

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 (in out-of-state case)

Leave Blank. For Court Use Only.
Arizona Superior Court Case Number

 Respondent (in out-of-state case)

AFFIDAVIT REGARDING MINOR CHILDREN to REGISTER FOREIGN CUSTODY ORDER under the Uniform Child Custody, Jurisdiction Enforcement Act (UCCJEA) (A.R.S. § 25-1039)

Note: If specific address or identifying information would endanger a party or child and the information is not already known to other parties, write "Protected" in the space for that information and supply it to the court on the "Request for Protected Address" form available from any Self-Service Center location or at its website.

UNDER OATH OR AFFIRMATION

1. FIVE (5) YEAR RESIDENTIAL HISTORY FOR EACH MINOR, or since birth, for child younger than five: (Enter Birthdate as **Month/Date/Year**. Enter "**M**" for male, "**F**" for Female.)

A. Child's Name	Place of Birth	Birthdate	Sex
Where Lived for Past 5 Years (City & State)	From / To (Month/Year)	Name of Person Child Lived With AND that Person's Current Address	
	to		

B. Child's Name	Place of Birth	Birthdate	Sex
Where Lived for Past 5 Years (City & State)	From / To (Month/Year)	Name of Person Child Lived With AND that Person's Current Address	
	to		

C. Child's Name		Place of Birth	Birthdate	Sex
Where Lived for Past 5 Years (City & State)	From / To (Month/Year)	Name of Person Child Lived With AND that Person's Current Address		
	to			

Information about additional children continues on included pages made part of this document.

2. Other than the case which issued the order you are seeking to register, have you participated as a party, a witness or otherwise, in any matter that addressed your custody, visitation, or parenting time, with the minor children listed above?

YES NO

(If you have, explain below. IF NO, GO TO #3)

Children involved: _____
Name of Court: _____ Case Number: _____
State which issued Order: _____
Type of Proceeding: <input type="checkbox"/> Family Law <input type="checkbox"/> Guardianship <input type="checkbox"/> Other: _____
Case Status: <input type="checkbox"/> Dismissed <input type="checkbox"/> Pending <input type="checkbox"/> Order Signed (date): _____
Court Decision: _____

Continues on additional pages included and made part of this document.

3. Other than the case which issued the order you are seeking to register, do you know of any matter concerning domestic violence, protective order, termination of parental rights and adoptions involving any of the parties in the case which issued the order you are seeking to register?

YES NO

(If you know of such matters, explain below. IF NO, GO TO #4.)

Children involved: _____
Name of Court/Agency: _____ Case Number: _____
State which issued Order: _____
Type of Proceeding: (Describe briefly) _____
Case Status: <input type="checkbox"/> Dismissed <input type="checkbox"/> Pending <input type="checkbox"/> Order Signed (date): _____
Court Decision or Agency Action (if any) : _____

Continues on additional pages included and made part of this document.

4. Do you know of any person, other than the one named in the order you are seeking to register, who has physical custody of or visitation with the children listed above?

YES NO

(If you know of such person(s), explain below.)

Name of Person Claiming Custody or Visitation:	_____
Complete Address:	_____
Basis of Claim: (Why this person believes he or she has rights concerning the child(ren))	

Children Involved (Names):	_____
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Continues on additional pages included and made part of this document.

OATH OR AFFIRMATION

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

Signature of Person Sending Documents

Date

STATE OF _____

COUNTY OF _____

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

(date)

(notary seal)

Deputy Clerk or Notary Public