

Name of Person Filing: _____
 In this case I am: Petitioner Respondent
 In this case I am: Representing Myself (No Attorney), or
 If Represented by Attorney: Attorney Bar Number: _____
 My Address (if not protected): _____
 City, State, Zip Code: _____
 Telephone Numbers: _____
 ATLAS Number: (if applicable) _____

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA
 IN MARICOPA COUNTY**

_____ Case Number: _____
 Name of Petitioner

PETITION TO ESTABLISH (Check one box only)
 LEGAL DECISION MAKING (CUSTODY),
 PARENTING TIME, *and* CHILD SUPPORT, or
 LEGAL DECISION MAKING (CUSTODY) AND
 PARENTING TIME (ONLY)

_____ Name of Respondent

STATEMENTS THE COURT, UNDER OATH OR AFFIRMATION

1. INFORMATION ABOUT ME, THE PETITIONER:
 Name: _____
 Address _____
 Date of Birth _____
 Occupation: _____
 Relationship to children for whom I want the Primary Residence, Legal Decision Making
 and Parenting Time (or Parenting Time and Child Support) Order:
 Mother
 Father
 Other. My relation to the children is: _____

2. INFORMATION ABOUT OTHER PARTY, THE RESPONDENT:
 Name: _____
 Address _____
 Date of Birth _____
 Occupation _____
 Relationship to children for whom I want the Primary Residence, Legal Decision Making
 and Parenting Time (or Parenting Time and Child Support) Order:
 Mother
 Father
 Other. My relation to the children is: _____

3. VENUE: This is the proper court to bring this lawsuit under Arizona law because:
 it is the county of residence of the petitioner, or the respondent, or the minor child(ren).

4. **JURISDICTION: WHY I AM FILING THIS COURT CASE AGAINST THE OTHER PERSON, THE RESPONDENT, IN ARIZONA: (check all that apply)**

- The Respondent is a resident of Arizona.
- I believe that I will personally serve the Respondent in Arizona (see "Service" packet).
- The Respondent agrees to have the case heard here and will file written papers in the court case.
- The Respondent lived with the minor child(ren) in this state at some time.
- The Respondent lived in this state and provided pre-birth expenses or support for the minor child(ren).
- The minor child(ren) lives in this state as a result of the acts or directions of the Respondent.
- The Respondent had sexual intercourse in this state as a result of which the minor child may have been conceived in Arizona.
- The Respondent signed an acknowledgment of paternity that is filed in this state.
- The Respondent did any other acts that substantially connect the Respondent with this state (see a lawyer to help you determine this).

5. **STATEMENTS ABOUT PATERNITY AND CHILD SUPPORT:**

A. **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) included in this Petition. (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.***

***NOTE: If married when minor child(ren) born, conceived or adopted, and no decree of Divorce or Separation has been issued, STOP! Do not use these forms unless advised to do so by an attorney. Requests for legal decision-making authority (custody) and parenting time must generally be filed as part of a case for Separation or Divorce.**

B. **INFORMATION ABOUT CHILD SUPPORT FOR MINOR CHILDREN: (check one box)**

- An Order for Child Support is dated _____ from (name of court) _____ which states that child support is established and **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 (name of court) _____ which states that child support is established and **does need to be changed.** Note: if order is from 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 legal decision making (custody) and parenting time.

6. INFORMATION ABOUT MINOR CHILDREN, including past 5 years residence:

A. Child's Name: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Place of Birth: _____	Date of Birth: _____
Current Address: _____	
How long at this address: _____ County: _____	
Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Name & Relation to Child): _____	
(If less than 5 years, provide 5 years previous address information for each child.)	
Previous Address: _____	
How long at this address: _____ Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	
Previous Address: _____	
How long at this address: _____ Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	

B. Child's Name: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Place of Birth: _____	Date of Birth: _____
Current Address: _____	
How long at this address: _____ County: _____	
Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Name & Relation to Child): _____	
(If less than 5 years, provide 5 years previous address information for each child.)	
Previous Address: _____	
How long at this address: _____ Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	
Previous Address: _____	
How long at this address: _____ Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	

C. Child's Name: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Place of Birth: _____	Date of Birth: _____
Current Address: _____	
How long at this address: _____ County: _____	
Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Name & Relation to Child): _____	
(If less than 5 years, provide 5 years previous address information for each child.)	
Previous Address: _____	
How long at this address: _____ Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	
Previous Address: _____	
How long at this address: _____ Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	

D. Child's Name: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Place of Birth: _____	Date of Birth: _____
Current Address: _____	
How long at this address: _____ County: _____	
Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Name & Relation to Child): _____	
(If less than 5 years, provide 5 years previous address information for each child.)	
Previous Address: _____	
How long at this address: _____ Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	
Previous Address: _____	
How long at this address: _____ Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	

Continues on attached page(s) made part of this document by reference.

7. COURT CASES NOT INVOLVING PHYSICAL CUSTODY, LEGAL DECISION MAKING (LEGAL 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 any other state regarding the legal decision making (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 (county/city): _____
Court case number: _____ Current case status: _____
How the minor children are involved: _____

Summary of any Court Order: _____

8. PHYSICAL CUSTODY, LEGAL DECISION MAKING (LEGAL 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 legal decision making (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.**)

Name of each child: _____
Court State: _____ Court location (county/city): _____
Court case number: _____ Current case status: _____
Nature (type) of court proceeding: _____

Summary of any Court Order: _____

9. PHYSICAL CUSTODY, LEGAL DECISION MAKING (LEGAL 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 legal decision making authority (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 ON.**)

Name of each child: _____
Name of Person with the claim: _____
Address of Person with the claim: _____
Nature of the Claim: _____

OTHER STATEMENTS TO THE COURT:

- 10. **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.
- 11. **DOMESTIC VIOLENCE:** (If you are asking for **joint** legal decision making (joint custody); this statement **must be true (ARS § 25-301)**:
 There is **no history of significant domestic violence** between the parties.
- 12. **The Parent Information Program (PIP)** is required for persons seeking legal decision making authority (custody) or parenting time.
 I **have** I **have not** (check one box) already completed the Parenting Information Program.

REQUESTS TO THE COURT:

PRIMARY RESIDENTIAL PARENT, PARENTING TIME, AND AUTHORITY FOR LEGAL DECISION MAKING (LEGAL CUSTODY):

1. Declare which parent shall be “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:

2. 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.

3. 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 LEGAL DECISION MAKING AUTHORITY 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)

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

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

me **or** **other party** in a reasonable amount as determined by the court under the Arizona Child Support Guidelines. Support payments shall begin on the first day of the first month following the entry of support order. These payments, plus a fee for handling, shall be paid through the Support Payments Clearinghouse and collected by automatic income withholding order.

5. MEDICAL, DENTAL, VISION CARE

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

Non-Covered Expenses. Order Mother to pay _____ %, AND order Father to pay _____ % of all reasonable uncovered and/or uninsured medical, dental, vision care, prescription and other health care charges for the minor child(ren), including co-payments.

6. OTHER ORDERS I AM REQUESTING (explain request here):

DECLARATION UNDER PENALTY OF PERJURY

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

Date

Signature

Printed Name