

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)

and

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

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

### RESPONSE TO PETITION TO ESTABLISH PATERNITY, LEGAL DECISION MAKING and PARENTING TIME

#### GENERAL INFORMATION:

##### 1. INFORMATION ABOUT THE OTHER PARTY, THE PETITIONER:

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

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

County of Residence: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation(s): \_\_\_\_\_

Relationship to minor child(ren) for whom the paternity order is requested:

☐ Mother ☐ Claims to be the Father ☐ Is a court-appointed guardian, conservator  
Or "best friend" for the child(ren)

##### 2. INFORMATION ABOUT ME, THE RESPONDENT:

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

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

County of Residence: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation(s): \_\_\_\_\_

Relationship to minor child(ren) for whom the paternity order is requested:

☐ Mother ☐ Claims to be the Father ☐ Is a court-appointed guardian, conservator  
Or "best friend" for the child(ren)

3. **INFORMATION ABOUT THE MINOR CHILDREN** is contained in the ***Affidavit Regarding Minor Children*** filed with the Petition or in the Petition itself and incorporated by reference therein.

**STATEMENTS ABOUT PATERNITY:**

4. **WHY YOU THINK YOU OR THE OTHER PERSON IS NOT THE FATHER OF THE MINOR CHILD(REN):** (Check all boxes that apply.)

- A. ☐ **AFFIDAVIT:** Petitioner and Respondent **did not sign** an Affidavit or Acknowledgment of Paternity acknowledging that ☐ Petitioner or ☐ Respondent is the child(ren)'s natural father.
- B. ☐ **BIRTH CERTIFICATE:** \_\_\_\_\_ is not named as the natural father on the minor child(ren)'s birth certificate(s), OR a father by the name of \_\_\_\_\_ is named on the birth certificate(s).
- C. ☐ **BLOOD TEST:** The parties had DNA (Deoxyribonucleic Acid) Testing and \_\_\_\_\_ (name of father) is shown **NOT** to be the minor child(ren)'s natural father. A copy of the test results is attached to this Response.
- D. ☐ **PARTIES NOT LIVING TOGETHER:** Petitioner and Respondent were not married to each other at any time during the ten months before the birth of the minor child(ren). The parties did not live together during the period(s) when the minor child(ren) could have been conceived.
- E. ☐ **NO SEXUAL INTERCOURSE:** Petitioner and Respondent were not living together and did not have sexual intercourse at the probable date of conception of the minor child(ren).
- F. ☐ **SEXUAL INTERCOURSE:** The mother of the minor child(ren) had sexual intercourse with someone else during the period in which the minor child(ren) could have been conceived.
- G. **OTHER:** (explain)

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5. **ABOUT MARRIAGE AND HUSBAND:** (If applicable, check one box only.)

- ☐ Mother **was not married** at the time the minor child(ren) were born or conceived or was not married at least 10 months before minor (child(ren) were born or conceived; **OR**
- ☐ Mother **was married** when minor child(ren) were born or conceived or was married at least 10 months before the minor child(ren) were born or conceived, but husband is not the father of minor child(ren). (Husband must be included as a party to this court case because of marriage.)

6. **SUMMARY OF WHAT I SAY ABOUT THE MINOR CHILD(REN) THAT IS DIFFERENT FROM WHAT THE PETITIONER ASKED FOR IN THE PETITION:** (Summarize what is different between what you say about the minor child(ren), and what the other party said in their Petition.)

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**OTHER STATEMENTS TO THE COURT:**

7. **MEDICAL EXPENSES:** (Check the applicable boxes)  
☐ There **are** OR  
☐ There are **not** 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 paid by ☐ Petitioner OR ☐ Respondent according to law.
8. **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.
9. **DOMESTIC VIOLENCE:** (Check the correct box if you are asking for joint legal decision making.)  
Significant domestic violence ☐ **has** OR ☐ has **not** occurred between the parties.
10. **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).
11. **GENERAL DENIAL:** I deny anything stated in the complaint that I have not specifically admitted, qualified, or denied.

**REQUESTS I MAKE TO THE COURT:**

1. **PATERNITY:**  
Order that (name of father) \_\_\_\_\_ **is NOT the natural father** of the minor child(ren);  
  
Order that (name of father) \_\_\_\_\_ **IS the natural father** of the minor child(ren).

**IN THE EVENT THAT COURT ORDERS THAT (name) \_\_\_\_\_ IS THE NATURAL FATHER, THEN THE COURT SHOULD ALSO ORDER AS FOLLOWS:**

2. **BIRTH CERTIFICATE:** (Check the box and complete this sentence if you want this.)  
☐ Order that (name of father) \_\_\_\_\_ name be added to each minor child's birth certificate;
3. **LAST NAME:** (Check the box and complete this sentence if you want this.)  
☐ Order that each child's last name be changed to the last name of \_\_\_\_\_

**4. LEGAL DECISION MAKING AND PARENTING TIME OF CHILDREN: (Check the box and complete A or B.)**  
Order that:

**A. ☐ SOLE LEGAL DECISION MAKING:** Sole legal decision making of the minor child(ren) be awarded to \_\_\_\_\_ subject to parenting time as follows:

1. ☐ **Reasonable parenting time rights** to the parent who does not have legal decision making, as will be described in a Parenting Plan attached to the Final Order, OR
2. ☐ **Supervised parenting time** between the minor children and the other party is in the best interest of the minor child(ren) because: (Explain here reasons for supervision or no parenting time.)

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i. **Person to supervise:** \_\_\_\_\_

ii. **Requested restrictions** on parenting time: (Explain below)

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iii. **The cost of supervised parent time shall be paid by** ☐ the parent being supervised  
☐ the parent having legal decision making; ☐ shared equally by the parties; OR

3. ☐ **No parenting time rights** to the parent who does not have legal decision making is in the best interests of the minor child(ren) for the following reasons:

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**OR**

**B. ☐ JOINT LEGAL DECISION MAKING:** Plaintiff and Defendant agree to act as joint custodians of the minor child(ren), as set forth in the Joint Legal decision making Agreement in the Parenting Plan by the parties, signed by both parties. There have been no significant acts of domestic violence by either parent.

**5. CHILD SUPPORT:**

Order that child support be paid by ☐ Petitioner OR ☐ Respondent in a reasonable amount as determined by the Court under the Arizona Child Support Guidelines, payable on the first day of each month, beginning the first day of the month following the signing of the final order. These payments, and a handling fee, shall be paid through the Support Clearinghouse and collected by automatic wage assignment. Costs for past child support and care for minor child(ren) in \$\_\_\_\_\_ to be paid by ☐ Petitioner OR ☐ Respondent in the amount of \$\_\_\_\_\_ each month until paid in full.

6. **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 the child(ren).

7. **MEDICAL, DENTAL and VISION CARE INSURANCE and HEALTH CARE EXPENSES FOR MINOR CHILDREN:**

Order that:

- ☐ **Mother** should be responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.  
☐ **Father** should be responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.

Order that Petitioner and Respondent pay for all reasonable unreimbursed medical, dental, vision care and health-related expenses incurred for the minor child(ren) in proportion to their respective incomes as described on the ***Parent's Worksheet***, which shall be submitted with the Judgment and Order.

8. **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 the other party pay all costs and expenses of this lawsuit under A.R.S. §25-809 including blood tests or other genetic testing, filing each child's birth certificate, attorney's fees, and court costs;

9. **OTHER ORDERS I AM REQUESTING:** (Explain request here) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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