

Person Filing: _____

Mailing Address (if not protected): _____

City, State, Zip Code: _____

Telephone Number: _____

Email Address: _____

Atlas Number (if applicable) _____

Representing Self (No Attorney) OR Represented by Attorney

If Attorney, Bar Number: _____

SUPERIOR COURT OF ARIZONA MOHAVE COUNTY

Regarding the Matter of:

Case Number: _____

(Name of Petitioner)

PETITION TO ESTABLISH
(Check one box only)

AND

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

(Name of Respondent)

**LEGAL DECISION MAKING
PARENTING TIME ONLY**

GENERAL INFORMATION:

1. INFORMATION ABOUT THE PETITIONER

Name: _____

Address: _____

County of residence: _____

Date of Birth: _____

Occupation: _____

Relationship to minor child(ren) for whom I want the LEGAL DECISION MAKING / PARENTING TIME ORDER:

- Mother
- Father
- Other: (explain) _____

2. INFORMATION ABOUT THE RESPONDENT

Name: _____

Address: _____

County of residence: _____

Date of Birth: _____

Occupation: _____

Relationship to minor child(ren) for whom I want the LEGAL DECISION MAKING / PARENTING TIME ORDER:

- Mother
- Father
- Other: (explain) _____

**3. JURISDICTION: WHY I AM FILING THIS COURT CASE IN ARIZONA AGAINST THE OTHER PERSON:
(check all that apply)**

- The person is a resident of Arizona;
- I believe that I will personally serve the person in Arizona (see packet on service to know about this);
- The person agrees to have the case heard here and will file written papers in the court case;
- The person lived with the minor child(ren) in this state at some time;
- The person lived in this state and provided pre-birth expenses or support for the minor child(ren);
- The minor child(ren) live/lives in this state as a result of the acts or directions of the person;
- The person had sexual intercourse in this state as a result of which the minor child(ren) may have been conceived;
- The person signed a birth certificate that is filed in this state;
- The person did any other acts that substantially connect the person with this state (see a lawyer to help you determine this).

4. INFORMATION ABOUT MINOR CHILD(REN) FOR WHOM I WANT LEGAL DECISION MAKING / PARENTING TIME ORDER:

Name: _____	Name: _____
Birthdate: _____	Birthdate: _____
Current Address: _____	Current Address: _____
_____	_____
County of residence: _____	County of residence: _____
Petitioner: _____	Petitioner: _____
Respondent: _____	Respondent: _____
Name: _____	Name: _____
Birthdate: _____	Birthdate: _____
Current Address: _____	Current Address: _____
_____	_____
County of residence: _____	County of residence: _____
Petitioner: _____	Petitioner: _____
Respondent: _____	Respondent: _____

STATEMENTS ABOUT PATERNITY AND CHILD SUPPORT:

5. 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.**
- Parties were legally married when the minor child(ren) was (were) born, conceived or adopted.***

***NOTE: If married when minor child(ren) born, conceived or adopted, and no Decree of Divorce or Separation has been issued, STOP! Do not use these forms unless advised to do so by an attorney. Requests for legal decision making and visitation (parenting time) must generally be filed as part of a case for Separation or Divorce.**

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

- An Order for Child Support is dated _____ from (name of court) _____ which states that child support is established and **does not need to be changed.**
- An Order for Child Support is dated _____ from (name of court) _____ which states that child support is established and **does need to be changed.**
- 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 custody and parenting time.

OTHER INFORMATION ABOUT THE CHILD(REN):

7. WHERE THE CHILD(REN) WHO IS/ARE UNDER 18 YEARS OLD HAS/HAVE LIVED FOR THE LAST FIVE (5) YEARS. (Attach extra pages if necessary.)

Child's Name _____ Dates: From _____ To _____
 Lived with _____ Relationship to child: _____
 Street address _____ City, State: _____

Child's Name _____ Dates: From _____ To _____
 Lived with _____ Relationship to child: _____
 Street address _____ City, State: _____

Child's Name _____ Dates: From _____ To _____
 Lived with _____ Relationship to child: _____
 Street address _____ City, State: _____

8. COURT CASES NOT INVOLVING LEGAL DECISION MAKING OR PARENTING TIME RELATED TO THE 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 any other state regarding the legal decision making or parenting time of any 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 child(ren) is (are) involved: _____

Summary of any Court Order: _____

9. LEGAL DECISION MAKING OR PARENTING TIME CASES RELATED TO CHILDREN 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 children named above that is 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 children named above. (If so, explain below, using extra pages if necessary. **IF NOT, GO ON**).

Name of each child: _____
Name of person with the claim: _____
Address of person with the claim: _____
Nature of the claim: _____

OTHER STATEMENTS TO THE COURT:

11. 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.

12. 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) _____

13. VENUE: This is the proper Court to bring this lawsuit under Arizona law because it is the county of residence of the petitioner, or the respondent, or the minor child(ren).

14. THE PARENT INFORMATION PROGRAM (PIP) is required for persons seeking legal decision making or parenting time.
(check one box):

I have I have not already completed the Parenting Information Program

REQUESTS I MAKE TO THE COURT IN THIS LAWSUIT:

1. LEGAL DECISION MAKING OF MINOR CHILD(REN): (check and complete A or B) Order that:

a. SOLE LEGAL DECISION MAKING: Sole legal decision making of the minor child(ren) awarded to me **or** the other party subject to Parenting Time 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 Parenting time OR NO Parenting time):**

Supervised Parenting Time between the minor child(ren) and me **OR** the other party;
OR

NO Parenting Time between the child(ren) and me **OR** the other party is in the best interests of the minor child(ren), pursuant to A.R.S. § 25-337 and § 25-338, because (explain here reasons for supervision or no Parenting Time): _____

- 3.) **Supervised** parent/child access 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 restrictions on Parenting Time: (explain here) _____

The cost of supervised parent/child access shall be paid by:

- the parent being supervised;
- the parent providing legal decision making;
- shared equally by the parties.

- 4.) **No Parenting Time** rights to the parent not having legal decision making, **OR:**

- b. JOINT LEGAL DECISION MAKING:** Joint Legal Decision Making - Petitioner and Respondent agree to act as joint custodians of the child(ren), as set forth in the Joint Legal Decision Making Agreement by the parties pursuant to A.R.S. § 25-332, signed by both parties, if the Court adopts the agreed terms of the Joint Legal Decision Making Agreement setting forth the Legal Decision Making and Parenting Time Agreement between the parties. There have been **no** significant acts of Domestic Violence under A.R.S. §13-3601 by either parent.

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 **or** other party in a reasonable amount as determined by the Court under the Arizona Child Support Guidelines (Child Support Order to be attached to the Legal Decision Making/Parenting Time Order). Support payments shall begin on the first day of the first month following the entry of the Legal Decision Making/ Parenting Time Order. These payments, plus a statutory fee for handling, shall be paid through the Support Payment Clearinghouse and collected by automatic wage assignment.

3. **MEDICAL, DENTAL, VISION CARE:**

Petitioner should be responsible for providing:

- medical
- dental
- vision care insurance

Respondent should be responsible for providing:

- medical
- dental
- vision care insurance

Medical, dental, and vision care insurance, payments and expenses are based on the information in the Parent's Worksheet for Child Support attached and incorporated by reference. The party ordered to pay must keep the other party informed of the insurance company name, address and telephone number, and must give the other party the documents necessary to submit insurance claims.

Non-Covered Expenses. Petitioner is ordered to pay _____%, AND Respondent is ordered to pay _____% of all reasonable uncovered and/or uninsured medical, dental, vision care, prescription and other health care charges for the minor child(ren), including co-payments.

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	_____		
Petitioner	Respondent	_____		

		Name of child	Current tax year	Later tax years
Petitioner	Respondent	_____		
Petitioner	Respondent	_____		

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

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

Signature: _____ Date: _____