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			OURT OF ARIZO	ONA	
		MOHA	VE COUNTY		
			Case Nur	mber:	
(Nam	ne of Petitioner)				
AND			AFFIDAVIT REGARDING MINOR CHILDREN		
(Name of Respondent)					
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Revised: 1/2019 Page 1 of 2

Case No

3.	THE LEGAL DECISION MAKING / PARENTING TIME OF THE CHILD(REN): (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:	Court Location:		
4.	INFORMATION REGARDING <u>PENDING</u> COURT CASES RELATED TO THE LEGAL DECISION MAKING OF THE CHILD(REN): (Check one box) ☐ I do have or ☐ I do not have information about a legal decision making /parenting time court case relating to any of the children named above that is pending in this state or in any other state. (If so, explain. If not, go on.)			
	Name of each child: Name of Court: Court Case Number: How the child is involved: Summary of any Court Order:	Court Location:		
5.	LEGAL DECISION MAKING OR PARENTING TIME CLAIMS OF ANY PERSON (Check one box.) □ I do know or □ I do not know a person other than the Petitioner or the Respondent who has physical custody or who claims legal decision making or parenting time rights to any of the children named in this Affidavit. (If so, explain below. If not, go on.)			
	Name of person with the claim:			
	I declare under penalty of perjury that the	e foregoing is true and correct.		
	Signature:	Date:		

Revised: 1/2019 Page 2 of 2