

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): _____

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