

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

Regarding the Matter of:

Case Number _____

Name of Grandparent(s) Requesting Visitation

PETITION FOR GRANDPARENT VISITATION A.R.S § 25-409

Name of *Other* Grandparent (if applicable)

Name of Mother DECEASED
(if applicable)

Name of Father DECEASED
(if applicable)

Name of Legal Guardian, if any

There is an existing Family Court case in this county between the mother and the father of the children for whom I want an order of visitation, and I have listed that case number above as required by Arizona law (A.R.S. § 25-409(E)).

General Information:

1. Information about me (or us), the Grandparent(s):

Name(s): _____

Address: _____

County of residence: _____

Occupation(s): _____

My / Our relationship to minor child(ren) for whom I want the VISITATION order:

- | | |
|---|---|
| <input type="checkbox"/> Grandparent on Mother's side | <input type="checkbox"/> Great Grandparent on Mother's side |
| <input type="checkbox"/> Grandparent on Father's side | <input type="checkbox"/> Great Grandparent on Father's side |
| <input type="checkbox"/> Other: (explain): | |

2. Information about the mother of minor child(ren)

Name: _____
Address: _____
County of residence: _____
Date of Birth: _____
Occupation: _____

3. Information about the father of minor child(ren)

Name: _____
Address: _____
County of residence: _____
Date of Birth: _____
Occupation: _____

4. Information about other legal guardians of minor child(ren), if any:

Name: _____
Address: _____
County of residence: _____
Date of Birth: _____
Occupation: _____

5. Information about minor children for whom I / We want the visitation order:

Name: _____	Name: _____
Birthdate: _____	Birthdate: _____
Current Address: _____	Current Address: _____
_____	_____
County of residence: _____	County of residence: _____
Father: _____	Father: _____
Mother: _____	Mother: _____

Name: _____	Name: _____
Birthdate: _____	Birthdate: _____
Current Address: _____	Current Address: _____
_____	_____
County of residence: _____	County of residence: _____
Father: _____	Father: _____
Mother: _____	Mother: _____

6. **Legal Reason why I/We have a right to request a visitation order:** (check whichever applies)

A. Parents of minor child(ren) have been divorced for at least 3 months:
 Date of Divorce: _____ Court case number: _____
 Name of Court: _____
 Court Address/Location: _____

B. Child(ren) were born out of wedlock (List names of children born out of wedlock) :

C. Mother OR Father of minor child(ren) has been dead for at least 3 months:
 Date of Death: _____

D. Mother OR Father of minor child(ren) has been missing for at least 3 months:
 Date parent discovered to be missing: _____
 Date reported to Law enforcement agency: _____
 Name, location of agency: _____

E. If you are asking for visitation rights as PATERNAL grandparent(s), that is, you are the parent(s) or grandparent(s) of the *father* of the minor children, complete the information below: **PATERNITY WAS ESTABLISHED BY: (check one box)**

- A Court Order for Paternity* from this county or previously *transferred to* this county. **(A.R.S. § 25-502(c))**
- Filing an Acknowledgment of Paternity through the Hospital Paternity Program or other means allowed by law on or after July 21, 1996 **(A.R.S. § 25-812-814, or § 36-334)**.
- Child Support Order*: An Order for Child Support has been issued which names my/our son/grandson as the father. (Supply information about the Order as requested below.)
- Marriage: Parties were legally married when child(ren) was (were) born, conceived or adopted.

*Note: Documents mentioned above or giving proof of the above should already be in the case file or attached.

7. Statements about your relationship with minor child(ren) for the last 6 months, and why you think it is best for the child(ren) that you have visitation with them:

8. Your plan for visitation for the good of minor child(ren): (be specific)

TRANSPORTATION will be provided by (name): _____ as follows:
(explain)

During WEEKENDS: (explain specifically)

During the SUMMER MONTHS OR SCHOOL BREAKS: (explain specifically)

FOR HOLIDAYS AND BIRTHDAYS: (explain specifically)

FOR TELEPHONE CALLS: (explain specifically)

OTHER: (explain specifically)

OTHER INFORMATION ABOUT THE CHILD(REN):

9. **Where the child(ren) who is/are under 18 years of age have lived for the last 5 years.**
(Attach extra pages if necessary.)

Child's Name: _____
Lived with: _____
Street address: _____

Dates: From _____ To _____
Relationship to child: _____
City, State _____

Child's Name: _____
Lived with: _____
Street address: _____

Dates: From _____ To _____
Relationship to child: _____
City, State _____

Child's Name: _____
Lived with: _____
Street address: _____

Dates: From _____ To _____
Relationship to child: _____
City, State _____

10. Court cases NOT involving legal decision making, physical custody, parenting time or visitation related to the child(ren) under 18 years old. (check one box)

I HAVE I HAVE NOT been a party or a witness in court in this state or in any other state regarding issues OTHER THAN legal decision making, custody, parenting time or visitation of any of the child(ren) named above (If so, explain below, using extra pages if necessary. IF NOT, GO ON.)

Name of each child: _____
Court state: _____ Court location: _____
Court case number: _____ Current status: _____
How the child is involved: _____
Summary of any Court Order: _____

11. Court cases INVOLVING legal decision making, physical custody, parenting time or visitation cases related to child(ren) under 18 years old. (check one box)

I DO HAVE I DO NOT HAVE information about a legal decision making, custody, parenting time or visitation court case relating to any of the 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: _____
Court case number: _____ Current status: _____
How the child is involved: _____
Summary of any Court Order: _____

12. Legal decision making, custody, parenting time or visitation claims of any person. (check one box)

I DO KNOW I DO NOT KNOW a person other than the Petitioner or the Respondent with whom the children are now living or who claims legal decision making authority, custody, parenting time or visitation rights to any of the children named above.
If so, explain below. Use 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:

13. 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 child(ren).

REQUEST MADE TO COURT:

- (1) For court order for visitation as described above, and
- (2) For such other orders as this court considers just and fair.

ACKNOWLEDGMENT AND SIGNATURE OF GRANDPARENT(S)

I state to the Court under penalty of perjury that the contents of this document are true and correct.

SIGNATURE

Date

PRINTED Name

SIGNATURE

Date

PRINTED Name