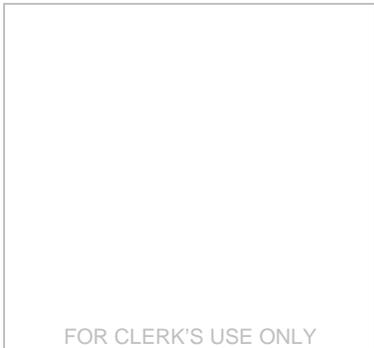


Name of Person Filing: _____
In this case I am: Petitioner Respondent
In this case I am: Representing Myself (No Attorney), or
If Represented by Attorney: Attorney Bar Number: _____
My Address (if not protected): _____
City, State, Zip Code: _____
Telephone Numbers: _____
ATLAS Number: (if applicable)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



**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**

Case Number: _____
Name of Petitioner _____
Name of Respondent _____
**PETITION for COURT ORDER for
PATERNITY, LEGAL DECISION-MAKING
(Legal Custody), PARENTING TIME, and
CHILD SUPPORT**

STATEMENTS THE COURT

- 1. **INFORMATION ABOUT ME, THE PETITIONER:**
Name: _____
Address _____
Date of Birth _____
Occupation: _____
Relationship to children for whom I want the paternity order:
 Mother
 Father (or may be the father)
 Other: (Explain) _____

- 2. **INFORMATION ABOUT OTHER PARTY, THE RESPONDENT:**
Name: _____
Address _____
Date of Birth _____
Occupation _____
Relationship to children for whom I want paternity order:
 Mother
 Father (or may be the father)

- 3. **VENUE:** (Check here if the following statement is true):
 This is the proper court to bring this lawsuit under Arizona law because it is the county of residence of the Petitioner or of the Respondent or of the minor children.

4. JURISDICTION: WHY I AM FILING THIS COURT CASE AGAINST THE OTHER PARTY IN ARIZONA: (Check one or more boxes that are true.)

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

STATEMENTS ABOUT PATERNITY:

5. WHY YOU THINK THE PERSON IS THE FATHER OF THE MINOR CHILD(REN): (Check which box applies)

- AFFIDAVIT:** Petitioner and Respondent signed an **Affidavit of Paternity** acknowledging that Petitioner or Respondent is the minor child(ren)'s natural father. A copy is attached.
- BIRTH CERTIFICATE:** Petitioner or Respondent is named as the natural father on one or more minor child(ren)'s birth certificate(s). Copy (or copies) attached.
- BLOOD TEST:** DNA Testing indicates Petitioner or Respondent is the minor child(ren)'s natural father. Report(s) of test results attached.
- PARTIES LIVING TOGETHER:** Petitioner and Respondent were not married to each other at any time during the ten months before birth of the minor child(ren). However, the parties lived together during the period(s) when the minor child(ren) could have been conceived.
- SEXUAL INTERCOURSE:** Petitioner and Respondent were not living together but had sexual intercourse at the probable date(s) of conception of the minor child(ren). The mother of the minor children did not have sexual intercourse with anyone else during the periods in which the minor child(ren) could have been conceived.
- OTHER:** (explain) _____

6. ABOUT MARRIAGE AND HUSBAND (if applicable, check one box.)

- Mother was not married at the time minor child(ren) were born or conceived or at least 10 months before minor child(ren) were born or conceived, OR
- Mother was married when minor child(ren) were born or conceived or at least 10 months before minor child(ren) were born or conceived, but husband is not father of minor child(ren). Husband is a party to this court case because of marriage.

7. 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.

8. COURT CASES INVOLVING PHYSICAL CUSTODY, LEGAL DECISION MAKING

(LEGAL CUSTODY) OR PARENTING TIME CASES RELATED TO CHILDREN UNDER 18 YEARS OLD: (Check one box)

I HAVE (or) I DO **NOT** HAVE information about a court case or cases involving physical custody, legal decision making (legal custody), or parenting time relating to any of the minor children named above that is pending in this state or in any other state. (If you **have** such information, 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. 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 something **other than** legal decision making (custody) or parenting time of any of the minor children named above (If you **have**, 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: _____

10. PHYSICAL CUSTODY, VISITATION, OR LEGAL DECISION MAKING (LEGAL CUSTODY) CLAIMS OF OTHER PERSONS: (check one box)

I KNOW I DO **NOT** KNOW a person other than the Petitioner or the Respondent who has or claims a right to physical custody, visitation or legal decision making regarding any of the minor children named above. (If you **do**, 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:

11. **MEDICAL EXPENSES:** There are or There are no unreimbursed medical expenses incurred by the mother, resulting from the birth of the minor child(ren). If there are, these costs and expenses should be awarded to Petitioner or Respondent according to law.

12. **OTHER EXPENSES:** The parties should be ordered to divide between them any uninsured medical, dental, or health expenses, reasonably incurred for the minor children, in proportion to their respective incomes.

13. **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.**

14. **DOMESTIC VIOLENCE:** (If you are asking for **joint** legal decision making (joint custody), check one.)

Domestic Violence **has not** occurred between the parties. OR

Domestic Violence **has** occurred **but it was committed by both parties or it is otherwise still in the best interests** of the minor child(ren) to grant joint or sole legal decision making (joint or sole custody) to a parent who has committed domestic violence *because:* (EXPLAIN)

15. **DRUG / ALCOHOL CONVICTION WITHIN LAST TWELVE MONTHS:** (Check one box.)

Neither parent has been convicted for a drug offense or driving under the influence of drugs or alcohol in the last twelve (12) months, **OR**

One or both parents have been convicted for a drug offense or driving under the influence of drugs or alcohol in the last twelve (12) months.

Mother and/or **Father was convicted, however,** the legal decision making (legal custody) and parenting time arrangement I am requesting appropriately protects the minor child(ren).

Explain how this arrangement appropriately protects the minor children. _____

REQUESTS TO THE COURT:

A. PATERNITY: Order that (legal name of the father, as on his birth certificate, or his current *legal* name)

_____ IS the natural father of the minor child(ren).

B. BIRTH CERTIFICATE:
Order that the name of the father listed in "A" above be added to each minor child's birth certificate;

C. NAME CHANGE: (check the box and fill in the blank if you want this):
 Order each minor child's last name (only) be changed to: _____
OR Order as follows: _____

D. 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.

Find that 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. Order cost of supervised parenting time to be paid by: (if applicable, check one)

- Mother
- Father
- Shared equally by the parties

c. Additionally restrict parenting time as follows:

3. LEGAL DECISION MAKING (CUSTODY):

Award legal decision making concerning the child(ren) as follows:

AWARD SOLE LEGAL DECISION-MAKING (sole custody) to: **Mother** **Father**

OR

AWARD JOINT LEGAL DECISION MAKING (joint custody) 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.)

E. CHILD SUPPORT: Order that child support shall be paid by (check one box) Mother or Father 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 the Paternity Decree/Order. These payments, and a fee for handling, shall be paid through the Support Payment Clearinghouse and collected by automatic Income Withholding Order. Further, that costs for past child support and care for child(ren) in the amount of \$_____ shall be paid by Mother or Father in the amount of \$_____ each month until paid in full. Payments shall be made as stated above.

F. EXPENSES OF MOTHER: Order that the father, who is Petitioner or Respondent pay a reasonable amount to cover unreimbursed expenses incurred by the mother related to the birth of each child(ren).

G. MEDICAL, DENTAL AND VISION CARE INSURANCE AND HEALTH CARE FOR MINOR CHILDREN:

Order that:

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

Order that Petitioner and Respondent pay for all reasonable unreimbursed medical, dental, vision care, and health-related expenses incurred for the minor child(ren) in proportion to their respective incomes as described on the Parents' Worksheet, which shall be submitted with the Judgment and Order.

H. TESTING and COSTS: Order that if paternity is contested, Petitioner and Respondent be ordered to submit to such blood and tissue tests as may be necessary by this Court to establish paternity, and that Respondent must pay all costs and expenses of this lawsuit, if he/she contests these proceedings, including the costs of the blood tests or other genetic testing; filing each child's birth certificate; attorneys' fees and court costs;

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

UNDER PENALTY OF PERJURY:

I state to the Court under penalty of perjury that the information I have provided is true and correct to the best of my knowledge and belief.

_____		_____
Date		Signature
Sworn to or Affirmed before me this:	by	
_____		_____
(Date)		Printed Name of Person Signing
_____		Michael K. Jeanes, Clerk of the Superior Court
Notary Signature		
My Commission Expires or Seal (below):	By	_____
_____		Deputy Clerk