Reset

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

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

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

_____
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)
☐ Parent of father of child(ren)
☐ Grandparent of mother 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:**

_____
_____
_____

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:**

_____
_____
_____

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