

Name of Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Day/Evening Telephone: _____
ATLAS Number (if applicable) _____
Attorney Bar Number (if applicable) _____
Representing: Self Petitioner Respondent

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

(Name of Petitioner)

Case Number: _____

and

**NOTICE OF FILING PETITION FOR
MODIFICATION OF CHILD CUSTODY**
(A.R.S. §25-1035)

(Name of Respondent)

A Petition for Modification of Child Custody has been filed. A copy of the Petition and/or Affidavit(s) is served on you with this Notice.

If you do not want a modification Order taken against you without your input, you must file a Response in writing with the Court within twenty (20) days from the date of service. A copy of each Response document shall be provided to the Applicant's attorney or, if unrepresented, the Applicant and to the assigned Court Division.

No sooner than five (5) days after expiration of the time permitted for the filing of the Response, either party or attorney shall provide a Request for Order Granting or Denying Custody Hearing to the assigned Division. The Court shall determine whether a custody hearing should be granted. A copy of the Court's determination shall be mailed by the Court to all persons entitled to notice.

Requests for reasonable accommodation for persons with disabilities must be made to the Court Administration at (928)753-0790, at least five (5) days before your scheduled Court date.

Signed and sealed this date: _____

VIRLYNN TINNELL,
CLERK OF THE SUPERIOR COURT

By: _____
Deputy Clerk