

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

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

In the Matter of:

_____ Name of Non-Parent(s) Seeking Legal Decision Making	CASE NUMBER: _____
_____ Name(s) of Mother, and/or Father	RESPONSE TO PETITION FOR NON-PARENT LEGAL DECISION MAKING AND/OR PHYSICAL PLACEMENT OF CHILD
_____ Name of Other Parent or Legal Guardian (if any)	HONORABLE: _____

GENERAL INFORMATION:

1. Information about me, the person filing this response:

Name: _____
Address: _____
County of Residence: _____
Date of Birth: _____
Occupations(s): _____

Relationship to child(ren) for whom Legal Decision Making and/or Placement of
Child(ren) order is requested: (explain)

2. Information about the petitioner(s):

Name: _____

Address: _____

County of Residence: _____

Date of Birth: _____

Occupations(s): _____

Petitioner's relationship to child(ren) for whom Legal Decision Making
and/or Physical Placement Order is requested: (Check one box)

Parent of Mother of child(ren)

Parent of Father of child(ren)

Grandparent of Mother of child(ren)

Grandparent of Father child(ren)

Other:

(explain): _____

3. Information about the mother of child(ren)

Name: _____

Address: _____

County of

Residence: _____

Date of Birth: _____

Occupations(s): _____

4. Information about the father of child(ren)

Name: _____

Address: _____

County of

Residence: _____

Date of Birth: _____

Occupations(s): _____

Date of paternity order, if one exists: _____

Court case number: _____

Name of court: _____

Location, address of court: _____

5. Information about other legal guardians of child(ren), if any:

Name: _____

Address: _____

County of

Residence: _____

Date of Birth: _____

Occupations(s): _____

6. Information about child(ren) for whom I or we want Legal Decision Making and/or Placement of Child(ren) order:

Name: _____
Birth Date: _____
Current Address: _____

County of Residence: _____
Father: _____
Mother: _____

Name: _____
Birth Date: _____
Current Address: _____

County of Residence: _____
Father: _____
Mother: _____

Name: _____
Birth Date: _____
Current Address: _____

County of Residence: _____
Father: _____
Mother: _____

Name: _____
Birth Date: _____
Current Address: _____

County of Residence: _____
Father: _____
Mother: _____

7. I oppose granting Legal Decision-Making and/or Physical Placement of Child(ren) to Petitioner(s) because:

(Check all box(es) that apply and write-in requested information if applicable)

- A.** ☐ Awarding legal decision-making and placement to a legal parent serves the child(ren)'s best interests because of the physical, psychological and emotional needs of the child to be reared by a legal parent.
- B.** It would NOT be significantly detrimental to the child(ren) to remain or be placed in the care of either legal parent. The child should be placed with:
Mother Father _____(Other).
- C.** A court of competent jurisdiction has entered or approved an order concerning legal decision-making or parenting time within one year before the person filed a petition pursuant to this section, and there is no reason to believe the child(ren)'s present environment may seriously endanger the child(ren)'s physical, mental, moral or emotional health
Date of court order: _____
Case Number: _____
Name, location of court: _____
- D.** The Petitioner does not have a parent like relationship to the child(ren) and/or has not cared for the child(ren) and therefore does not stand "in loco parentis."

E. NONE of the following apply: 1) one of the parents is deceased, 2) the child(ren)'s legal parents are not married to each other at the time of filing or 3) a proceeding for dissolution of marriage or for legal separation of the legal parents is pending at the time filing.

F. Other (please explain):

8. SELECT ONE:

I do not oppose granting Legal Decision Making and/or Physical Placement of Child(ren) to Petitioner(s), and

I do oppose granting Legal Decision Making and/or Physical Placement of Child(ren) to Petitioner(s), but if they are granted such,

I request parenting time as follows (explain specifically):

During the SCHOOL YEAR: (explain specifically)

During the SUMMER MONTHS OR SCHOOL BREAKS: (explain specifically)

FOR HOLIDAYS AND BIRTHDAYS: (explain specifically)

FOR TELEPHONE CALLS: (explain specifically)

OTHER: (explain specifically)

9. Statements about Petitioner's relationship with the child(ren) for the last 6 months, your relationship to the child(ren) for the past 6 months, and why you think it is **NOT** best for the child(ren) for Legal Decision Making and/or Physical Placement to be ordered, or limitation on Legal Decision Making and/or Physical Placement that should be set:

OTHER INFORMATION ABOUT THE CHILD(REN):

10. Where the child(ren) who is/are under 18 years old have lived for the last 5 years.
(Attach extra pages if necessary.)

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

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

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

COURT CASES RELATED TO THE CHILD(REN):

11. (Check one box) I DO HAVE I DO **NOT** HAVE information about a Legal Decision-Making, Guardianship, or "custody" court case relating to any of the 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: _____
How the child is involved: _____	

Summary of any Court Order: _____

12. (Check one box) I DO KNOW I DO **NOT** KNOW a person other than the Petitioner(s) or the Respondent(s) who has Legal Decision-Making, Guardianship, or "custody" 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: _____

Court State: _____ Court Location: _____

Court Case Number: _____ Current Status: _____

How the child is involved: _____

Summary of any Court Order: _____

13. (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 , Guardianship or "custody" of 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: _____

14. **SUMMARY OF WHAT I SAY ABOUT THE CHILDREN THAT IS DIFFERENT FROM WHAT THE OTHER PERSON ASKED FOR:** (Here summarize what is different between what you say about the child(ren), and what the other party said)

OTHER STATEMENTS TO THE COURT:

15. 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 child(ren). **OR**

This isn't the county of residence of the petitioner or respondent, or the child(ren).

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

REQUESTS TO THE COURT: (check which number applies to your request)

1. **ORDER** Legal Decision Making to Petitioner Mother Father

NOTE: Parents may share joint legal decision-making with each other; however, a non-parent may only have sole legal decision-making. The court cannot give joint legal decision-making to a parent and a non-parent.

2. **DENY** Legal Decision-Making and Placement to Non-Parent Petitioner(s)

3. **Physical Placement of Child(ren):**

Petitioner(s)

Mother

Father

Pursuant to the agreement or prior order filed _____
(date)

Subject to any visitation orders indicated below.

4. OTHER ORDERS. Write in other orders you are requesting from the Court:

OATH OR AFFIRMATION AND VERIFICATION:

I swear or affirm that the information on this document is true and correct under penalty of perjury.

State of Arizona)

)

County of _____)

Date _____

Signature

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 20____

by _____
Name of Signer

Commission Expires

Notary Public