

Name of Person Filing: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

ATLAS Number (if applicable): \_\_\_\_\_

Representing Self (No Attorney) or  Represented by Attorney

If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MOHAVE COUNTY**

\_\_\_\_\_  
Name of Petitioner on Original Matter

CASE NUMBER: \_\_\_\_\_

**RESPONSE TO PETITION TO  
MODIFY COURT ORDER FOR:**

**CHILD LEGAL DECISION-MAKING,  
PARENTING TIME & CHILD SUPPORT OR**

**CHILD LEGAL DECISION-MAKING &  
PARENTING TIME**

\_\_\_\_\_  
Name of Respondent on Original Matter

**STATEMENTS TO THE COURT, UNDER OATH:**

**1. INFORMATION ABOUT THE OTHER PARTY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Job Title: \_\_\_\_\_

Relationship to child(ren) whom filed the Petition **(Check One Box):**

Mother of child(ren)

Father of child(ren)

Other (Explain): \_\_\_\_\_

**2. INFORMATION ABOUT ME, THE PERSON FILING THIS RESPONSE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Job Title: \_\_\_\_\_

Relationship to child(ren) whom filed this Response **(Check One Box):**

Mother of child(ren)

Father of child(ren)

Other (Explain): \_\_\_\_\_

**3. CHILDREN OF THE PARTIES WHO ARE LESS THAN 18 YEARS OLD (Check One Box):**

The following child(ren), common to the parties, are under age 18 and were born to, or adopted by, my spouse and me: (Attach extra pages if necessary).

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Length of Time at Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Length of Time at Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Length of Time at Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Length of Time at Address: \_\_\_\_\_

**4. PATERNITY WAS ESTABLISHED BY: (Check one box).**

(A copy of any Order or document referenced here should be attached if not already in court file.)

A Court Order for Paternity from this county or previously transferred to this county stating that \_\_\_\_\_ is the natural father of the child(ren). (A.R.S. §25-502(c)).

Both parents signing an Acknowledgment of Paternity through the Hospital Program or other means provided by law after July 18, 1996, and a birth certificate listing the name of the father was issued as a result.

We do not have an Order of Paternity, but we do have a child support order.

**5. INFORMATION ABOUT CHILD SUPPORT FOR CHILDREN: (Check one box).**

A Child Support Order was entered on (date) \_\_\_\_\_ from \_\_\_\_\_ (name of court), case no. \_\_\_\_\_ this \_\_\_\_\_ states that child support is established and does not need to be changed.

Order that child support shall be paid by Petitioner, or

Respondent, \_\_\_\_\_ in a reasonable amount as determined by the court under the Arizona Child Support Guidelines as described in the submitted Parent's Worksheet. Support payments shall begin on the first day of the first month following the entry of Legal Decision-Making / Parenting Time Order.

**6. WHAT I SAY ABOUT LEGAL DECISION-MAKING AND CHILD SUPPORT THAT IS DIFFERENT FROM WHAT PETITIONER SAID:**

(Summarize the difference between your statement and what the other party stated in petition)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. COURT CASES NOT INVOLVING LEGAL DECISION-MAKING OR PARENTING TIME RELATED TO THE CHILDREN UNDER 18 YEARS OLD: (Check one box)**

I have or  I have not been a party/witness in court in this state or in any other state that involved the Legal Decision-Making parenting time of the child(ren) named above. (If so, explain. If not, go on.)

Name of each Child: \_\_\_\_\_

Case Number: \_\_\_\_\_

\_\_\_\_\_  
Name of Court: \_\_\_\_\_ Court Location: \_\_\_\_\_

Court Case Number: \_\_\_\_\_ Current Status: \_\_\_\_\_

How the Child is involved: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. LEGAL DECISION-MAKING OR PARENTING TIME CLAIMS OF ANY PERSON: (Check one box)**

I have or  I have not been a party/witness in court in this state or in any other state that involved the Legal Decision-Making parenting time of the child(ren) named above. (If so, explain. If not, go on.)

Name of each child claimed: \_\_\_\_\_  
\_\_\_\_\_

Name of person with the claim: \_\_\_\_\_

Address of person with the claim: \_\_\_\_\_

Nature of the claim: \_\_\_\_\_

Additional claims of Legal Decision-Making or parenting time stated on attached page.

**OTHER STATEMENTS TO THE COURTS:**

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

**10. DOMESTIC VIOLENCE:** (If you intend to ask for joint Legal Decision-Making, there must have been no significant domestic violence between the parties in this case. A.R.S. §25-303.03. Check the box to make a true statement: Significant domestic violence  has or  has not occurred in this relationship.

**11. GENERAL DENIAL:** I deny anything stated in the Petition that I have not specifically

admitted, qualified or denied.

**REQUESTS I MAKE TO THE COURT:**

**A. CHILD LEGAL DECISION-MAKING AND PARENTING TIME:** Award Legal Decision-Making and Parenting Time of the children under the age of 18 and common to the parties, as follows:

(Check either the sole Legal Decision-Making box or the joint Legal Decision-Making box. If you check the sole Legal Decision-Making box, check only one box related to Parenting Time.)

**A.1**     **JOINT LEGAL DECISION-MAKING:** Petitioner and Respondent agree to act as joint custodians of the child(ren) as set forth in the Joint Legal Decision-Making Agreement signed by the parties, if the court agrees with the Joint Legal Decision-Making Agreement. (Remember, there can be no domestic violence in your marriage to get joint Legal Decision-Making.) **OR**

**A.2**     **SOLE LEGAL DECISION-MAKING** of the minor child(ren) awarded to Petitioner OR Respondent, subject to Parenting Time as follows:

Reasonable Parenting Time rights to the parent not having Legal Decision-Making, as will be described in the Parenting Plan attached.

Supervised Parenting Time between the children and the Petitioner OR Respondent is in the best interest of the children because: (Explain the reasons for supervision or no Parenting Time. Use extra paper if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of the person who will supervise: \_\_\_\_\_

Requested restrictions on Parenting Time: (explain here) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The cost of supervised parent/child access will be paid by:

the parent being supervised;

the parent having Legal Decision-Making;

shared equally by the parties.

**No Parenting Time rights to the parent not having Legal Decision-Making is in the best interests of the child(ren) because:** (Explain the reasons for no Parenting Time. Use extra paper if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. CHILD SUPPORT DEVIATION:**

**INSTRUCTIONS:** Within this packet you will find a child support calculator form for the Parent's Worksheet. You must fill out the child support calculator entry form online; there are instructions in this packet. **Fill this section out ONLY if you want a different amount of child support than is given on the child support calculator.**

- First, fill in the amount the child support calculator gives.
- Second, give reasons why the amount of child support should be different.
- Third, fill in the amount of child support that should be ordered.

The amount of child support based on the Parent's Worksheet for Child Support is \$\_\_\_\_\_, however, this amount is inappropriate or unjust and not in the best interest of the child(ren) because

\_\_\_\_\_

The amount of child support should be \$\_\_\_\_\_.

**C. CHILD SUPPORT:**

Neither party shall pay child support until further Order of the court.

There is an Order for Child Support dated \_\_\_\_\_ (date) from

\_\_\_\_\_

To my knowledge **there is no child support order** for the minor child(ren) and the court should order child support in this case along with legal decision making (custody), and parenting time.

**INSTRUCTIONS:** Tell the court who should pay child support by checking either

Petitioner or Respondent. On the space provided, enter the amount calculated on the Parent's Worksheet for Child Support OR the amount previously requested. Choose whether you want the child support payments to begin the month after the Decree is signed by a judge or on a previous date.

Petitioner **OR**  Respondent shall pay child support to the other party in the amount of \$\_\_\_\_\_per month, beginning  
 the month following the date the Decree is signed by the judge

**OR**

\_\_\_\_\_ (date)

until further Order of the court. Child Support is based on the information in the Parent's Worksheet for Child Support calculated pursuant to the Arizona Child Support Guidelines attached hereto and incorporated by reference. All child support payments shall be made by wage assignment (if applicable) through the Support Payment Clearinghouse (P.O. Box 52107, Phoenix, AZ 85072-2107), and must include the statutory fee by the Income Withholding Order or the Order of Assignment.

**Past Support**

There is a request for past support.  There is not a request for past support.

Petitioner **OR**  Respondent made voluntary/direct support payments that need to be taken into account if past support is requested.

Petitioner **OR**  Respondent owes past support for the period between:

the **date this petition was filed** and the date current child support is ordered.

**OR**

the **date the parties started living apart**, but not more than three years before the date this petition was filed and the date current child support is ordered

**D. INSURANCE AND HEALTH CARE EXPENSES FOR CHILDREN:**

Order that the  Petitioner, OR  Respondent will pay for the health, medical, and dental insurance coverage for the child(ren) under the age of 18 and common to the parties.

Petitioner will pay \_\_\_\_\_ and Respondent will pay \_\_\_\_\_  
For all reasonable unreimbursed medical, dental, and health-related expenses incurred for the child(ren) in proportion to their respective incomes.

**E. TAX EXEMPTION:** The parties will, subject to IRS Rules and Regulations, claim the children as income tax dependency exemptions on federal and state income tax returns as follows:

Case Number: \_\_\_\_\_

**Parent entitled to claim**

	<b>Child</b>	<b>Current Tax Year</b>	<b>Later Name of Tax Years</b>
<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	_____	_____	_____
<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	_____	_____	_____
<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	_____	_____	_____
<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	_____	_____	_____

**F. OTHER ORDERS I AM REQUESTING** (Explain request here):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OATH OR AFFIRMATION AND VERIFICATION**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature