

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: _____

For Clerk's Use Only

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 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. 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: _____

Same information about *additional* children continues on attachment titled "Affidavit re Minor Children - continued".

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

Sworn to or Affirmed before me this: _____ by _____
(date)

My Commission Expires: _____

Deputy Clerk or Notary Public