

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

**SUPERIOR COURT OF ARIZONA
 MOHAVE COUNTY**

 Name of Petitioner (in original case)

Case Number: _____

AND

**PETITION TO MODIFY CHILD
 CUSTODY, PARENTING TIME
 ("VISITATION") and SUPPORT**

 Name of Respondent (in original case)

I, _____ am the Petitioner or Respondent or Other
 (print your name) and make the following statements to the court, under oath:

GENERAL INFORMATION:

1. Information about Me

Name: _____

Address: _____

How I am related to child(ren) for whom the CUSTODY/PARENTING TIME order should be changed:
 Mother or Father or Other: (explain) _____

2. Information about the Other Party

Name: _____

Address: _____

How the other party is related to child(ren) for whom the CUSTODY/PARENTING TIME order
 should be changed:
 Mother or Father or Other: (explain) _____

**3. Information about the child(ren) for whom I want the custody/parenting time
 order changed:**

Child's Name _____	Child's Name _____
Birth date _____ Age: _____	Birth date _____ Age: _____
Child's Name _____	Child's Name _____
Birth date _____ Age: _____	Birth date _____ Age: _____

4. **Affidavit Regarding Minor Children.** The children have resided in Arizona since the entry of the last Arizona Custody Order **or** (if not) I have attached an "Affidavit Regarding Minor Children".

5. **Information about the Order I want to change:** (Check A or B, then complete the information)

A. **The Order is from the Superior Court in Mohave County.**
1. Order/decree is dated: _____ (month, day, year).
2. The name of the judge who signed the order is:

OR

B. **The Order is from the Superior Court in Arizona but from another county or the Order is not from Arizona.** The child(ren) have lived in Arizona for at least six (6) months before the date I am filing this Petition. I have filed a certified copy of this Order with the Clerk of the Court, and a copy of the order/decree is attached to this Petition.
Order/decree is dated: _____ (month, day, year).
Name of state: _____
Name of county in state: _____

6. **DOMESTIC VIOLENCE.** No significant domestic violence has occurred or domestic violence has occurred. Explain

7. **WHAT YOUR ORDER NOW SAYS:** Put in **WORD FOR WORD** the part of the decree/order you want to change. (Use extra paper if necessary) **OR** incorporate the Order which is already a part of the court's file, and attach a copy of the Order to the judge's copy of this Petition and all other parties' copies of this Petition.

8. **WHY THE DECREE/ORDER SHOULD BE CHANGED:** These are my reasons why I believe that a change of custody and/or parenting time is in the best interest of the child(ren) (Use extra pages if necessary):

9. **REQUESTS I MAKE TO THE COURT:**

A. **CUSTODY AND PARENTING TIME.**

Joint Legal Custody. I want the parties to be awarded joint legal custody of the child(ren) _____ subject to a Parenting Plan to be submitted later.
(name(s) of child(ren))

OR

Sole custody. Sole custody of _____ (name(s) of child(ren)) should be awarded to **Mother** **Father** or **Other** and/or Sole custody of _____ (name(s) of child(ren)) should be awarded to **Mother** or **Father** or **Other**, subject to parenting time as follows:

- 1. **Reasonable parenting time** to the parent/party who does not have custody according to the Mohave County Custody and Visitation Guidelines; **OR**
- 2. **Reasonable parenting time** to the parent/party who does not have custody according to the attached Parenting Plan; **OR**
- 3. **Supervised parenting time** but only in the presence of another person; **OR**
- 4. **No parenting time** rights to **Mother** or **Father**
Supervised parenting time or no parenting time is requested for the following reasons:

B. CHILD SUPPORT. **Mother** or **Father** should pay child support to the other party in the amount of \$ _____ per month on the first day of every month, beginning the first day of month following the filing of this Petition based upon the attached **“Child Support Worksheet.”** All child support payments should be made through the Clerk of the Superior Court/Clearinghouse, and will be subject to an applicable statutory fee through an automatic Order of Assignment.

C. MEDICAL, DENTAL, VISION CARE

- Petitioner** should be responsible for providing: medical dental vision care insurance.
- Respondent** should be responsible for providing: medical dental vision care insurance.

Medical, dental, and vision care insurance, payments and expenses are based on the information in the Parent's Worksheet for Child Support attached and incorporated by reference. The party ordered to pay must keep the other party informed of the insurance company name, address and telephone number, and must give the other party the documents necessary to submit insurance claims.

Non-Covered Expenses. Petitioner is ordered to pay _____ %, AND Respondent is ordered to pay _____ % of all reasonable uncovered and/or uninsured medical, dental, vision care, prescription and other health care charges for the minor child(ren), including co-payments.

D. INCOME TAX DEDUCTION. Mother should claim the tax deduction for _____ (name(s) of child(ren) every year **or** every other year.
Father should claim the tax deduction for _____ (name(s) of child(ren) every year **or** every other year.

E. OTHER ORDERS. I request further Orders relating to this matter as follows:

OATH OR AFFIRMATION AND VERIFICATION

I swear or affirm that the information on this document is true and correct under penalty of perjury.

Signature _____ Date _____

Sworn to or Affirmed before me this: _____ by _____
 (date)

My Commission Expires: _____ Deputy Clerk or Notary Public _____