

# **DEPENDENCY**

## **(JUVENILE COURT CASES ONLY)**

Do not copy  
or file this page

# **1**

**To ask the Court to declare there is no parent or guardian willing or able to provide proper care or control of a minor child.**

**(Forms Packet)**

**SELF-SERVICE CENTER**  
**FILING DEPENDENCY PAPERS IN JUVENILE COURT**  
**CHECKLIST**

**You may use this packet if . . .**

- ✓ You want to file a Dependency Petition, AND,
- ✓ You believe that there is no parent or guardian willing or able to provide proper care and control over the child(ren) to be included in this petition, AND
- ✓ You believe that you are a fit and proper person to care for the child(ren), AND
- ✓ You believe the Court, **not** the parents, should say when the dependency is to be terminated (ended), AND
- ✓ The child(ren) lives in Maricopa County, State of Arizona or you have talked to a lawyer who has told you can file a Dependency Petition in Maricopa County.

**WARNING:**

- A. **If you are the mother or father** of the child(ren), you may **not** use this packet to establish or change a child custody order.
- B. **Child Protective Services, CPS, will be involved.** Dependency is an emergency action for the safety of the children involved. CPS will investigate and make recommendations to the Court. If CPS does not believe the person petitioning for Dependency can provide a proper home for the children involved, this petition could *possibly* result in the children being placed in foster care.
- C. **If the child(ren)'s parent or parents agree** (or at least will not come to court to *disagree*), you may want to consider filing a petition for **Guardianship** *instead* of Dependency. Basically, Guardianship is granted with the permission of the parents and may continue until:
  - 1. one of the parents or the guardian asks the Court to end the guardianship; or
  - 2. a replacement ("successor") guardian is appointed; or
  - 3. the child for whom the guardian was appointed turns 18.

If you have questions about the difference between Dependency and Guardianship read the "**Dependency vs. Guardianship: Important Information You Need to Know**" document in the Instruction packet and contact a lawyer for help.

**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 at [www.superiorcourt.maricopa.gov/SSC](http://www.superiorcourt.maricopa.gov/SSC)

**SELF-SERVICE CENTER**  
**JUVENILE COURT - DEPENDENCY PAPERS**  
**(Forms Only)**

This packet contains court forms for filing a ***“Dependency Petition”*** in Juvenile Court.

Order	File Number	Title	# pages
1	JVD1k	Checklist: <i>You may use these forms if . . .</i>	1
2	JVD1ft	Table of forms in this packet	1
3	JVD10f	<b><i>“Dependency Coversheet”</i></b>	2
4	JVD11f	<b><i>“Dependency Petition”</i></b>	5
5	JVD12f	<b><i>“Notice of Initial Dependency Hearing”</i></b>	2

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# SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Case Number  
(Clerk will stamp case # when submitted)

## DEPENDENCY COVERSHEET (Not Public Record)

(person(s) under 18 years of age)

**This Coversheet is for internal Court use only and is not part of the legal file.**

**Information about the Children Involved:**

<p>Name: _____</p> <p>DOB: _____ Ethnicity: (choose one)</p> <p> <input type="checkbox"/> Black or African American  <input type="checkbox"/> Anglo  <input type="checkbox"/> Asian  <input type="checkbox"/> Native Hawaiian/Pacific Islander         </p> <p> <input type="checkbox"/> Native American  <input type="checkbox"/> Hispanic/Latin  <input type="checkbox"/> Other Origin  <input type="checkbox"/> Unknown         </p>	<p>Name: _____</p> <p>DOB: _____ Ethnicity: (choose one)</p> <p> <input type="checkbox"/> Black or African American  <input type="checkbox"/> Anglo  <input type="checkbox"/> Asian  <input type="checkbox"/> Native Hawaiian/Pacific Islander         </p> <p> <input type="checkbox"/> Native American  <input type="checkbox"/> Hispanic/Latin  <input type="checkbox"/> Other Origin  <input type="checkbox"/> Unknown         </p>
<p>Name: _____</p> <p>DOB: _____ Ethnicity: (choose one)</p> <p> <input type="checkbox"/> Black or African American  <input type="checkbox"/> Anglo  <input type="checkbox"/> Asian  <input type="checkbox"/> Native Hawaiian/Pacific Islander         </p> <p> <input type="checkbox"/> Native American  <input type="checkbox"/> Hispanic/Latin  <input type="checkbox"/> Other Origin  <input type="checkbox"/> Unknown         </p>	<p>Name: _____</p> <p>DOB: _____ Ethnicity: (choose one)</p> <p> <input type="checkbox"/> Black or African American  <input type="checkbox"/> Anglo  <input type="checkbox"/> Asian  <input type="checkbox"/> Native Hawaiian/Pacific Islander         </p> <p> <input type="checkbox"/> Native American  <input type="checkbox"/> Hispanic/Latin  <input type="checkbox"/> Other Origin  <input type="checkbox"/> Unknown         </p>

Please list ANY siblings of the children listed above who are NOT involved in this case:

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

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

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

**Other Court Cases:**

Have there been any other cases (EXCLUDING minor traffic offenses) in any court involving members of this family?  Yes  No

If yes, please describe, and provide case numbers if known: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Interpreter/Language Needs:**

NOTE: THIS INFORMATION IS NECESSARY SO AN INTERPRETER CAN BE REQUESTED.  
IT IS FOR INTERNAL PURPOSES ONLY.

Is an interpreter needed for any of the parties?  Yes  No

If yes, please check the appropriate box below. An interpreter is needed for:

Petitioner or Guardian  Mother  Father (if more than one father, indicate which father needs an interpreter): \_\_\_\_\_  
\_\_\_\_\_

If yes, Language:

Spanish  Other: (please specify) \_\_\_\_\_

**This Coversheet is for internal Court use only and is not part of the legal file.**



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

Gender:  Male  Female

**INFORMATION ABOUT THE CHILD(REN) (continued):**

Address where child(ren) are currently living: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

The child(ren) has/have been living there since (give approximate date): \_\_\_\_\_

The child(ren) is/are now living in the State of Arizona, Maricopa County:  Yes  No

Name(s) of persons currently living with child(ren): \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_ Relationship: \_\_\_\_\_

Is any child named above an enrolled member of any Indian Nation or Tribe or eligible to be enrolled as a member of any Indian Nation or Tribe?  Yes  No

If "Yes", what Indian Nation or Tribe? \_\_\_\_\_

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

**MOTHER'S** Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_ City State Zip Code

**FATHER'S** Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Alleged father of the following child(ren): \_\_\_\_\_

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_ City State Zip Code

NAME OF **OTHER FATHER** (IF ANY): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Alleged father of the following child(ren): \_\_\_\_\_

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_ City State Zip Code

**NAME OF OTHER FATHER (IF ANY):** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Alleged father of the following child(ren):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

**NAME OF CURRENT LEGAL GUARDIAN(S) (IF ANY):** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Legal guardian of the following child(ren):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

4. **DEPENDENCY ALLEGATIONS.** The Petitioner believes the child(ren) is/are dependent within the provisions of ARS § 8-201.13, because 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 follows:

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

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

B. The FATHER is unable or incapable of providing care for the child(ren) for the following reasons **(provide specifics as to each alleged father)**:

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C. The LEGAL GUARDIAN is unable or incapable of providing care for the child(ren) for the following reasons **(provide specifics as to each legal guardian)**:

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Has anyone named in this petition had any involvement with Arizona Child Protective Services (CPS)?  Yes  No

If "Yes", list CPS or Juvenile Court case # \_\_\_\_\_

Case manager's name, phone number, and site code: \_\_\_\_\_

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

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

E. \_\_\_\_\_

**RELIEF REQUESTED:** Based on the information listed above, Petitioner requests:

- A. Because immediate action is required, that the child(ren) be made a temporary ward(s) of the Court committed to the care, custody, and control of the Arizona Department of Economic Security (DES) 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. A preliminary protective conference and, following that conference, a preliminary protective hearing on this Petition be set in front of a judicial officer.
- C. An initial dependency hearing on this Petition be set in front of a judicial officer.
- D. The parents 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.
- E. That, after hearing this matter, the Court declare the child(ren) dependent and enter such orders for commitment, custody, care and support or such other relief for the child(ren)'s welfare.

**DECLARATION UNDER PENALTY OF PERJURY**

**I declare under penalty of perjury that the contents of this document or true and correct.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**PRINTED NAME of Person who signed**

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

Mailing Address: \_\_\_\_\_

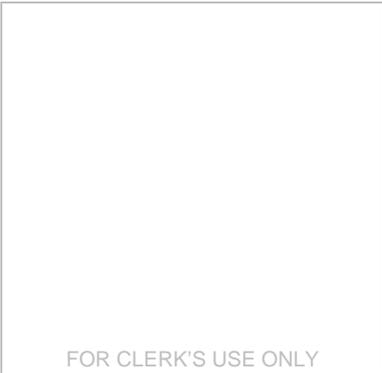
City, State, Zip Code: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

Representing:  Self  Petitioner

(If Attorney) State Bar Number: \_\_\_\_\_



### SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of:

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

\_\_\_\_\_  
**Case Number**  
(Clerk will stamp case # when submitted)

### NOTICE OF INITIAL DEPENDENCY HEARING

\_\_\_\_\_  
(Names of child(ren) under 18 years of age)

**TO: Name:** \_\_\_\_\_ **parent / legal guardian**  
**Address:** \_\_\_\_\_  
Street City State Zip Code

**TO: Name:** \_\_\_\_\_ **parent / legal guardian**  
**Address:** \_\_\_\_\_  
Street City State Zip Code

**TO: Name:** \_\_\_\_\_ **parent / legal guardian**  
**Address:** \_\_\_\_\_  
Street City State Zip Code

### WARNING

**YOU MAY LOSE CUSTODY OF YOUR CHILD(REN) IF YOU DO NOT APPEAR AT THIS HEARING.**

If you fail to attend this hearing without good cause shown, the court may regard your failure to attend as a waiver of your rights and an admission of the truth of the statements made in the petition. The hearing may proceed without you and may result in a judgment of dependency, the termination of parental rights or the establishment of a permanent guardianship. Juvenile Court Rules of Procedure 48(C)

**NOTICE IS HEREBY GIVEN** that the **Petitioner**, (name of Petitioner) \_\_\_\_\_

\_\_\_\_\_ has filed a **Dependency Petition** with the **Juvenile Court** in **Maricopa County** regarding the above-named child(ren) and the child(ren) has/have been made a temporary ward of the Court. You may obtain a copy of the Petition at either of the two Maricopa Juvenile Court Centers listed below.

**A HEARING HAS BEEN SET** to consider the Petition on:

**Date of Hearing:** \_\_\_\_\_ **Time of Hearing:** \_\_\_\_\_

**Location: Maricopa County Juvenile Court Center** (check one box):

**Durango Facility** **OR**  **Southeast Facility**  
3131 West Durango Street 1810 South Lewis Street  
Phoenix, Arizona 85009 Mesa, Arizona 85210

Name of Judicial Officer: \_\_\_\_\_

The parent or guardian must be prepared to provide to the Court, at the initial dependency hearing, the names, type of relationship and all available information necessary to locate persons related to the child or who have a significant relationship with the child. **A.R.S. §8-841.D.5.**

**NOTICE to Parents, Legal Guardians and Indian Custodians**

You are advised that you and the child(ren) are entitled to have an attorney present at the hearing and that, if you cannot afford an attorney and want to be represented by an attorney, one will be provided. Arizona Revised Statutes §8-841.D.4.

You are advised that your failure to appear, without good cause shown, may result in a finding that you have waived legal rights and are deemed to have admitted the allegations in the petition. The hearings may go forward in your absence and may result in an adjudication of dependency and the termination of parental rights or the establishment of a permanent guardianship based upon the record and evidence presented. Juvenile Court Rules of Procedure 48(C)

You have a right to make a request, or motion prior to any hearing that the hearing be closed to the public. Juvenile Court Rules of Procedure 48

**TODAY'S DATE:** \_\_\_\_\_

\_\_\_\_\_  
**Petitioner's Signature**