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Representing Self or Lawyer for _____
Lawyer Bar Number: _____

FOR CLERK'S USE
ONLY

SUPERIOR COURT OF ARIZONA IN MOHAVE COUNTY

Petitioner

Case Number: _____

Respondent

**PETITION for COURT ORDER for
PATERNITY and** (Check all boxes that apply.
 LEGAL DECISION-MAKING (CUSTODY)
 PARENTING TIME
 CHILD SUPPORT
 VITAL RECORDS

STATEMENTS TO THE COURT UNDER PENALTY OF PERJURY.

1. INFORMATION ABOUT ME, THE PETITIONER.

Name: _____
Address: _____
City, State, Zip Code: _____
County of Residence: _____ Date of Birth: _____
Occupation: _____
Petitioner's relationship to the child(ren) for whom Petitioner wants the paternity order:
 The Petitioner is the Mother
 The Petitioner is the Father (or may be the father)
 Other: (Explain) _____

2. INFORMATION ABOUT OTHER PARTY, THE RESPONDENT.

Name: _____
Address: _____
City, State, Zip Code: _____
County of Residence: _____ Date of Birth: _____
Occupation: _____
Respondent's relationship to child(ren) for whom I want paternity order:
 The Respondent is the Mother
 The Respondent is the Father (or may be the father)
 Other: (Explain) _____

3. **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).

4. **JURISDICTION.** This Court has jurisdiction under A.R.S. §25-502 to order a party to pay child support because: (Check all boxes that apply.)

- The Respondent is a resident of Arizona
- I believe that I will personally serve the Respondent in Arizona
- The Respondent agrees to have the case heard here and will file written papers in the court case
- The Respondent lived with the minor child(ren) in this state at some time
- The Respondent lived in this state and provided pre-birth expenses or support for the child(ren)
- The minor child(ren) lives in this state as a result of the acts or directives of the Respondent
- The Respondent had sexual intercourse in this state and the minor child(ren) may have been conceived by that act of intercourse
- The Respondent signed an affidavit acknowledging paternity that is filed in this state
- The Respondent signed a birth certificate that is filed in this state
- The Respondent did other acts that substantially connect the person with this state

This Court has jurisdiction to decide legal decision-making (custody) and parenting time matters under Arizona law, A.R.S. §§ 25-402 and 25-801.

LIMITATION ON JURISDICTION. If the Respondent is not personally served (served by publication) the court cannot make a legal order regarding issues of child support; medical, dental, and vision care insurance; and expenses for minor child(ren).

I understand that if I want the court to make a legal order regarding issues of child support; medical, dental, and vision care insurance; and expenses for the minor child(ren), I must personally serve the Respondent.

5. **STATEMENTS ABOUT PATERNITY.**

WHY YOU THINK THE PETITIONER RESPONDENT IS THE FATHER OF THE CHILD(REN). (Check all boxes that apply.)

- Affidavit:** Petitioner and Respondent signed an Affidavit of Paternity acknowledging that **Petitioner** **Respondent** is the child(ren)'s natural father. (Attach a copy.)
- Birth Certificate:** **Petitioner** **Respondent** is named as the natural father on the child(ren)'s birth certificate(s), that have been signed by both parties. (Attach a copy of each birth certificate.)
- DNA/Blood Test.** The parties had DNA (Deoxyribonucleic Acid) testing administered and **Petitioner** **Respondent** is shown to be the child(ren)'s natural father. (Attach a copy of the test results.)
- Parties Living Together.** Petitioner and Respondent were not married to each other at any time during the ten months before birth of the child(ren). However, the parties lived together during the period(s) when the child(ren) could have been conceived.

Sexual Intercourse. Petitioner and Respondent were not living together but had sexual intercourse at the probable date(s) of conception of the child(ren). The mother of the child(ren) did not have sexual intercourse with anyone else during the periods in which the child(ren) could have been conceived.

Other. (Explain.)

6. ABOUT MARRIAGE AND HUSBAND. (If applicable, check one box.)

Mother **was not married** at the time the child(ren) was born or conceived or at least 10 months before the child(ren) was born or conceived.

Mother **was married** when the child(ren) was born or conceived or at least 10 months before child(ren) was born or conceived, but husband is not the father of child(ren). Husband is a party to this court case because of marriage.

7. INFORMATION ABOUT THE CHILD(REN) FOR WHOM I WANT THE PATERNITY ORDER, including past 5 years residence.

A. Child's Name: _____ Gender: Female Male
Place of Birth: _____ Date of Birth: _____
Current Address: _____
City, State, Zip Code: _____
How long at this address: _____ County: _____
Lived with Petitioner Respondent Other (Name & Relation to Child): _____

(If less than 5 years, provide 5 years previous address information for this child.)

Previous Address: _____
City, State, Zip Code: _____
How long at this address: _____
Lived with Petitioner Respondent Other: _____
Previous Address: _____
City, State, Zip Code: _____
How long at this address: _____
Lived with Petitioner Respondent Other: _____

B. Child's Name: _____ Gender: Female Male
Place of Birth: _____ Date of Birth: _____
Current Address: _____
City, State, Zip Code: _____
How long at this address: _____ County: _____
Lived with Petitioner Respondent Other (Name & Relation to Child): _____

(If less than 5 years, provide 5 years previous address information for this child.)

Previous Address: _____
City, State, Zip Code: _____

Case Number: _____

How long at this address: _____
Lived with Petitioner Respondent Other: _____
Previous Address: _____
City, State, Zip Code: _____
How long at this address: _____
Lived with Petitioner Respondent Other: _____

C. Child's Name: _____ Gender: Female Male
Place of Birth: _____ Date of Birth: _____
Current Address: _____
City, State, Zip Code: _____
How long at this address: _____ County: _____
Lived with Petitioner Respondent Other (Name & Relation to Child): _____

(If less than 5 years, provide 5 years previous address information for this child.)

Previous Address: _____
City, State, Zip Code: _____
How long at this address: _____
Lived with Petitioner Respondent Other: _____
Previous Address: _____
City, State, Zip Code: _____
How long at this address: _____
Lived with Petitioner Respondent Other: _____

D. Child's Name: _____ Gender: Female Male
Place of Birth: _____ Date of Birth: _____
Current Address: _____
City, State, Zip Code: _____
How long at this address: _____ County: _____
Lived with Petitioner Respondent Other (Name & Relation to Child): _____

(If less than 5 years, provide 5 years previous address information for this child.)

Previous Address: _____
City, State, Zip Code: _____
How long at this address: _____
Lived with Petitioner Respondent Other: _____
Previous Address: _____
City, State, Zip Code: _____
How long at this address: _____
Lived with Petitioner Respondent Other: _____

Continues on attached page(s) made part of this document by reference.

8. COURT CASES INVOLVING LEGAL DECISION-MAKING (CUSTODY) OR PARENTING TIME RELATED TO CHILDREN UNDER 18 YEARS OLD. (Check one box.)

I do I do not have any information of any legal decision-making proceeding concerning a child mentioned above pending in a court of this or any other state. (If you do have information about such cases, explain below, using extra pages if necessary.)

Case Number: _____

Name of each child: _____

Court State: _____ Court location (county/city): _____

Court case number: _____ Current case status: _____

Nature (type) of court proceeding: _____

Summary of any Court Order: _____

9. COURT CASES NOT INVOLVING LEGAL DECISION-MAKING (CUSTODY) OR PARENTING TIME RELATED TO THE CHILDREN. (Check one box.)

I have I have not participated as a party, witness, or in any other capacity in any other prior litigation concerning legal decision-making of a child mentioned above, in this or any other state. (If you have, explain below, using extra pages if necessary.)

Name of each child: _____

Court State: _____ Court location (county/city): _____

Court case number: _____ Current case status: _____

How the children are involved: _____

Summary of any Court Order: _____

10. LEGAL DECISION-MAKING (CUSTODY) OR PARENTING TIME CLAIMS OF ANY PERSON. (Check one box.)

I do I do not know of any person not a party to this proceeding who has legal decision-making or claims to have legal decision-making or parenting time rights with respect to any child mentioned above. (If you do, explain below, using extra pages if necessary.)

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. CHILD SUPPORT.

There is an **Order** for Child Support, dated _____ from (name of court) _____

To my knowledge **there is no child support order** for the minor child(ren) and the court should order child support in this case.

Petitioner Respondent made **voluntary/direct support payments** that need to be taken into account, if past support is requested.

Petitioner Respondent owes **past support** for the period between:

the **date this petition was filed** and the date current child support is ordered.

OR

the **date the parties started living apart**, but not more than three years before the date this petition was filed and the date current child support is ordered.

12. **MEDICAL EXPENSES.** **There are** **There are no** unreimbursed medical expenses incurred by the mother, resulting from the birth of the child(ren). If there are, these costs and expenses should be awarded to **Petitioner** **Respondent** according to law, A.R.S. §25-809.

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.

14. **THE PARENT EDUCATION PROGRAM** is required for persons seeking legal decision-making (custody) or parenting time. (If you intend to ask for legal decision-making (custody) or parenting time, check one box.)

I, the Petitioner, **have** **have not** already completed the Parent Education Program.

15. **DOMESTIC VIOLENCE.** (If you intend to ask for **joint** legal decision-making (joint custody), check one box.)

Domestic Violence **has not** occurred in this relationship.

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 interests of the minor child(ren)** to grant joint or sole legal decision making (joint or sole custody) to a party who has committed domestic violence *because:* (Explain.)

16. **DRUG / ALCOHOL CONVICTION WITHIN LAST TWELVE MONTHS.** (If you intend to ask for **joint** legal decision-making (**joint** custody), check one box.)

Neither party has been convicted for a drug offense or driving under the influence of drugs or alcohol in the last twelve (12) months,

One or both parties have been convicted for a drug offense or driving under the influence of drugs or alcohol in the last twelve (12) months.

Petitioner was convicted.

Respondent was convicted.

The legal decision-making (custody) and parenting time arrangement I am requesting appropriately protects the minor child(ren).

Explain how this arrangement appropriately protects the minor children.

REQUESTS TO THE COURT.

A. PATERNITY. Order that _____
is the natural father of the child(ren).

B. BIRTH CERTIFICATE. (Check box and complete if this is desired.)

Order that the name of the father, listed above be added to each minor child's birth certificate.

C. NAME CHANGE. (Check box and complete if this is desired.)

Order that each minor child(ren)'s **last** name(s) only be changed to:

Order as follows:

D. LEGAL DECISION-MAKING (CUSTODY), PRIMARY RESIDENCE AND PARENTING TIME.

(Complete this section only if you are asking the court to decide these issues.)

1. LEGAL DECISION-MAKING (CUSTODY). Award legal decision-making (custody) concerning the minor child(ren) as follows:

JOINT LEGAL DECISION-MAKING (joint custody). The parties agree to act as joint legal decision-makers concerning the minor child(ren) and will submit a Parenting Plan and Joint Legal Decision-Making Agreement signed by both parties.

OR

SOLE LEGAL DECISION-MAKING (sole custody) of the minor child(ren) award to **Petitioner** **Respondent**, subject to the Parenting Time requested below.

2. PRIMARY RESIDENCE. Declare the Primary Residence of each minor child as follows:

Declare **Petitioner's** home as the primary residence for the following named child(ren):

Declare **Respondent's** home as the primary residence for the following named child(ren):

3. **PARENTING TIME.** Award parenting time with the minor child(ren) as follows:

Reasonable parenting time to the party not having legal decision-making, according to the terms of the Parenting Plan attached to the Order.

OR

Supervised parenting time between the minor child(ren) and **Petitioner** **Respondent** is in the best interest of the child(ren) because:

a. Name this person to supervise: _____

b. Additionally restrict parenting time as follows:

c. Order cost of supervised parenting time (if applicable) to be paid by:
 the **party being supervised**;
 the **party having legal decision-making** (custody);
 shared equally by the parties.

OR

No parenting time rights to the party not having legal decision-making is in the best interest of the minor child(ren) because:

Explanation continues on attached pages made part of this document by reference.

Check below if you are asking for a child support order or a change of child support.

E. **CHILD SUPPORT.**

1. Order that child support be paid by **Petitioner** **Respondent** in an amount as determined by the court under the Arizona Child Support Guidelines.

Support payments to begin on the first day of the first month after the Judge or Commissioner signs the Paternity Order with all payments, plus the statutory handling fee, to be paid through the Support Payment Clearinghouse, PO Box 52107, Phoenix, Arizona 85072-7107 by income withholding order.

2. Order that **past child support** be paid by **Petitioner** **Respondent** in an amount determined by using a retroactive application of the Arizona Child Support Guidelines taking into account any amount of **temporary or voluntary / direct support** that has been paid. Child Support to be paid as defined above.

F. **EXPENSES OF MOTHER.** Order that the **Petitioner** **Respondent**, pay a reasonable amount to cover unreimbursed expenses incurred by the mother related to the birth of the child(ren).

G. [] MEDICAL, DENTAL, VISION INSURANCE AND HEALTH CARE FOR THE MINOR CHILD(REN). Order that:

[] **Petitioner** should be responsible for providing [] medical [] dental [] vision care insurance.

[] **Respondent** should be responsible for providing [] medical [] dental [] vision care insurance.

[] Order that Petitioner and Respondent will share all reasonable **unreimbursed medical, dental, vision care, and health-related expenses** incurred for the minor child(ren) in proportion to their respective incomes.

H. 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 Arizona law, A.R.S. §25-809, including blood tests or other genetic testing; filing each child's birth certificate; attorney's fees and court costs.

I. TAX EXEMPTION. Allocate tax exemptions for the minor child(ren) as determined by the court under the Arizona Child Support Guidelines and in a manner that allows each party to claim allowable federal dependency exemptions proportionate to adjusted gross income in a reasonable pattern that can be repeated.

Under the Affordable Care Act, the party who claims the child as a dependent on a federal tax return has the obligation to ensure that the child is covered by medical insurance and may be penalized by the IRS for failing to do so.

J. OTHER ORDERS I AM REQUESTING. (Explain request):

UNDER OATH OR AFFIRMATION:

I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

Date

Petitioner's Signature

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ (date)

by _____.

(notary seal)

Deputy Clerk or Notary Public