



Person Filing: _____

Address (if not protected): _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

ATLAS Number: _____

Lawyer's Bar Number: _____

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of :

Case Number _____

Name of Grandparent Requesting Visitation

ATLAS No. _____

Name of *Other* Grandparent Requesting Visitation, if applicable

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

Name of Mother DECEASED

*There is a prior Family Court case in this county between the mother and the father with the following (**different**) case number: _____.*

Name of Father DECEASED

Name of Legal Guardian, if applicable

GENERAL INFORMATION

1. Information about me, the person filing this response:

Name: _____

Address: _____

County of residence: _____

Date of Birth: _____

Occupation: _____

My relationship to child(ren) for whom the visitation order is requested is:

Father Mother Other: (explain) _____

2. **Information about the** Petitioner(s), the grandparents (or great grandparents) requesting visitation:
Name(s): _____
Address: _____
County of residence: _____
Date of Birth: _____
Occupation: _____

The Petitioner’s relationship to children for whom VISITATION order is requested: (Check one)

- Grandparent on mother’s side Grandparent on father’s side
- Great Grandparent on mother’s side Great Grandparent on father’s side

3. **Information about the mother of child(ren)** same as #1 above, or:
Name: _____
Address: _____
County of residence: _____
Date of Birth: _____
Occupation: _____

4. **Information about the father of child(ren)** same as #1 above, or:
Name: _____
Address: _____
County of residence: _____
Date of Birth: _____
Occupation: _____

5. **Information about legal guardians of child(ren), if any:** same as #1 above, or:
Name: _____
Address: _____
County of residence: _____
Date of Birth: _____
Occupation: _____

6. **Information about child(ren) for whom I or we want visitation order:**

Mother and Father for all children are as listed above.

Name _____	Name _____
Birth Date: _____	Birth Date: _____
Current	Current
Address: _____	Address: _____
County of Residence: _____	County of Residence: _____

Name _____	Name _____
Birth Date: _____	Birth Date: _____
Current	Current
Address: _____	Address: _____

INFORMATION ABOUT ADDITIONAL CHILDREN ARE LISTED ON ATTACHED PAGE.

7. Petitioners do not have a right to visitation under Arizona law (A.R.S. § 25-409) because:
(Check box(es) for statements that apply and write-in requested information.)

- A. **Children were not born out of wedlock.**
- B. **Parents of children are not divorced or have not been divorced for at least 3 months. *If divorced:*** Date of Divorce: _____
 Court case number: _____
 Name of court: _____
 Court Location: _____
- C. Mother OR Father of child(ren) has been dead for ***less than 3 months***.
 Date of Death: _____
- D. Mother OR Father of child(ren) has been missing for ***less than 3 months***.
 Date parent discovered to be missing: _____
 Date reported to law enforcement agency: _____
 Name, location of agency: _____
- E. Petitioners are asking for visitation rights as grandparents or great grandparents on the father's side, however there is no paternity order and I do not believe the Petitioner's son or grandson is the father because: (explain)

8. Statements about the Petitioner's relationship with the children for the last 6 months, and why you think it is NOT in the children's best interests for visitation to be ordered, or why, if ordered, visitation should be limited or supervised:

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

- There should be no court-ordered visitation, but if ordered, should be as follows:**
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 CHILDREN

10. Where the children who are under 18 years old have lived for the last 5 years. (Attach extra pages if necessary.)

Child's Name	_____	Dates: From	_____	To	_____
Lived with	_____	Relationship to child _____			
Street address	_____	City, State _____			

Child's Name	_____	Dates: From	_____	To	_____
Lived with	_____	Relationship to child _____			
Street address	_____	City, State _____			

Child's Name	_____	Dates: From	_____	To	_____
Lived with	_____	Relationship to child _____			
Street address	_____	City, State _____			

Child's Name	_____	Dates: From	_____	To	_____
Lived with	_____	Relationship to child _____			
Street address	_____	City, State _____			

11. COURT CASES NOT INVOLVING LEGAL DECISION MAKING, 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 the legal decision making, custody, parenting time or visitation of any of the children 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:

12. LEGAL DECISION MAKING, CUSTODY, PARENTING TIME, OR VISITATION CASES RELATED TO CHILDREN 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: _____

Nature of the court proceeding: _____

Summary of any Court order:

13. 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 who has or claims legal decision making authority, physical custody, parenting time or visitation rights to any of the 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: _____

14. **SUMMARY OF WHAT I SAY ABOUT THE CHILDREN THAT IS DIFFERENT FROM WHAT THE OTHER PERSON ASKED FOR:** (Here summarize what is different between what you say about the child(ren), and what the other party said)

OTHER STATEMENTS TO THE COURT

15. **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).

16. **GENERAL DENIAL:** I deny anything stated in the complaint that I have not specifically admitted, qualified, or denied.

REQUESTS TO THE COURT: (check which number applies to your request)

1. ORDER VISITATION AS DESCRIBED ABOVE.

2. ORDER **NO** VISITATION TO THE GRANDPARENT PETITIONER(S).

(Check and complete "3" below *only* if you believe visitation should be supervised.)

3. **SUPERVISED VISITATION** is in the best interests of the child(ren), pursuant to A.R.S. Section 25-410, because (explain reasons visitation should be supervised):

Therefore supervised visitation to (name) _____ only in the presence of another person, who is named by the court or as suggested below, upon a finding that supervised access is in the best interest of the child(ren),

Name of Person to supervise: _____

Requested restrictions on visitation: (explain here)

The cost of supervised visitation shall be paid by:

the person being supervised;

the parent having custody;

shared equally by the parties.

OTHER ORDERS. Write in other orders you are requesting from the Court:

DECLARATION AND SIGNATURE

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

Signature

Date

STATE OF _____

COUNTY OF _____

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

(date)

_____.

(notary seal)

Deputy Clerk or Notary Public

Copy of this document mailed to the other party on:

Month / Date / Year

To the following address:

