

Name of Person Filing: _____
Mailing Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Atlas Number (if applicable) _____
Representing Self (No Attorney) OR Represented by Attorney
If Attorney, Bar Number: _____

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

Case Number: _____

**RESPONSE TO PETITION TO ESTABLISH
FIRST COURT ORDER FOR:**

(Check one box, depending on whether you need child support order)

**LEGAL DECISION MAKING, PARENTING TIME
and CHILD SUPPORT OR**

**LEGAL DECISION MAKING AND PARENTING
TIME**

(Name of Petitioner)

(Name of Respondent)

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

1. INFORMATION ABOUT THE OTHER PARTY, THE PETITIONER:

Name: _____

Address: _____

County of Residence: _____

Date of Birth: _____

Occupation(s): _____

Relationship to minor child(ren) for whom person wants the Legal Decision Making/Parenting Time order:

- Mother
- Father
- Other (explain): _____

2. INFORMATION ABOUT ME, THE RESPONDENT

Name: _____

Address: _____

County of Residence: _____

Date of Birth: _____

Occupation(s): _____

Relationship to minor child(ren) for whom person wants the Legal Decision Making/Parenting Time order:

- Mother
- Father
- Other (explain): _____

3. INFORMATION ABOUT MINOR CHILD(REN) FOR WHOM PERSON WANTS ORDER:

Name: _____	Name: _____
Birth Date: _____	Birth Date: _____
Address: _____	Address: _____
County of Residence: _____	County of Residence: _____
Father: _____	Father: _____
Mother: _____	Mother: _____

Name: _____	Name: _____
Birth Date: _____	Birth Date: _____
Address: _____	Address: _____
County of Residence: _____	County of Residence: _____
Father: _____	Father: _____
Mother: _____	Mother: _____

STATEMENTS ABOUT PATERNITY AND CHILD SUPPORT:

4. PATERNITY WAS ESTABLISHED BY: (check one box)

(A copy of any Order or document referenced here should already be in the court file or attached.)

- A Court Order for Paternity from this county or previously transferred to this county stating that _____ is the natural father of the minor child(ren). (A.R.S. §25-502(c))
- Both parents signing an Acknowledgment of Paternity through the Hospital Paternity 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**. (See instructions)
- Parties were legally married when minor child(ren) was/were born, conceived or adopted.* (see petition).

5. INFORMATION ABOUT CHILD SUPPORT FOR MINOR CHILD(REN): (check one box)

- An Order for Child Support is dated _____ from the _____ (Name of Court) which states that child support is established. This Order **DOES NOT** need to be changed. (Note: if Order is from a court other than Superior Court in Mohave County, see instructions.)
- An Order for child Support is dated _____ from the _____ (Name of Court) which states that child support is established. This Order **DOES** need to be changed. (Note: if Order is from a court other than Superior Court in Mohave County, see instructions.)
- 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 and parenting time.

6. WHAT I SAY ABOUT PATERNITY AND CHILD SUPPORT THAT IS DIFFERENT FROM WHAT THE PETITIONER SAID: (Summarize what is different between what you say about the minor child(ren), and what the other party said in the Petition.)

7. OTHER INFORMATION ABOUT THE MINOR CHILD(REN):

Child's Name: _____ Child's Name: _____
Lived with: _____ Lived with: _____
Relationship to minor child: _____ Relationship to minor child: _____
Dates: From _____ To _____ Dates: From _____ To _____
Address: _____ Address: _____
City: _____ City: _____
State: _____ State: _____

Child's Name: _____ Child's Name: _____
Lived with: _____ Lived with: _____
Relationship to minor child: _____ Relationship to minor child: _____
Dates: From _____ To _____ Dates: From _____ To _____
Address: _____ Address: _____
City: _____ City: _____
State: _____ State: _____

8. COURT CASES NOT INVOLVING LEGAL DECISION MAKING OR PARENTING TIME RELATED TO THE MINOR CHILD(REN) UNDER 18 YEARS OLD: (check one box)

I HAVE **I HAVE NOT** been a party or a witness in court in this state or in any other state regarding the legal decision making or parenting time of any of the minor child(ren) named above. (If so, explain below, using extra pages if necessary. **(IF NOT, GO ON.)**)

Name of each child:

Court state: _____ Court location: _____

Court case number: _____ Current status: _____

How the minor child(ren) is/are involved:

Summary of any Court Order: _____

9. LEGAL DECISION MAKING OR PARENTING TIME CASES RELATED TO CHILD(REN) UNDER 18 YEARS OLD: (check one box)

I DO NOT HAVE **I DO HAVE** information about a legal decision making or parenting time court case relating to any of the minor child(ren) named above that are pending in this state or in any other state. (If so, explain below, using extra pages if necessary. **IF NOT, GO ON.**)

Name of each child:

Court state: _____ Court location: _____

Court case number: _____ Current status: _____

Nature of the court proceeding: _____

Summary of any Court Order: _____

10. LEGAL DECISION MAKING OR PARENTING TIME CLAIMS OF ANY PERSON: (check one box)

I DO NOT KNOW **I DO KNOW** a person other than the Petitioner or the Respondent who has physical custody or who claims custody (now known as legal decision making) or parenting time rights to any of the minor child(ren) named above. (If so, explain below, using extra pages if necessary. **IF NOT, GO TO #11**)

Name of each minor 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.

11. SUMMARY OF WHAT I SAY ABOUT THE CHILDREN THAT IS DIFFERENT FROM WHAT THE PETITIONER ASKED FOR: (Summarize what is different between what you say about the children, and what the other party said.)

OTHER STATEMENTS TO THE COURT:

- 12. **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.
- 13. **DOMESTIC VIOLENCE:** If you are asking for joint legal decision making (joint legal custody); this statement **must be true** (A.R.S. §25-403).
 Domestic violence has **not** occurred between the parties.
 There has been domestic violence in this relationship and no legal decision making (custody) should be awarded to the party who committed the violence.
 Domestic violence has occurred, but it was committed by both parties, or it is otherwise still in the best interest of the minor child(ren) to grant joint or sole legal decision making (joint or sole custody) to a parent who has committed domestic violence because: (Explain): _____

- 14. **GENERAL DENIAL:** I deny anything stated in the complaint that I have not specifically admitted, qualified, or denied.

REQUESTS I MAKE TO THE COURT:

- 1. **LEGAL DECISION MAKING OF MINOR CHILD(REN):** (check and complete a or b) **Order that:**
 - a. **JOINT LEGAL DECISION MAKING:** There have been no *significant* acts of domestic violence as defined by A.R.S. §13-3601 by either parent. The Petitioner and Respondent agree to act as joint custodians of the minor child(ren), as set forth in the Joint Legal Decision Making Agreement pursuant to A.R.S. §25-332, signed by both parties, if the court adopts the terms of the Joint Legal Decision Making Agreement.
 Mother or Father will be the primary custodial parent, OR
 - b. **SOLE LEGAL DECISION MAKING** of the minor child(ren) awarded to Petitioner OR Respondent, subject to visitation as follows:
 - 1) **Reasonable parenting time rights to the parent not having legal decision making**, as will be described in a Parenting Plan attached to the Final Order.
 - 2) **(Check and explain only if you want the other parent to have supervised or no parenting time)**
Supervised parenting time between the minor child(ren) and me OR the other party OR
NO parenting time between the minor child(ren) and me OR the other party is in the best interests of the child(ren), pursuant to A.R.S. §25-337 and §25-338, because (explain here reasons for supervised parenting time or no parenting time):

 - 3) **Supervised parenting time** to the parent not having legal decision making, only in the presence of another person, who is named by the court (suggestion below) upon a finding that supervised access is in the best interest of the minor child(ren).

Person to supervise: _____

Requested restriction on parenting time: (explain here) _____

The cost of supervised parenting time shall be paid by the parent being supervised;
the parent having legal decision making; shared equally by the parties.

4) **No parenting time** rights to the parent not having legal decision making is in the best interests of the minor child(ren) because: (Explain the reasons for no visitation. Use extra paper if necessary):

Check below if you are asking for a child support order or a change of child support in this case:

2. **CHILD SUPPORT:** Order that child support shall be paid by (check one box)

Me _____ (my name) or

Other party _____ (name)

in a reasonable amount as determined by the court under the Arizona Child Support Guidelines and the Child Support Worksheet filed with this response. Support payments shall begin on the first day of the first month following the entry of the Legal Decision Making/Visitation Order. These payments, plus a fee for handling, shall be paid through the Support Clearinghouse and collected by automatic assignment.

3. **MEDICAL, DENTAL, VISION CARE FOR MINOR CHILD(REN):** Order that

Mother is responsible for providing: medical dental vision care insurance.

Father is responsible for providing: medical dental vision care insurance.

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

4. **TAX EXEMPTION:**

Under the Affordable Care Act, the party who claims the child as dependent on a federal tax return has the obligation to ensure the child is covered by medical insurance and may be penalized by the IRS for failing to do so.

The parties will claim the children as income tax dependency exemptions on federal and state income tax returns as follows:

Parent entitled to claim	Name of child	Current tax year	Later tax years
Petitioner	Respondent		

5. **OTHER ORDERS I AM REQUESTING** (explain request here):

Copy of this document mailed to the other party on: _____
Month/Date/Year

OATH OR AFFIRMATION

I swear or affirm the contents of this document are true and correct under penalty of perjury.

Respondent's Signature

Printed Name

Date