

# LEGAL SEPARATION WITH MINOR CHILDREN

## For Respondent Only

Do not copy  
or file this page

# 3

## Respond

Part 3: Respond to a Petition for Legal Separation  
(Forms Packet)

**NOTICE:** This process requires calculation of child support. To calculate child support, you may use the online calculator through ezcourtforms, the packet titled “Calculate Child Support”, or you may make an appointment with the Clerk of Court to calculate support for you for a fee.

SELF-SERVICE CENTER

**RESPONSE TO PETITION AND PAPERS  
FOR LEGAL SEPARATION WITH MINOR CHILDREN**

**CHECKLIST**

*You may use the forms and instructions in this packet if . . .*

- ✓ You want to file a response to a Petition for Legal Separation With Minor Children, **AND**
- ✓ You and your spouse have minor children with each other OR the wife is pregnant by the husband, **AND**
- ✓ You do not agree with what your spouse wrote in the Petition.

**READ ME:** Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website.

SELF-SERVICE CENTER

**TO RESPOND TO A PETITION FOR  
LEGAL SEPARATION WITH MINOR CHILDREN**

(Respondent Only)

**Part 3: RESPONSE**

(Forms Only)

This packet contains court forms and instructions to file a response to a petition for legal separation with minor children. Items in **BOLD** are forms that you will need to file with the Court. Non-bold items are instructions or procedures. Do not copy or file those pages!

Order	File Number	Title	# pages
1	DRLSC3k	Checklist: <i>You may use these forms if . . .</i>	1
2	DRLSC3ft	Table of Contents (this page)	1
3	DRSDS10f-c	<i>"Family Court /Sensitive Data Sheet in Cases With Minor Children". <b>DO NOT COPY OR FILE THIS DOCUMENT</b></i>	1
4	DRLSC31f	<b><i>"Response" to "Petition for Legal Separation With Minor Children"</i></b>	10
5	DRCVG13f	<b><i>"Affidavit Regarding Minor Children"</i></b>	3
6	DRS12f	<b><i>"Parent's Worksheet for Child Support Amount"</i></b>	2
7	DRAD10f	<b><i>"Alternative Dispute Resolution Statement to the Court"</i></b>	1

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Person Filing: \_\_\_\_\_  
 Address (if not protected): \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 ATLAS Number: \_\_\_\_\_  
 Lawyer's Bar Number: \_\_\_\_\_

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Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Petitioner	Case No. _____
Respondent	ATLAS No. _____

**FAMILY COURT / SENSITIVE DATA  
 COVERSHEET WITH CHILDREN  
 (CONFIDENTIAL RECORD)**

Fill out. File with Clerk of Court. Social Security Numbers should appear on this form only and should be omitted from other court forms. Access Confidential pursuant to ARFLP 43(G)(1).

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	_____	_____

**WARNING: DO NOT INCLUDE MAILING ADDRESS ON THIS FORM  
 IF REQUESTING ADDRESS PROTECTION**

Mailing Address	_____	_____
City, State, Zip Code	_____	_____
Contact Phone	_____	_____
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

<b>C. Type of Case being filed - Check only one category.</b> <i>*Check only if no other category applies</i>		<b>Interpreter Needed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language? _____
<input type="checkbox"/> Dissolution (Divorce) <input type="checkbox"/> Legal Separation <input type="checkbox"/> Annulment <input type="checkbox"/> Order of Protection	<input type="checkbox"/> Paternity <input type="checkbox"/> *Legal Decision Maker (Custody)/Visitation <input type="checkbox"/> *Child Support <input type="checkbox"/> Other	<input type="checkbox"/> Register Foreign Order

**DO NOT COPY THIS DOCUMENT. DO NOT SERVE THIS DOCUMENT TO THE OTHER PARTY.**

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_

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Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
Name of Petitioner

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

ATLAS Number: \_\_\_\_\_  
(if applicable)

\_\_\_\_\_  
Name of Respondent

### RESPONSE TO PETITION FOR LEGAL SEPARATION WITH MINOR CHILDREN

## STATEMENTS TO THE COURT, UNDER OATH OR BY AFFIRMATION:

### GENERAL INFORMATION:

#### 1. ABOUT MY SPOUSE, THE PETITIONER

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Starting with today, number of months/years in a row, my spouse has lived in Arizona: \_\_\_\_\_

#### 2. ABOUT ME, THE RESPONDENT

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Starting with today, number of months/years in a row, my spouse has lived in Arizona: \_\_\_\_\_

#### 3. ABOUT OUR MARRIAGE

Date of Marriage: \_\_\_\_\_  
City and state, or country where we were married: \_\_\_\_\_

**4. ABOUT THE LEGAL SEPARATION** (check one box)

- I want to be legally separated from my spouse, OR
- I do not want to be legally separated from my spouse because my marriage is over and I want to be divorced.

**INFORMATION ABOUT PROPERTY AND DEBTS**

Instructions: You must be specific. You must describe the property and debt that should go to you or be paid by you and then check the box. You must then describe the property and debt that should go to or be paid by your spouse, and check the box. For example, under household furnishings you could say, blue and white living room sofa, and then check the box to say whether it should go to you or to your spouse. Never list an item and check both the Petitioner and the Respondent box.

**5.a. COMMUNITY PROPERTY:** (check one box)

- My spouse and I did not acquire any community property during the marriage, OR
- My spouse and I acquired community property during our marriage, and we should divide it as follows:

<b>Description of property/ Value of property:</b>	<b>My Spouse, Petitioner</b>	<b>Me, Respondent</b>
<input type="checkbox"/> Real estate at: _____ Legal Description: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Real estate at: _____ Legal Description: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Household furniture and appliances: _____ _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Household furnishings: _____ _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Other items: _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>Description of property/ Value of property:</b>	<b>My Spouse, Petitioner</b>	<b>Me, Respondent</b>
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<input type="checkbox"/> Pension/retirement fund/profit sharing/stock plan/401K:		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Motor vehicles:		
Make: _____	<input type="checkbox"/>	<input type="checkbox"/>
Model: _____		
VIN Number: _____		
Lien Holder: _____		
 Make: _____	<input type="checkbox"/>	<input type="checkbox"/>
Model: _____		
VIN Number: _____		
Lien Holder: _____		

**5.b. SEPARATE PROPERTY. (Check all boxes that apply.)**

- I do not have any property that I brought into the marriage or separate property.
- My spouse, the Petitioner does not have any property that he or she brought into the marriage or separate property.
- I have property that I brought into the marriage or I have separate property. I want this property awarded to me as described below.
- My spouse, the Petitioner, has property that he or she brought into the marriage or has separate property. I want this property awarded to my spouse as described below.

Separate Property: (List the property and the value of the property, and check the box to tell the Court who should get the property.)

<b>Description of Property/ Value of Property</b>	<b>My Spouse, Petitioner</b>	<b>Me, Respondent</b>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

**6.a. COMMUNITY DEBTS: (Check one box.)**

- My spouse and I did not incur any community debts during the marriage, OR
- We should divide the responsibility for the debts incurred during the marriage as follows:

Description of debt/ Amount of debt:	My Spouse, Petitioner	Me, Respondent
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

**6.b. SEPARATE DEBTS. (Check all boxes that apply.)**

- My spouse and I do not have any debts that were incurred prior to the marriage or separate debt,
- OR**
- I have separate debt or debt that I incurred prior to the marriage that should be paid by me as described below:
  - My spouse has separate debt or debt that he or she or incurred prior to the marriage that should be paid by my spouse as described below:

Description of debt/ Amount of debt:	My Spouse, Petitioner	Me, Respondent
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

**7. TAX RETURNS: (Check this box if this is what you want).**

After the Judge or Commissioner signs the Decree of Legal Separation, we will pay federal and state taxes as follows: For previous years the parties will file joint federal and state income tax returns. In addition, for previous calendar years, both parties will pay and hold the other harmless from half of all additional income taxes if any and other costs, and each will share equally in any refunds.

For this calendar year (the year that the Decree is signed) and all future calendar years, each party will, subject to IRS Rules and Regulations, file  **Joint Tax Returns** OR  **Separate Tax Returns**.

**8. SPOUSAL MAINTENANCE/SUPPORT (ALIMONY) (check the box that applies to you):**

- Neither party is entitled to Spousal Maintenance (alimony), **OR**
- Petitioner **OR**  Respondent is entitled to Spousal Maintenance because: (Check one or more of the box(es) below that apply. At least one reason must apply to get spousal maintenance.)
  - Person lacks sufficient property to provide for his or her reasonable needs;
  - Person is unable to support himself or herself through appropriate employment;
  - Person is the custodian of a child(ren) whose age or condition is such that the person should not be required to seek employment outside the home;
  - Person lacks earning ability in the labor market adequate to support himself or herself; and,
  - Person contributed to the educational opportunities of the other spouse or had a marriage of long duration and is now of an age that precludes the possibility of gaining employment adequate to support himself or herself.

**9. PREGNANCY**

- Wife is not pregnant, **OR**
  - Wife is pregnant
- The baby is due on \_\_\_\_\_ (date), (and, check one box below):
- The Petitioner and Respondent are the parents of the child, **OR**
  - Petitioner is not the parent of the child, **OR**
  - Respondent is not the parent of the child.

**10. DOMESTIC VIOLENCE:** (Check the box that is true. If you intend to ask for joint custody, there must have been no "significant" domestic violence. A.R.S. § 25- 403.03):

- Domestic violence has not occurred, **OR**
- Domestic violence has occurred but it has not been significant.
- There has been significant domestic violence.

**SUMMARY OF WHAT I SAY ABOUT DOMESTIC VIOLENCE THAT IS DIFFERENT FROM WHAT MY SPOUSE SAID IN THE PETITION:**

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**11. CHILDREN OF THE PARTIES WHO ARE LESS THAN 18 YEARS OLD** (check one box):

Listed below are children still under the age of 18 born to or adopted by my spouse and me during our marriage, or where indicated, born before. Husband is the father of child(ren) listed.

Child's Name:	_____
Birthdate:	_____ <input type="checkbox"/> Born prior to marriage
Address:	_____
Length of Time at Address:	_____

Child's Name:	_____
Birthdate:	_____ <input type="checkbox"/> Born prior to marriage
Address:	_____
Length of Time at Address:	_____

Child's Name:	_____
Birthdate:	_____ <input type="checkbox"/> Born prior to marriage
Address:	_____
Length of Time at Address:	_____

Child's Name:	_____
Birthdate:	_____ <input type="checkbox"/> Born prior to marriage
Address:	_____
Length of Time at Address:	_____

Child's Name:	_____
Birthdate:	_____ <input type="checkbox"/> Born prior to marriage
Address:	_____
Length of Time at Address:	_____

Information for additional children is listed on attached page(s), made part of this document.

**12. WRITTEN AGREEMENT. CHECK ONLY IF TRUE:**

- My spouse and I have a written agreement signed by both of us about the maintenance of a spouse, division of property/debt, where the children will live, authority for legal decision-making concerning the children (legal custody), parenting time, and child support, **AND**
- I have attached a copy of the written agreement.

**13. SUMMARY OF WHAT I ASKED FOR THAT IS DIFFERENT FROM WHAT MY SPOUSE ASKED FOR IN THE PETITION:** (Here summarize what is different between you want and what your spouse asked for.)

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**14. CONCILIATION.**

True **OR**  False. (Check one box.) The conciliation requirements under Arizona law either do not apply or have been met. (This must be a true statement or you cannot file for Legal Separation.)

**15. JURISDICTION OVER MATTERS OF PHYSICAL CUSTODY AND LEGAL DECISION MAKING CONCERNING CHILDREN.** (Check only one box).

- This court **has jurisdiction** to decide matters of physical custody and authority for legal decision-making concerning minor child(ren) common to the parties who have lived with petitioner or respondent in Arizona for at least the past 6 months, or since birth if younger than 6 months, **OR**
- This court does **not have jurisdiction** to decide matters of physical custody and authority for legal decision-making concerning minor child(ren) common to the parties under Arizona law because the minor children have not lived in Arizona for at least 6 months before this Petition was filed. Explain: (There are other reasons why the court may not have jurisdiction due to the residence of the children. See a lawyer for help.)

**16. GENERAL DENIAL:**

I deny anything stated in the Petition that I have not specifically admitted, qualified, or denied.

**REQUESTS TO THE COURT:**

**A. LEGALLY SEPARATE OR CHANGE TO DIVORCE:**

Legally separate the parties **OR**  Change this case to a divorce case because my marriage is over and either I or my spouse have lived in Arizona for the last 90 days **OR**  Legally separate the parties, but refuse to decide child custody matters due to lack of jurisdiction as stated in number 15 above.

**B. SPOUSAL MAINTENANCE/SUPPORT (ALIMONY):**

Order spousal maintenance/support to be paid by  Petitioner, **OR**  Respondent through the Clerk of the Court/Clearinghouse in the amount of \_\_\_\_\_ per month, and the statutory fee, beginning \_\_\_\_\_ with the first day of the month after the Judge or Commissioner signs the Decree of Legal Separation and continuing until the person receiving the spousal maintenance is deceased, or for months.

**C. COMMUNITY PROPERTY:**  Make a fair division of all community property as requested in this Response.

**D. COMMUNITY DEBTS:**  Order each party to pay community debts as requested in this Response, and to pay any other community debts unknown to the other party. Order each party to pay and hold the other party harmless from debts incurred by him or her since the parties separation on (date):

**E. SEPARATE PROPERTY AND DEBT:**  Award each party his or her separate property and debt.

**F. PRIMARY RESIDENTIAL PARENT, PARENTING TIME, AND AUTHORITY FOR LEGAL DECISION MAKING (CUSTODY):** Declare which parent shall be designated as "Primary Residential Parent" for each minor child as follows:

Declare **Mother** as primary residential parent for the following named children:

\_\_\_\_\_

Declare **Father** as primary residential parent for the following named children:

\_\_\_\_\_

*subject to parenting time, as follows*

**F.1. PARENTING TIME: Award parenting time as follows:**

- Reasonable parenting time rights to the non-primary residential parent, **OR**
- Supervised parenting time between the children and  Mother **OR**  Father, **OR**
- No parenting time rights to the  Mother **OR**  Father.

**Supervised or no parenting time is in the best interests of the child(ren) because: \***

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

Explanation continues on attached pages made part of this document by reference.

**a.** Name this person to supervise: \_\_\_\_\_

**b.** Restrict parenting time as follows: \_\_\_\_\_

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

**c.** Order cost of supervised parenting time (if applicable) to be paid by:

- Mother
- Father, **OR**
- Shared equally by the parties.

**F.2. AUTHORITY FOR LEGAL DECISION MAKING (LEGAL CUSTODY): Award legal authority to make decisions concerning the child(ren) as follows:**

**AWARD SOLE AUTHORITY FOR LEGAL DECISION-MAKING to:**  **Mother**  **Father**

**OR**

**AWARD JOINT AUTHORITY FOR LEGAL DECISION MAKING to BOTH PARENTS.**

Mother and Father will agree to act as joint legal decision makers concerning the minor child(ren) and will submit a Parenting Plan and Joint Legal Decision Making Agreement signed by the both parties. (For the court to order "joint" legal decision making, there must have been no "significant" domestic violence according to Arizona law, A.R.S. § 25-403.03)

**G. CHILD SUPPORT:** Order that child support will be paid by  Petitioner, **OR**  Respondent in a reasonable amount as determined by the Court under the Arizona Child Support Guidelines. (I will attach the Child Support Order to the Decree). Support payments will begin on the first day of the first month following the entry of the legal separation decree. These payments, and a fee for handling, will be paid through the Clerk of the Court and collected by automatic Income Withholding Order.

**H. INSURANCE AND HEALTH CARE EXPENSES FOR CHILDREN:** Order that:

**Mother** should be responsible for providing:  medical  dental  vision care insurance.

**Father** should be responsible for providing:  medical  dental  vision care insurance.

The costs of medical/dental/vision care expenses not paid by insurance should be shared as follows:

**Mother** \_\_\_\_\_% **Father** \_\_\_\_\_%.

**I. TAX EXEMPTION:** The parties will claim the minor children as income tax dependency exemptions on federal and state income tax returns as follows:

Parent entitled to claim	Name of child	Current tax year	Later tax years
<input type="checkbox"/> Petitioner or <input type="checkbox"/> Respondent	_____		
<input type="checkbox"/> Petitioner or <input type="checkbox"/> Respondent	_____		
<input type="checkbox"/> Petitioner or <input type="checkbox"/> Respondent	_____		
<input type="checkbox"/> Petitioner or <input type="checkbox"/> Respondent	_____		

**J. OTHER ORDERS I AM REQUESTING (Explain request here):**

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

**UNDER OATH OR BY AFFIRMATION**

I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this: \_\_\_\_\_ by  
(date)

\_\_\_\_\_.

(notary seal)

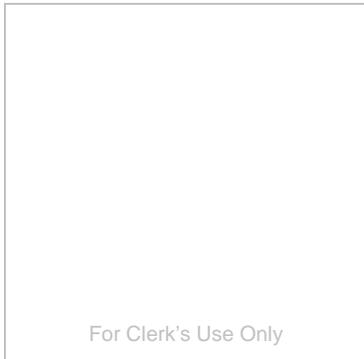
\_\_\_\_\_  
Deputy Clerk or Notary Public

Copy of the foregoing mailed  
to the other party on \_\_\_\_\_  
Month/Day/Year

and at the following address:

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

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_



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## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
Name of Petitioner

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

ATLAS Number: \_\_\_\_\_  
(if applicable)

\_\_\_\_\_  
Name of Respondent

### AFFIDAVIT REGARDING MINOR CHILDREN

**NOTICE:** This *"Affidavit Regarding Minor Children"* is required for all legal decision making (custody) cases. If you are asking to modify an existing Arizona legal decision making (custody) order, it is only required if the children have lived outside the state at some time in the last 5 years.

Fill out this Affidavit completely, and provide accurate information. Use additional paper if necessary. You must give copies of this Affidavit and all other required documents to the other party, and to the judge.

**1. CHILDREN OF THE PARTIES WHO ARE UNDER 18 YEARS OLD.** The following child(ren) are under age 18 and were born to, or adopted by, me and the other party.

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

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

**2. INFORMATION REGARDING WHERE THE CHILDREN UNDER 18 YEARS OLD HAVE LIVED FOR THE LAST 5 YEARS (or since birth, if younger than 5).**

Child's Name: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ Lived with: \_\_\_\_\_

City, State: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ Lived with: \_\_\_\_\_

City, State: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ Lived with: \_\_\_\_\_

City, State: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**3. COURT CASES IN WHICH I HAVE BEEN A PARTY/WITNESS THAT INVOLVED THE LEGAL DECISION MAKING (CUSTODY) AND/OR PARENTING TIME OF THE MINOR CHILD(REN).** (Check one box.)

I have or  I have **not** been a party/witness in court in this state or in any other state that involved the legal decision making (custody) and/or parenting time of the child(ren) named above. (If so, explain on separate paper. If not, go on.)

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

Name of Court: \_\_\_\_\_ Court Location: \_\_\_\_\_

Court Case Number: \_\_\_\_\_ Current Status: \_\_\_\_\_

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

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

**4. INFORMATION REGARDING PENDING COURT CASES RELATED TO THE LEGAL DECISION-MAKING AUTHORITY (CUSTODY) OF THE MINOR CHILD(REN).** (Check one box.)

I do have or  I do not have information about a legal decision making (custody) court case

relating to any of the children named above that is pending in this state or in any other state. (If so, explain. If not, go on.)

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

Name of Court: \_\_\_\_\_ Court Location: \_\_\_\_\_

Court Case Number: \_\_\_\_\_ Current Status: \_\_\_\_\_

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

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

**5. LEGAL DECISION-MAKING (CUSTODY) OR PARENTING TIME CLAIMS OF ANY PERSON.** (Check one box.)

I do know or  I do not know a person other than the Petitioner or the Respondent who has physical custody or who claims legal decision-making (custody) or parenting time rights to any of the children named in this Affidavit. (If so, explain below. If not, go on.)

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

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

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

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

**OATH OR AFFIRMATION AND VERIFICATION**

**I swear or affirm that the information on this document is true and correct under penalty of perjury.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

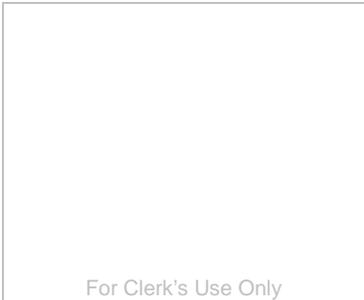
Subscribed and sworn to or affirmed before me this: \_\_\_\_\_ by  
(date)

\_\_\_\_\_.

(notary seal)

\_\_\_\_\_  
Deputy Clerk or Notary Public

Person Filing: (1) \_\_\_\_\_  
 Address (if not protected): \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 ATLAS Number: \_\_\_\_\_  
 Lawyer's Bar Number: \_\_\_\_\_



For Clerk's Use Only

Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY<sup>(2)</sup>

### PARENT'S WORKSHEET FOR CHILD SUPPORT

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

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

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

(6) Parent with Primary Physical 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><u>FATHER</u></b>	<b><u>MOTHER</u></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) \$ _____	

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

	<b>FATHER</b>		<b>MOTHER</b>
<b>Each Parent's % of Combined Income</b>	_____ % (24)		_____ %
<b>Each Parent's Share of Tot. Support Obligation</b>	\$ _____ (25)		\$ _____
<b>Adjustment for Non Custodial Parent's Costs Associated with Parenting Time</b>			
<b>Using Table A</b> <input type="checkbox"/> <b>Table B</b> <input type="checkbox"/>	\$ _____ (26)		\$ _____
<b>No. of Days</b> _____ = _____% <b>Adjustment</b> (from table)			
<b>x Line (16)</b> \$ _____ (Basic Child Support Obligation)	\$ _____ (27)		\$ _____
<b>Less Noncustodial Parent's Costs for:</b>			
Medical/Dental/Vision Insurance*	\$ _____ (28)		\$ _____
Childcare*	\$ _____ (29)		\$ _____
Education Expenses*	\$ _____ (30)		\$ _____
Extraordinary/Special Needs Child Expenses*	\$ _____ (31)		\$ _____

\*Subtract here ONLY if ADDED-IN items 17-20 above

<b>Adjustments Subtotal</b>	\$ _____ (32)		\$ _____
<b>Preliminary Child Support Amount</b>	\$ _____ (33)		\$ _____

**Self Support Reserve Test for Parent Who Will Pay**

Amount from Line (14) \_\_\_\_\_ (Adj. Gross Inc.)

Minus Reserve Amount **- \$1,115.00**

Total = \$ \_\_\_\_\_ (34) \$ \_\_\_\_\_

**Child Support to be Paid by:** Father  Mother  \$  (35) \$

**Share of Travel Expenses Related to Parenting Time\*** \_\_\_\_\_ % (36) \_\_\_\_\_ %

\*Only for expenses related to travel over 100 miles, one way.

**Share of Medical/Dental/Vision Costs Not Paid by Insurance** \_\_\_\_\_ % (37) \_\_\_\_\_ %

**I declare under penalty of perjury that the foregoing is true and correct.**

**Executed on:** \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_

FOR CLERK'S USE ONLY

Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
Petitioner

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

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

\_\_\_\_\_  
Respondent

### ALTERNATIVE DISPUTE RESOLUTION STATEMENT TO THE COURT A.R.F.L.P. 66(E)

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