

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone Numbers: _____
Email Address: _____
ATLAS Number: (if applicable) _____
Representing Self or Lawyer for _____
Lawyer Bar Number: _____

FOR CLERK'S USE
ONLY

SUPERIOR COURT OF ARIZONA IN MOHAVE COUNTY

Petitioner

Case Number: _____

**RESPONSE to PETITION for COURT ORDER
for PATERNITY and** (Check all boxes as they
appear on the Petition.)

Respondent

- LEGAL DECISION-MAKING (CUSTODY)**
- PARENTING TIME**
- CHILD SUPPORT**
- VITAL RECORDS**

STATEMENTS TO THE COURT UNDER PENALTY OF PERJURY.

1. INFORMATION ABOUT THE OTHER PARTY, THE PETITIONER.

Name: _____
Address (if not protected): _____
City, State, Zip Code: _____
County of Residence: _____ Date of Birth: _____
Occupation: _____

Petitioner's relationship to children for whom the 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 ME, THE RESPONDENT.

Name: _____
Address (if not protected): _____
City, State, Zip Code: _____
County of Residence: _____ Date of Birth: _____
Occupation: _____

My relationship to children for whom the Petitioner wants the paternity order:

- The Respondent is the Mother
- The Respondent is the Father (or may be the father)
- Other: (Explain) _____

3. VENUE. (Check box if true.)

This **is not** the proper court to bring this lawsuit under Arizona law, because it is **not** the county of residence of the Petitioner, or the Respondent, or the minor child(ren).

4. INFORMATION ABOUT MINOR CHILDREN is contained in the Petition or Affidavit Regarding Minor Children and incorporated by reference.

5. STATEMENTS ABOUT PATERNITY.

I **am not** the Father

Petitioner is not the Father

I request a paternity test prior to the entry of judgment in this matter.

Other: _____

WHY YOU THINK PETITIONER RESPONDENT IS NOT THE FATHER OF THE CHILD(REN).

(Check all boxes that are true.)

Affidavit: The Petitioner and Respondent **did not sign** an Affidavit or Acknowledgment of Paternity acknowledging that **Petitioner** **Respondent is** the child(ren)'s natural father.

Birth Certificate: The **Petitioner** **Respondent is not named** as the natural father on the child(ren)'s birth certificate(s), **or** a different person's name, the name of

_____ is listed as the father on the minor child(ren)'s birth certificate.

DNA/Blood Test: The parties had DNA (Deoxyribonucleic Acid) testing administered and the **Petitioner** **Respondent is** shown **not** to be the child(ren)'s natural father. A copy of the test results is attached to this Response.)

Parties NOT Living Together: The Petitioner and Respondent were not married to each other at any time during the ten months before birth of the child(ren). The parties did not live together during the period(s) when the child(ren) could have been conceived.

No Sexual Intercourse: The Petitioner and Respondent were not living together and did not have sexual intercourse at the probable date(s) of conception of the child(ren).

Sexual Intercourse: The mother of the minor children had sexual intercourse with someone else during the period in which the minor 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 minor child(ren) were born or conceived or at least 10 months before minor child(ren) were born or conceived.

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

Summary of what I say about the **MINOR CHILDREN** that is different from what the Petitioner stated in the Petition:

OTHER STATEMENTS TO THE COURT.

7. 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.

8. MEDICAL EXPENSES. **There are** **There are not** 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 the **Petitioner** **Respondent** according to law.

9. OTHER EXPENSES. The parties should be ordered to divide between them any uninsured medical, dental, vision, or health expenses, reasonably incurred for the minor child(ren), in proportion to their respective incomes.

10. 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.)

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

11. 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 in this relationship 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.)

12. 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.

13. GENERAL DENIAL. I deny anything stated in the Petition that I have not specifically admitted, qualified, or denied.

REQUESTS TO THE COURT:

A. PATERNITY. Issue an order declaring that _____
 is is **not** the natural father of the minor child(ren).

In the event the court orders that above-named party is the natural father, then the court should also order as follows:

B. BIRTH CERTIFICATE. (Check the box if this is what you want.)

- Order that the name of the father as appears on his birth certificate or other legal document should be added to each minor child's birth certificate as the father.

C. **NAME CHANGE.** (Check the box and complete this section if this is what you want.)

Order that each minor child's last name be changed to:

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

(Complete this section only if the Petitioner is asking the court to decide these issues.)

1. LEGAL DECISION-MAKING (CUSTODY). Award legal decision-making authority (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 children 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 this Response.

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:

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

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.

Child support payments to begin on the first day of the 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.)

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

Respondent's Signature

STATE OF _____

COUNTY OF _____

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

by _____.

(notary seal)

Deputy Clerk or Notary Public

A copy of this document will be mailed to the Petitioner on: _____
(Month / Date / Year)

To the following address: _____
