

(1) Person Filing: \_\_\_\_\_

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

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

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

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

AZ CARES Number (if applicable) \_\_\_\_\_

☐ Representing Self (No Attorney) OR ☐ Represented by Attorney

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

**SUPERIOR COURT OF ARIZONA  
MOHAVE COUNTY**

\_\_\_\_\_  
(Name of Petitioner) (2)

Case Number: \_\_\_\_\_ (3)

**PETITION TO ESTABLISH  
CHILD SUPPORT**

\_\_\_\_\_  
(Name of Respondent) (2)

I AM PROVIDING SUPPORT FOR OR HAVE PHYSICAL CUSTODY (NOW KNOWN AS LEGAL DECISION MAKING)  
OF THE FOLLOWING CHILD(REN): continue on additional sheet if necessary

(4) Name (first, middle, last)

Date of Birth

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

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

The other party is the natural or adoptive parent of the minor child(ren) listed above and has a legal duty to provide support pursuant to A.R.S. §25-501.

**(5) Paternity for the above-named minor child(ren) common to the above parties was established by:**

- ☐ Court Order from this county or previously transferred to this county. (A.R.S. §25-502))
- ☐ Affidavit of Acknowledgment filed on or after July 21, 1996 in accordance with A.R.S. § 25-812-814, or §36-334
- ☐ Parties were legally married when minor child(ren) was (were) born, conceived, or adopted.

WHEREFORE, I request that the court take any or all of the following actions.

- A.** Order the other party to pay Guideline Child Support and provide other relief as requested in the Parent's Worksheet.
- B.** Order payment of costs and attorney fees, if appropriate.
- C.** Order such other relief as deemed necessary and appropriate by the court.

**I declare under penalty of perjury that the foregoing is true and correct.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature