

Person Filing: \_\_\_\_\_

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

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

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

Atlas Number (if applicable) \_\_\_\_\_

Representing Self (No Attorney) OR  Represented by Attorney

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

**SUPERIOR COURT OF ARIZONA  
MOHAVE COUNTY**

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

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

AND

**AFFIDAVIT REGARDING  
MINOR CHILDREN**

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

**NOTICE:** This *Affidavit Regarding Minor Children* is required for all legal decision making cases. You must fill out this Affidavit completely, and provide accurate information. Use additional paper if necessary. You must give copies of this Affidavit and all other required documents to the other party, and to the judge.

**1. CHILDREN OF THE PARTIES WHO ARE UNDER 18 YEARS OLD**

The following child(ren) are under age 18 and were born to, or adopted by, me and the other party:

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

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

**2. INFORMATION REGARDING WHERE THE CHILDREN UNDER 18 YEARS OLD  
HAVE LIVED FOR THE LAST 5 YEARS:**

Child's Name: \_\_\_\_\_

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

City, State: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Lived with: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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

City, State: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Lived with: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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

City, State: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Lived with: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**3. COURT CASES IN WHICH I HAVE BEEN A PARTY/WITNESS THAT INVOLVED THE LEGAL DECISION MAKING / PARENTING TIME OF THE CHILD(REN):**

(Check one box)

I **have** or  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: \_\_\_\_\_  
Name of Court: \_\_\_\_\_ Court Location: \_\_\_\_\_  
Court Case Number: \_\_\_\_\_ Current Status: \_\_\_\_\_  
How the child is involved: \_\_\_\_\_  
Summary of any Court Order: \_\_\_\_\_

**4. INFORMATION REGARDING PENDING 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 Location: \_\_\_\_\_  
Court Case Number: \_\_\_\_\_ Current Status: \_\_\_\_\_  
How the child is involved: \_\_\_\_\_  
Summary of any Court Order: \_\_\_\_\_

**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 each child: \_\_\_\_\_  
Name of person with the claim: \_\_\_\_\_  
Address of person with the claim: \_\_\_\_\_  
Nature of the claim: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_