

Name of Person Filing: \_\_\_\_\_  
Mailing Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Day/Evening Phone Number: \_\_\_\_\_  
AZCARES Number (if applicable): \_\_\_\_\_  
Attorney Bar Number (if Applicable) \_\_\_\_\_  
Representing: Self, Without Attorney OR  
Attorney for: Petitioner Respondent

**SUPERIOR COURT OF ARIZONA  
MOHAVE COUNTY**

Regarding the Matter of:

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

\_\_\_\_\_  
Petitioner / Non-Parent

**PETITION BY NON-PARENT TO  
ESTABLISH: ARS § 25-409**

\_\_\_\_\_  
Petitioner / Non-Parent (*if two Non-Parents making request*)

**LEGAL DECISION MAKING  
PHYSICAL PLACEMENT OF CHILD(REN)**

\_\_\_\_\_  
Respondent (Mother of child)  
deceased parental rights severed

\_\_\_\_\_  
Respondent (Father of child)  
deceased parental rights severed

\_\_\_\_\_  
Respondent (Legal Guardian – if applicable)

**GENERAL INFORMATION:**

**1. INFORMATION ABOUT ME (OR US), THE NON-PARENT APPLICANT(S) FOR LEGAL DECISION MAKING  
AND/OR PLACEMENT OF CHILD:**

NAME: \_\_\_\_\_

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

County of Residence: \_\_\_\_\_

Date(s) of Birth: \_\_\_\_\_

My/Our relationship to minor child(ren) for whom I ( we) want the order:

Parent of mother of child(ren)

Grandparent of mother of child(ren)

Parent of father of child(ren)

Grandparent of Father of child(ren)

Other: (explain): \_\_\_\_\_

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

**2. INFORMATION ABOUT THE MOTHER OF THE MINOR CHILD(REN):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**3. INFORMATION ABOUT THE FATHER OF THE MINOR CHILD(REN):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**4. INFORMATION ABOUT OTHER LEGAL GUARDIANS OF MINOR CHILD(REN), IF ANY:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**5. INFORMATION ABOUT MINOR CHILDREN FOR WHOM I / WE WANT THE ORDER?**

Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Living with ☐ Father ☐ Mother ☐ Other

Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Living with ☐ Father ☐ Mother ☐ Other

Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Living with ☐ Father ☐ Mother ☐ Other

Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Living with ☐ Father ☐ Mother ☐ Other

Case No. \_\_\_\_\_

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

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

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

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

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

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

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

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

County of Residence: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Living with ☐ Father ☐ Mother ☐ Other

Living with ☐ Father ☐ Mother ☐ Other

**6. LEGAL DECISION MAKING, SUPPORT OR PARENTING TIME/VISITATION CASES RELATED TO MINOR CHILD(REN):**

(Check One): ☐ **I DO HAVE** ☐ **I DO NOT HAVE** information about a legal decision making, support or parenting time/visitation court case relating to any of the minor children named above that is pending in this state or in any other state (if so, explain below. Attach extra pages if necessary). IF "NOT" skip to #7).

**WARNING: If there is already a case pending or a signed Court Order for paternity, legal decision making, support, parenting time or visitation of the minor children for whom you are seeking legal decision making, STOP! This Petition will not work for your situation. See the checklist at the beginning of this packet and consult an attorney about filing as a third party intervenor in the existing case to modify the existing Court Order.)**

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

Court state \_\_\_\_\_

Court location \_\_\_\_\_

Court case number \_\_\_\_\_

Current status \_\_\_\_\_

How the child is involved: \_\_\_\_\_

Summary of any court order: \_\_\_\_\_

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

**7. LEGAL DECISION MAKING OR VISITATION CLAIMS:**

(Check One): ☐ **I DO KNOW** ☐ **I DO NOT KNOW** any person other than the Petitioner(s) or the Respondent(s) who has legal decision making, placement or "custody" rights to any of the minor children named in this Petition. (If so, explain below. Attach extra pages if necessary, IF 'NOT' GO ON).

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

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

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

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

**STATEMENTS TO THE COURT:**

- 8. VENUE:** This is the proper court to bring this lawsuit under Arizona law because it is the county of residence of any minor children named in this Petition or any minor children named in this Petition are currently present in this county.

**9. LEGAL REASONS I / WE SHOULD BE AWARDED LEGAL DECISION MAKING AND/OR PHYSICAL CUSTODY:**  
**(A, B, C, and at least one of the choices under D MUST BE TRUE for the court to grant your request. EXPLAIN why A, and B are true. If you cannot, the court may not grant your request. If C is not true, STOP! This form will not work for your situation.)**

- A. I (we) stand *in loco parentis* (in the position of a parent) to the minor child(ren). I (we) have a longstanding relationship with the minor child(ren) in which I (we) have treated them as my (our) own child(ren) and the minor child(ren) have treated me (us) as parents. **Explain:**

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- B. It would be significantly detrimental (harmful) to the minor child(ren) to remain or be placed in the care of either legal parent or current non-parent. **Explain:**

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- C. A court order concerning legal decision-making or parenting time has not been issued within one year OR there is reason to believe the child(ren)'s present environment may seriously endanger the child(ren)'s physical, mental, moral or emotional health.

- D. I understand that at least one of the following must be true for me (us) to qualify for legal decision making and have marked the box(es) to indicate which are true:

- ☐ One of the legal parents is deceased.
- ☐ The minor child(ren)'s legal parents were not married to each other when this Petition was filed.
- ☐ The parents were married to each other when this Petition was filed but their divorce or legal separation case has been filed and is pending (not final). The Court Order has not been signed.

**OATH OR AFFIRMATION OF NON-PARENT(S) PETITIONING  
FOR LEGAL DECISION MAKING AND/OR PLACEMENT**

I (We) affirm under penalty of perjury the information provided on this document is true and correct.

\_\_\_\_\_  
Signature of Non-Parent Petitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Other Non-Parent Parent (if any)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name