

Person Filing: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Day/Evening Phone: \_\_\_\_\_ / \_\_\_\_\_  
 Represented by  SELF (No Attorney) OR  Attorney  
 If Attorney, Bar No.: \_\_\_\_\_ Atty. Phone: \_\_\_\_\_

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

\_\_\_\_\_  
Petitioner

Case Number: \_\_\_\_\_

\_\_\_\_\_  
Respondent

**DEPENDENCY PETITION**  
A.R.S. § 8-841

\_\_\_\_\_  
Child(ren)'s Name(s)  
Person(s) under the age of 18

**1. INFORMATION ABOUT ME, the Petitioner:**

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

My Address: \_\_\_\_\_

My Telephone Number: \_\_\_\_\_  
Home
Work
Message

My relationship to the child(ren): \_\_\_\_\_

I am a fit and proper person to care for the child(ren).

**2. INFORMATION ABOUT THE CHILD(REN):**

Child's Name	Birthdate	Sex	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is any child named above an enrolled member of any Indian Nation or eligible to be enrolled as a member of any Indian Nation?  No.  Yes. If "Yes", what nation or tribe? \_\_\_\_\_

**3. INFORMATION ABOUT THE PARENTS OR CURRENT LEGAL GUARDIANS OF THE CHILD(REN):**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Address: \_\_\_\_\_

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**4. CHILD'S CURRENT LIVING ARRANGEMENT.**

A. The child(ren) is/are currently living with:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Address: \_\_\_\_\_

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- B. The child(ren) has/have been living there since (give approximate date):
- C. The child is now living in the State of Arizona, Maricopa County.  Yes or  No.

**5. CHILD IS DEPENDENT.** The Petitioner believes the child(ren) is/are dependent within the provisions of ARS 8-201.13, in that the child(ren) is/are in need of proper and effective parental care and control and has no parent or guardian willing to exercise or capable of exercising such care and control, or whose home is unfit by reason of abuse, neglect, cruelty, or depravity, as stated below:

A. The mother is unable or incapable of providing care for the child for the following reasons **(provide specifics):**

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B. The father is unable or incapable of providing care for the child for the following reasons **(provide specifics):**

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**6. PERSONS WITH KNOWLEDGE ABOUT THE ALLEGATIONS.** The following persons can be contacted concerning the above allegations:

Name	Address	Telephone	Relationship

**7. DOCUMENTS.** The following documents are attached which support the statements made:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_

**RELIEF REQUESTED:** This is what I want the court to do:

- A. Based upon the foregoing allegations, immediate action is required and therefore the child(ren) should be made a temporary ward of the Court committed to the care, custody, and control of the Arizona Department of Economic Security with temporary physical custody to be placed in the Petitioner(s) who should be authorized to sign for medical treatment. The Arizona Department of Economic Security may be authorized to consent for out-of-state travel within the United States for up to thirty days.
- B. The parents should be ordered to pay a reasonable sum to the Arizona Department of Economic Security for the care, maintenance, and support of the child(ren) should the child(ren) be placed in a foster home or institutional care.
- C. That the Court set an initial dependency hearing on this Petition in front of a judicial officer.
- D. Petitioner further requests that, after hearing this matter, this Court adjudicates the child(ren) dependent and this Court enter such judgment and orders for commitment, custody, care and support, or such other relief for the child(ren)'s welfare.

**OATH OR AFFIRMATION**

**I state to the Court under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Signed, sworn to or affirmed before me this date: \_\_\_\_\_

Michael K. Jeanes, Clerk of Superior Court

\_\_\_\_\_  
Notary Signature

My commission expires: \_\_\_\_\_

**or** By: \_\_\_\_\_  
Deputy Clerk of Court