

PATERNITY

**WITH LEGAL DECISION MAKING
(CUSTODY), PARENTING TIME, and
CHILD SUPPORT**

For Respondent Only

3

RESPONSE

To Respond to / Disagree with a Petition

**Part 3: Completing and Filing a Response
(Forms Only)**

SELF-SERVICE CENTER

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

(*Including Request for Order Declaring Primary Residence and Authority for Legal Decision Making concerning the Minor Children (Legal Custody)

CHECKLIST

You may use this packet if . . .

- ✓ **Someone filed a petition to establish a court order concerning your minor child or children declaring:**
 - PATERNITY (legally establishing who the father is),
 - Which parent's home will be primary residence,
 - Who has legal authority to make decisions concerning the children,
 - Time each parent is to have with the children, and (optionally)
 - Child support, **AND**

- ✓ You want to file a **"Response"** to tell the Court that you disagree with something stated or requested 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

**RESPONSE TO PETITION TO ESTABLISH
PATERNITY,
LEGAL DECISION MAKING (Custody),
PARENTING TIME and CHILD SUPPORT**

**PART 3 -- RESPONSE TO PETITION
FOR RESPONDENT ONLY**

(Forms Only)

This packet contains court forms and instructions to file a response to petition to establish paternity. 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	DRP3k	Checklist: <i>You may use these forms if . . .</i>	1
2	DRP3ft	Table of Contents (this page)	1
3	DRSDS10f-c	"Sensitive Data Sheet in Cases With Children" (do not copy this page)	1
4	DRP31f	"Response to Petition"	6
5	DRCVG13f	"Affidavit Regarding Minor Children"	3
6	DRS12f	"Parent's Worksheet"	2
7	DRAD10f	"Alternative Dispute Resolution (ADR) Statement to the Court"	1

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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. _____
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**

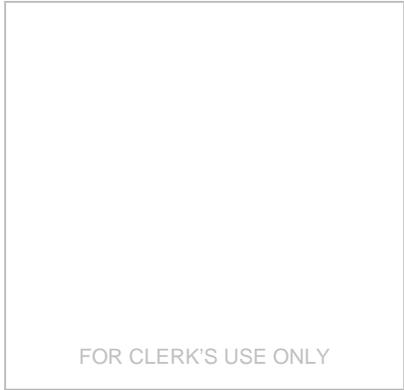
Mailing Address	_____	_____
City, State, Zip Code	_____	_____
Contact Phone	_____	_____
Email Address	_____	_____
Current Employer Name	_____	_____
Employer Address	_____	_____
Employer City, State, Zip Code	_____	_____
Employer Telephone Number	_____	_____
Employer Fax Number	_____	_____

B. Child(ren) Information:			
Child Name	Gender	Child Social Security Number	Child Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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: _____



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

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Name of Petitioner

Case Number: _____

RESPONSE TO PETITION TO ESTABLISH PATERNITY, LEGAL DECISION MAKING (Custody), PARENTING TIME and CHILD SUPPORT

Name of Respondent

STATEMENTS TO THE COURT UNDER PENALTY OF PERJURY:

1. INFORMATION ABOUT THE PETITIONER (THE OTHER PARTY)

Name: _____

Address: _____

Date of Birth: _____

Occupation: _____

Relationship to children for whom Petitioner wants the Court Order:

- Mother
- Father or Claims to be the Father
- Other. (Explain) _____

2. INFORMATION ABOUT THE RESPONDENT (ME)

Name: _____

Address: _____

Date of Birth: _____

Occupation: _____

MY Relationship to children for whom the Petitioner wants the Court Order:

- Mother
- Father or Claims to be the Father
- Other. (Explain) _____

3. VENUE: (check box if true)

This is NOT the proper court to bring this lawsuit under Arizona law because it is not the county of residence of the petitioner, or the respondent, or the minor child(ren).

4. INFORMATION ABOUT MINOR CHILDREN is contained in the Affidavit Regarding Minor Children contained within the Petition or filed with the Petition and incorporated by reference.

STATEMENTS ABOUT PATERNITY:

5. WHY YOU THINK YOU OR THE OTHER PERSON IS NOT THE FATHER OF THE MINOR CHILD(REN): (Check all boxes that apply)

A. **AFFIDAVIT:** Petitioner and Respondent **did not sign** an **Affidavit or Acknowledgment of Paternity** acknowledging that Petitioner or Respondent is the child(ren)'s natural father.

B. **BIRTH CERTIFICATE:** (Name) _____ **is not named as the father** on the minor child(ren)'s birth certificate(s), **and** (if applicable) the name listed below **is** listed as the father on minor children's birth certificates:

C. **BLOOD TEST:** The parties had DNA (Deoxyribonucleic Acid) testing and the Petitioner / _____ (name of father) is shown **not** to be the minor child(ren)'s natural father. A copy of the test results is attached to this Response.

D. **PARTIES NOT LIVING TOGETHER:** Petitioner and Respondent were not married to each other at any time during the ten months before the birth of the minor child(ren). The parties did not live together during the period(s) when the minor child(ren) could have been conceived.

E. **NO SEXUAL INTERCOURSE:** Petitioner and Respondent were not living together and did not have sexual intercourse at the probable date of conception of the minor child(ren).

F. **SEXUAL INTERCOURSE:** The mother of the minor children had sexual intercourse with someone else during the period in which the minor child(ren) could have been conceived.

G. **OTHER:** (explain) _____

6. ABOUT MARRIAGE AND HUSBAND (if applicable, check one box only).

Mother was not married at the time the minor child(ren) were born or conceived or at least 10 months before minor child(ren) were born or conceived, **OR**

Mother was married when minor child(ren) were born or conceived or at least 10 months before the minor child(ren) were born or conceived, but husband is not the father of minor child(ren). (Husband must be included as a party to this court case because of marriage.)

7. SUMMARY OF WHAT I SAY ABOUT THE MINOR CHILDREN THAT IS DIFFERENT FROM WHAT THE PETITIONER STATED IN THE PETITION: (Explain)

OTHER STATEMENTS TO THE COURT

8. MEDICAL EXPENSES: (check the boxes that apply)

There are **unreimbursed medical expenses** incurred by the mother, resulting from the birth of the minor child(ren), that should be awarded to **Petitioner** OR **Respondent** according to law;
OR

There are **no unreimbursed medical expenses** incurred by the mother, resulting from the birth of the minor child(ren)

9. 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.

10. THE PARENT INFORMATION PROGRAM (PIP) is required for persons seeking legal decision making authority (custody) or parenting time. (Check one)

I **have** I **have not** already completed the Parenting Information Program (PIP).

11. DOMESTIC VIOLENCE: (If you intend to ask for joint legal decision making (joint custody), there must have been no domestic violence between the parties or you must provide reasons for the court to find joint legal custody is in the best interests of the minor(s) *despite* the domestic violence. (A.R.S. § 25-403.03). (Check one box)

There **has** been domestic violence in this relationship and **no** legal decision making (no joint or sole custody) should be awarded to **Petitioner** **Respondent** who committed the violence.

Domestic violence has **not** occurred in this relationship; OR

Domestic violence **has** occurred in this relationship but the court should find it is in the best interests of the minor child(ren) to award joint or sole legal decision making (joint or sole custody) to the person who committed the violence *because:* (Explanation Required)

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

REQUESTS TO THE COURT:

1. FOR ORDER OF PATERNITY:

Issue order declaring that the petitioner / respondent claimed to be the father, (named below)

IS (OR) IS NOT the natural father of the minor child(ren),

IN THE EVENT THE COURT ORDERS THAT ABOVE-NAMED PETITIONER/RESPONDENT IS THE NATURAL FATHER, THEN THE COURT SHOULD ALSO ORDER AS FOLLOWS:

A. BIRTH CERTIFICATE: (check the box and complete if this is desired)

Order that the name of the father as appears on his birth certificate or other legal document should be added to each minor child's birth certificate as the father;

B. LAST NAME: (check the box and complete if this this is desired)

Order that each minor child's last name be changed to the last name of:

2. FOR ORDER DECLARING PRIMARY RESIDENCE, PARENTING TIME, AND AUTHORITY FOR LEGAL DECISION MAKING (LEGAL CUSTODY):

A. PRIMARY RESIDENCE: Declare which parent's home shall be primary residence for each minor child as follows:

Declare **Mother's home** as primary residence for the following named children:

Declare **Father's home** as primary residence for the following named children:

subject to parenting time, as follows:

B. 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.

If supervised or no parenting time is requested above, find that it 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. Additionally 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.

C. LEGAL DECISION MAKING (Legal Custody):

Award legal authority to make decisions concerning the child(ren) (legal custody) as follows:

SOLE LEGAL DECISION-MAKING (sole legal custody) to: **Mother** **Father**

OR

JOINT LEGAL DECISION MAKING (joint custody) to BOTH PARENTS.

Mother and Father will agree to act as joint legal decision makers (joint legal custodians) of the minor children, as set forth in the **Joint Legal Decision Making (joint custody) Agreement** contained in the **Parenting Plan**, to be agreed upon and signed by both parties **if** the Court adopts the terms of the **Agreement** (The Parenting Plan is submitted later in the process). There have been no significant acts of domestic violence, as defined by Arizona law, A.R.S. § 13-3601, by either parent or it is in the best interests of the minor child(ren) to award joint custody despite any violence that occurred.

(Check "3" below if you are asking for a child support order or a change of child support in this case.)

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

Mother **Father** 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 court order establishing paternity and child support. These payments, plus a fee for handling, shall be paid through the Support Clearinghouse and collected by automatic income withholding order.

4. 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.

Order that Mother and Father pay for all reasonable unreimbursed medical, dental, vision care, and health-related expenses incurred for the minor child(ren) in proportion to their respective incomes as described on the Parents' Worksheet, which shall be submitted with the Judgment and Order.

5. **EXPENSES OF MOTHER:** Order that Petitioner OR Respondent pay a reasonable amount to cover unreimbursed expenses incurred by the mother related to the birth of the child(ren).

6. **TESTING and COSTS:** Order that if paternity is contested, Petitioner and Respondent be ordered to submit to such blood and tissue tests as may be necessary by this Court to establish paternity. And, that the other party pay all costs and expenses of this lawsuit under Arizona law, A.R.S. § 25-809, including blood tests or other genetic testing; filing each child's birth certificate, attorney's fees and court costs;

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

UNDER OATH OR 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: _____
(date)

By _____.

(notary seal)

Deputy Clerk or Notary Public

A copy of this response will be mailed to the other party on: _____
Month / Date / Year

At the following address: _____

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

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 _____

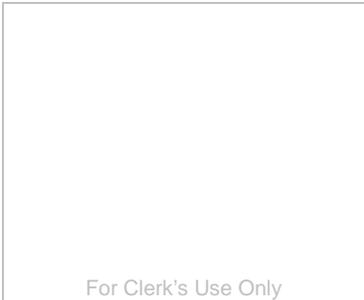
Subscribed and sworn to or affirmed before me this: _____ by
(date)

_____.

(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⁽²⁾

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).

	<u>FATHER</u>		<u>MOTHER</u>
Gross Income (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)	\$ -
Adjusted Gross Income	\$ _____	(14)	\$ _____
Combined Adjusted Gross Income	(15)	\$	_____
Basic Child Support Obligation	(16)	\$	_____
Plus Costs for:			
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. _____

	FATHER		MOTHER
Each Parent's % of Combined Income	_____ % (24)		_____ %
Each Parent's Share of Tot. Support Obligation	\$ _____ (25)		\$ _____

Adjustment for Non Custodial Parent's Costs Associated with Parenting Time

Using Table A Table B \$ _____ (26) \$ _____

No. of Days _____ = _____% **Adjustment** (from table)
x Line (16) \$ _____ (Basic Child Support Obligation) \$ _____ (27) \$ _____

Less Noncustodial Parent's Costs for:

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

Adjustments Subtotal \$ _____ (32) \$ _____

Preliminary Child Support Amount \$ _____ (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