Perso	on Filina:						
-	· -						
		icable)					
∐ R€	epresenting Self	(No Attorney) OR 🗌 Represe	ented by Attorney				
If Att	orney, Bar Numb	per:					
			COURT OF AF AVE COUNTY		ONA		
			Ca	ase l	Number:		
(Nam	e of Petitioner)			PETITION FOR PATERNITY (Check one box only.)			
AND				1	LEGAL DECISION MAKING, PARENTING TIME, <u>and</u> CHILD SUPPORT		
(Name of Respondent)]	LEGAL DECISION MAKING, PARENTING TIME		
GEN	ERAL INFORM	ATION:					
1.		N ABOUT THE PETITIONER:					
	Name: Address:						
	Date of Birth:						
	Occupation:						
	Relationship to	minor child(ren) for whom I war	it the paternity order	r.			
		Mother					
	_	I claim to be the Father					
		I am a court-appointed guardia wedlock	n, conservator or "b	est f	riend" for the minor child(ren) born out of		
2.	INFORMATION Name:	N ABOUT THE RESPONDENT:					
	Address:	, 					
		dence:					
	Date of Birth: Occupation:						
		minor child(ren) for whom I war	nt the LEGAL DECIS	SION	MAKING/PARENTING TIME ORDER:		
		Mother					
		Father					
		Other: (explain)					

FOR CLERK'S USE ONLY

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;					
4.	INFC	INFORMATION ABOUT MINOR CHILD(REN) FOR WHOM I WANT PATERNITY ORDER:					
	Nam	e: Name:					
	Birth	date: Birthdate:					
	City,	State, Nation of Birth: City, State, Nation of Birth:					
	Nam	e: Name:					
		date: Birthdate:					
	City,	State, Nation of Birth: City, State, Nation of Birth:					
	Nam	e: Name:					
		date: Birthdate:					
	City,	State, Nation of Birth: City, State, Nation of Birth:					
STA	TEMEN	NTS ABOUT PATERNITY:					
5.		YOU THINK THE PERSON IS THE FATHER OF THE MINOR CHILD(REN): (Check which box applies.)					
		AFFIDAVIT: Petitioner and Respondent signed an Affidavit of Paternity acknowledging that □ Petitioner or □ Respondent is the minor child(ren)'s natural father. Copy of Affidavit is attached.					
		BIRTH CERTIFICATE: □ Petitioner or □ Respondent is named as the natural father on each of the minor child(ren)'s birth certificate(s). Copy of Birth Certificate(s) attached.					
		BLOOD TEST: DNA Testing indicates: □ Petitioner or □ Respondent is the minor child(ren)'s natural father. Test results attached.					
		PARTIES LIVING TOGETHER: Petitioner and Respondent were not married to each other at any time					

period(s) when the minor child(ren) could have been conceived.

during the ten months before birth of the minor child(ren). However, the parties lived together during the

		intercourse at the probable da	etitioner and Respondent were not living to ate(s) of conception of the minor child(ren). intercourse with anyone else during the penceived.	The mother of the minor		
		OTHER: (explain)				
6.	ABOU	Γ MARRIAGE AND HUSBAND	D: (If applicable, check one box.)			
		Mother was not married at the time minor child(ren) were born or conceived or was not married at least 10 months before minor child(ren) were born or conceived, OR				
			nor child(ren) were born or conceived or wa born or conceived, but husband is not fathe ause of marriage.			
OTHE	R INFOR	MATION ABOUT THE MINOR	R CHILD(REN):			
7.		E THE CHILD(REN) WHO IS/A 3: (Attach extra pages if necess	ARE UNDER 18 YEARS OLD HAS/HAVE sary.)	LIVED FOR THE LAST 5		
	Child's	Name	Dates: From	To		
	Lived w	vithaddress	Relationship to child: _			
	Child's	Name	Dates: From	To		
	Lived w	vithaddress				
	Succió	auuless	•			
		Name	Dates: From	To		
	Street a	vithaddress				
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 or I HAVE NOT been a party or a witness in court in this state or any other state regarding issues OTHER THAN the legal decision making or parenting time of any minor child(ren) named above. (If you have, explain below, using extra pages if necessary. IF NOT, GO ON.) Name of each child: Court state: Court state: Court location:					
	Court state: Court location: Court location: Court case number: Current status:					
	How the child(ren) is (are) involved:					
	Summa					

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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 you do , explain below, using extra pages if necessary. IF NOT, GO ON .)						
	Name of each child:						
	Name of each child:Court location:Current status:						
	Court case number: Current status: Nature of the Court proceeding: Summary of any Court Order:						
10.	LEGAL DECISION MAKING OR VISITATION 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 minor children named above. (If you do , 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:						
11.	LEGAL DECISION MAKING OF THE MINOR CHILD(REN): (If applicable, court must make findings in contested legal decision making cases.)						
	□ Sole Legal Decision Making to □ Petitioner or □ Respondent or □ Joint Legal Decision Making is in the best interests of the minor child(ren) for the following reasons:						
ОТН	ER STATEMENTS TO THE COURT:						
12.	MEDICAL EXPENSES: □ There are OR □ There are no unreimbursed medical expenses incurred by the mother, resulting from the birth of the minor child(ren). If there are , these costs and expenses should be awarded to □ Petitioner or □ Respondent according to law.						
13.	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.						
	The state of the s						
14.	DOMESTIC VIOLENCE: (Check if you are asking for joint legal decision making.)						
14.	DOMESTIC VIOLENCE: (Check if you are asking for joint legal decision making.) □ Domestic violence has not occurred between the parties. □ Domestic Violence has occurred but it has not been significant. Explain why joint legal decision making is						

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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).

VENUE: (Check here if the following statement is true):

15.

16.	DRUG □	I have not been convicted for a drug offense or driving under the influence of drugs or alcohol in the last twelve (12) months; OR					
		twelve	(12) mc	onths. H	for a drug offense or driving under the influence of drugs or alcohol in the last lowever, the parenting time arrangement I am requesting appropriately protects the ain how this arrangement appropriately protects the minor children:		
REQ	UESTS I	MAKE	TO TH	IE COU	JRT:		
17.	PATER as on h	RNITY: Order that (legal name of the father, his birth certificate) be declared the natural father of the minor child(ren).					
18.		that the	FICATE name of		ner be added to each minor child's birth (father's name)		
19.	CHILD				check the box and fill in the blank if you want this.) child's last name be changed to the last name of		
20.	LEGAL	L DECIS	SION MA	AKING (OF MINOR CHILD(REN) AND PARENTING TIME: (Check and complete 1 or 2.)		
	A.	SOLE LEGAL DECISION MAKING: Sole legal decision making of minor child(ren) be awarded to Petitioner or Respondent subject to Parenting Time as follows:					
		1.)			onable Parenting Time rights to the parent not having legal decision making, as will scribed in a Parenting Plan attached to the Final Order; OR		
		2.) □ Supervised parenting □ Respondent is in		Super □ Re	vised parenting time between the minor child(ren) and petitioner or espondent is in the best interests of the minor child(ren) for the following reasons: hin here reasons for supervision or no parenting time.)		
			i.		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 below)		
				•	The cost of supervised parenting time shall be paid by the parent being supervised; the parent having legal decision making; shared equally by the parties. OR		

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	ii. □ N OR	o parenting time rights to the pa	rent not having legal decision making.		
		spondent agree to act as joint cu	ustodians of the minor child(ren), as set forth in parties, if the court adopts the agreed upon		
21.	Support Guidelines. Support pay Paternity Decree/Order. These pa Clearinghouse and collected by au	in a reasonable amount as determents shall begin on the first da ayments, plus a statutory fee for utomatic wage assignment. Furt shall be paid by	rmined by the court under the Arizona Child y of the first month following the entry of the handling, shall be paid through the Support ther, that costs for past child support and care y Petitioner or Respondent		
22.	EXPENSES OF MOTHER: Order that Petitioner or Respondent pay a reasonable amount to cover unreimbursed expenses incurred by the mother related to the birth of each child(ren).				
23.		e:	Respondent should provide: medical dental vision care insurance mbursed medical, dental, vision care, and tion to their respective incomes as described on		
24.	TESTING AND COSTS: Order that if paternity is contested, Petitioner and Respondent be ordered to submit to such blood and tissue tests as may be necessary by this Court to establish paternity, and that Respondent must pay all costs and expenses of this lawsuit, if he/she contests these proceedings, including the costs of the blood tests or other genetic testing, filing each child's birth certificate, attorneys' fees and court costs.				
25.	OTHER ORDERS I AM REQUES	TING: (Explain request here)			
I decla	are under penalty of perjury that t	he foregoing is true and corre	ct.		
Dated:	:	Signature:			

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