

DEPENDENCY

(JUVENILE COURT CASES ONLY)

1

To ask the Court to declare there is no parent or guardian willing or able to provide proper care or control of a minor child.

(Forms Packet)

SELF-SERVICE CENTER

FILING DEPENDENCY PAPERS IN JUVENILE COURT

CHECKLIST

You may use this packet if . . .

- ✓ You want to file a Dependency Petition, AND,
- ✓ You believe that there is no parent or guardian willing or able to provide proper care and control over the children to be included in this petition, AND
- ✓ You believe that you are a fit and proper person to care for the children, AND
- ✓ You believe the Court, **not** the parents, should say when the dependency is to end, AND
- ✓ The children live in Maricopa County, State of Arizona or you have been informed by a lawyer who has told you to file a Dependency Petition in Maricopa County.

WARNING:

- A. **If you are the mother or father** of the children, do **not** use this packet to establish or change a child custody order.
- B. **Arizona Department of Child Safety, DCS, will be involved.** Dependency is an emergency action for the safety of the children involved. DCS will investigate and make recommendations to the Court. If DCS does not believe the person petitioning for Dependency can provide a proper home for the children involved, this petition could *possibly* result in the children being placed in foster care.
- C. **If the children's parent or parents agree** (or at least will not come to court to *disagree*), **you** may want to consider filing a petition for **Guardianship** *instead* of Dependency. Basically, Guardianship is granted with the permission of the parents and may continue until:
 - 1. one of the parents or the guardian asks the Court to end the guardianship; or
 - 2. a replacement ("successor") guardian is appointed; or
 - 3. the child for whom the guardian was appointed turns 18.

If you have questions about the difference between Dependency and Guardianship read the "**Dependency vs. Guardianship: Important Information You Need to Know**" document in this packet and contact a lawyer for help.

READ ME: Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website.

SELF-SERVICE CENTER

JUVENILE COURT - DEPENDENCY PAPERS
(Forms Only)

This packet contains court forms to file dependency papers. Items in **BOLD** are forms that you will need to file with the Court. Non-bold items are instructions or procedures. Do not copy or file those pages!

Order	File Number	Title	# pages
1	JVD1k	Checklist: <i>You may use these forms if . . .</i>	1
2	JVD1ft	Table of Contents (this page)	1
3	JVD10f	“Dependency Coversheet”	2
4	JVD11f	“Dependency Petition”	5
5	JVD12f	“Notice of Initial Dependency Hearing”	2

The documents you have received are copyrighted by the Superior Court of Arizona in Maricopa County. You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

Person Filing: _____
 Address (if not protected): _____
 City, State, Zip Code: _____
 Telephone: _____
 Email Address: _____
 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
 (Clerk will stamp case # when submitted)

DEPENDENCY COVERSHEET (Not Public Record)

(person(s) under 18 years of age)

This Coversheet is for internal Court use only and is not part of the legal file.

Information about the Children Involved:

Name: _____ DOB: _____ Ethnicity: (choose one) <input type="checkbox"/> Black or African American <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic/Latin <input type="checkbox"/> Other Origin <input type="checkbox"/> Unknown	Name: _____ DOB: _____ Ethnicity: (choose one) <input type="checkbox"/> Black or African American <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic/Latin <input type="checkbox"/> Other Origin <input type="checkbox"/> Unknown
Name: _____ DOB: _____ Ethnicity: (choose one) <input type="checkbox"/> Black or African American <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic/Latin <input type="checkbox"/> Other Origin <input type="checkbox"/> Unknown	Name: _____ DOB: _____ Ethnicity: (choose one) <input type="checkbox"/> Black or African American <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic/Latin <input type="checkbox"/> Other Origin <input type="checkbox"/> Unknown

Please list ANY siblings of the children listed above who are NOT involved in this case:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Other Court Cases:

Have there been any other cases (EXCLUDING minor traffic offenses) in any court involving members of this family? Yes No

If yes, please describe, and provide case numbers if known: _____

Interpreter/Language Needs:

NOTE: THIS INFORMATION IS NECESSARY SO AN INTERPRETER CAN BE REQUESTED.
IT IS FOR INTERNAL PURPOSES ONLY.

Is an interpreter needed for any of the parties? Yes No

If yes, please check the appropriate box below. An interpreter is needed for:

Petitioner or Guardian Mother Father (if more than one father, indicate which father needs an interpreter): _____

If yes, Language:

Spanish Other: (please specify) _____

This Coversheet is for internal Court use only and is not part of the legal file.

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
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

In the Matter of:

Case Number
(Clerk will stamp case # when submitted)

DEPENDENCY PETITION A.R.S. § 8-841

(Names of children under 18 years of age)

1. INFORMATION ABOUT ME, the Petitioner:

My Name: _____

My Address: _____
Street

City State Zip Code

My Telephone Number: _____
Home Work Message

My relationship to the children: _____

I am a fit and proper person to care for the children.

2. INFORMATION ABOUT THE CHILDREN:

Child's Name: _____

Birth date: _____
Gender: Male Female

Child's Name: _____

Birth date: _____
Gender: Male Female

Child's Name: _____

Birth date: _____
Gender: Male Female

INFORMATION ABOUT THE CHILDREN (continued):

Address where children are currently living: _____
Street

City State Zip Code

The children have been living there since (give approximate date): _____

The children are now living in the State of Arizona, Maricopa County: Yes No

Name(s) of persons currently living with children: _____ Relationship: _____
_____ Relationship: _____
_____ Relationship: _____
to Child
to Child
to Child

Is any child named above an enrolled member of any Indian Nation or Tribe or eligible to be enrolled as a member of any Indian Nation or Tribe? Yes No

If "Yes", what Indian Nation or Tribe? _____

3. INFORMATION ABOUT THE PARENTS AND CURRENT LEGAL GUARDIANS (IF ANY) OF THE CHILDREN:

MOTHER'S Name: _____ Birth Date: _____

Address: _____
Street

City State Zip Code

FATHER'S Name: _____ Birth Date: _____

Alleged father of the following children: _____

Address: _____
Street

City State Zip Code

NAME OF OTHER FATHER (IF ANY): _____ Birth Date: _____

Alleged father of the following children: _____

Address: _____
Street

City State Zip Code

NAME OF OTHER FATHER (IF ANY): _____ **Birth Date:** _____

Alleged father of the following children: _____

Address: _____
Street

City State Zip Code

NAME OF CURRENT LEGAL GUARDIAN(S) (IF ANY): _____

Birth Date: _____

Legal guardian of the following children: _____

Address: _____
Street

City State Zip Code

4. DEPENDENCY ALLEGATIONS. The Petitioner believes the children are dependent within the provisions of ARS § 8-201.13, because the children are in need of proper and effective parental care and control and has no parent or guardian willing to exercise or capable of exercising such care and control, or whose home is unfit by reason of abuse, neglect, cruelty, or depravity, as follows:

A. The MOTHER is unable or incapable of providing care for the children for the following reasons (**provide specifics**):

B. The FATHER is unable or incapable of providing care for the children for the following reasons **(provide specifics as to each alleged father)**:

C. The LEGAL GUARDIAN is unable or incapable of providing care for the children for the following reasons **(provide specifics as to each legal guardian)**:

Has anyone named in this petition had any involvement with Arizona Department of Child Safety (DCS)? Yes No

If "Yes", list DCS or Juvenile Court case # _____

Case manager's name, phone number, and site code: _____

5. DOCUMENTS. The following documents are attached which support the statements made:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

RELIEF REQUESTED: Based on the information listed above, Petitioner requests:

- A.** Because immediate action is required, that the children be made a temporary ward(s) of the Court committed to the care, custody, and control of the Arizona Department of Child Safety (DCS) with temporary physical custody to be placed in the Petitioner(s) who should be authorized to sign for medical treatment. The Arizona Department of Child Safety (DCS) may be authorized to consent for out-of-state travel within the United States for up to thirty days.
- B.** A preliminary protective conference and, following that conference, a preliminary protective hearing on this Petition be set in front of a judicial officer.
- C.** An initial dependency hearing on this Petition be set in front of a judicial officer.
- D.** The parents be ordered to pay a reasonable sum to the Arizona Department of Child Safety (DCS) for the care, maintenance, and support of the children should the children be placed in a foster home or institutional care.
- E.** That, after hearing this matter, the Court declare the children dependent and enter such orders for commitment, custody, care and support or such other relief for the children's welfare.

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that the contents of this document are true and correct.

Signature

Date

PRINTED NAME of Person who signed

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
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

In the Matter of:

_____ **Case Number**
(Clerk will stamp case # when submitted)

NOTICE OF INITIAL DEPENDENCY HEARING

(Names of child(ren) under 18 years of age)

TO: Name: _____ **parent / legal guardian**
Address: _____
Street City State Zip Code

TO: Name: _____ **parent / legal guardian**
Address: _____
Street City State Zip Code

TO: Name: _____ **parent / legal guardian**
Address: _____
Street City State Zip Code

WARNING

YOU MAY LOSE CUSTODY OF YOUR CHILD(REN) IF YOU DO NOT APPEAR AT THIS HEARING.

If you fail to attend this hearing without good cause shown, the court may regard your failure to attend as a waiver of your rights and an admission of the truth of the statements made in the petition. The hearing may proceed without you and may result in a judgment of dependency, the termination of parental rights or the establishment of a permanent guardianship. Juvenile Court Rules of Procedure 48(C)

NOTICE IS HEREBY GIVEN that the **Petitioner**, (name of Petitioner) _____

_____ **has filed a Dependency Petition with the Juvenile Court in**

Maricopa County regarding the above-named child(ren) and the child(ren) has/have been made a temporary ward of the Court. You may obtain a copy of the Petition at either of the two Maricopa Juvenile Court Centers listed below.

A HEARING HAS BEEN SET to consider the Petition on:

Date of Hearing: _____

Time of Hearing: _____

Location: **Maricopa County Juvenile Court Center** (check one box):

Durango Facility
3131 West Durango Street
Phoenix, Arizona 85009

OR

Southeast Facility
1810 South Lewis Street
Mesa, Arizona 85210

Name of Judicial Officer: _____

The parent or guardian must be prepared to provide to the Court, at the initial dependency hearing, the names, type of relationship and all available information necessary to locate persons related to the child or who have a significant relationship with the child. **A.R.S. §8-841.D.5.**

NOTICE to Parents, Legal Guardians and Indian Custodians

You are advised that you and the child(ren) are entitled to have an attorney present at the hearing and that, if you cannot afford an attorney and want to be represented by an attorney, one will be provided.
Arizona Revised Statutes §8-841.D.5.

You are advised that your failure to appear, without good cause shown, may result in a finding that you have waived legal rights and are deemed to have admitted the allegations in the petition. The hearings may go forward in your absence and may result in an adjudication of dependency and the termination of parental rights or the establishment of a permanent guardianship based upon the record and evidence presented.
Juvenile Court Rules of Procedure 48(C)

You have a right to make a request, or motion prior to any hearing that the hearing be closed to the public.
Juvenile Court Rules of Procedure 48

TODAY'S DATE: _____

Petitioner's Signature