County of residence: _____
 Father: _____
 Mother: _____

Name: _____
 Birthdate: _____
 Current Address: _____

 County of residence: _____
 Father: _____
 Mother: _____

Name: _____
 Birthdate: _____
 Current Address: _____

 County of residence: _____
 Father: _____
 Mother: _____

STATEMENTS ABOUT PATERNITY AND CHILD SUPPORT:

5. 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.***

***NOTE: If married when minor child(ren) born, conceived or adopted, and no decree of Divorce or Separation has been issued, STOP! Do not use these forms unless advised to do so by an attorney. Requests for custody and parenting time must generally be filed as part of a case for Separation or Divorce.**

6. INFORMATION ABOUT CHILD SUPPORT FOR MINOR CHILDREN: (check one box)

- An Order for Child Support is dated _____ from (name of court) _____ which states that child support is established and **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 (name of court) _____ which states that child support is established and **does need to be changed**. Note: if order is from 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.

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 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 minor child(ren) is (are) 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.**)

Name of each child: _____

Court state _____	Court location _____
Court case number _____	Current status _____

Nature of the court proceeding: _____

Summary of 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 ON**).

Name of each child: _____

Name of person with the claim: _____

Address of person with the claim: _____

Nature of the claim: _____

OTHER STATEMENTS TO THE COURT:

- 11. **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.
- 12. **DOMESTIC VIOLENCE:** (check if you are asking for joint custody; this statement **must be true** about you) Domestic violence has **not** occurred between the parties.
- 13. **VENUE:** This is the proper court to bring this lawsuit under Arizona law because it is the county of residence of the petitioner, or the respondent, or the minor child(ren).
- 14. **The Parent Information Program (PIP)** is required for persons seeking custody or parenting time. **I have** **I have not** (check one box) **already completed the Parenting Information Program.**

REQUESTS I MAKE TO THE COURT IN THIS LAWSUIT:

- 1. **CUSTODY OF MINOR CHILDREN:** (check and complete A or B) Order that:
 - a. **SOLE CUSTODY:** Sole custody of the minor child(ren) awarded to me **or** the other party subject to parenting time 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 Parenting time OR NO Parenting time):**
 Supervised Parenting time between the children and me **OR** the other party; **OR**
 NO Parenting time between the 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 supervision or no parenting time):
 - 3. **Supervised** parent/child access 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 minor child.

Person to supervise: _____

Requested restrictions on parenting time: (explain here) _____

The cost of supervised parent/child access 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, **OR:**

b. **JOINT CUSTODY:** Joint Custody - Petitioner and Respondent agree to act as joint custodians of the minor children, as set forth in the Joint Custody Agreement by the parties pursuant to A.R.S. Section 25-332, signed by both parties, if the Court adopts the agreed terms of the Joint Custody Agreement setting forth the custody and parenting time agreement between the parties. There have been **no** significant acts of Domestic Violence under A.R.S.13-3601 by either parent.

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 **or** other party in a reasonable amount as determined by the court under the Arizona Child Support Guidelines (Child Support Order to be attached to the Custody/parenting time Order). Support payments shall begin on the first day of the first month following the entry of the Custody/ Parenting time order. These payments, plus a fee for handling, shall be paid through the Clerk of the Court and collected by automatic wage assignment.

3. **MEDICAL, DENTAL, VISION CARE**
 Mother should be responsible for providing: medical dental vision care insurance.
 Father should be responsible for providing: medical dental vision care insurance.

Medical, dental, and vision care insurance, payments and expenses are based on the information in the Parent's Worksheet for Child Support attached and incorporated by reference. The party ordered to pay must keep the other party informed of the insurance company name, address and telephone number, and must give the other party the documents necessary to submit insurance claims.

Non-Covered Expenses. Petitioner is ordered to pay _____ %, AND Respondent is ordered to pay _____ % of all reasonable uncovered and/or uninsured medical, dental, vision care, prescription and other health care charges for the minor child(ren), including co-payments.

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

OATH OR AFFIRMATION

The contents of this document are true and correct to the best of my knowledge and belief under penalty of perjury.

Signature

Date

Printed Name