

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
ATLAS Number: _____
Lawyer's Bar Number: _____

For Clerk's Use Only

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Name of Petitioner / Party A

Case Number: _____

Name of Respondent / Party B

RESPONSE TO PETITION TO ESTABLISH

(Check one box, depending on whether you need child support order)

- LEGAL DECISION-MAKING (CUSTODY), PARENTING TIME, and CHILD SUPPORT, or
- LEGAL DECISION-MAKING (CUSTODY) AND PARENTING TIME (ONLY)

STATEMENTS TO THE COURT

1. INFORMATION ABOUT THE OTHER PARTY

Name: _____

Address: _____

Date of Birth: _____

Occupation: _____

The Other Party's relationship to the children listed in this Response:

Mother Father Other. Other Party's relationship to the children is:

2. INFORMATION ABOUT ME

Name: _____

Address: _____

Date of Birth: _____

Occupation: _____

MY relationship to the children listed in this Response:

Mother Father Other. My relationship to the children is:

3. VENUE:

This is the proper court to bring this lawsuit under Arizona law because it is the county of residence of Party A, and/or Party B, and/or the minor child(ren),

OR

This is NOT the proper court to bring this lawsuit under Arizona law because it is not the county of residence of Party A, Party B, or the minor child(ren).

4. INFORMATION ABOUT MINOR CHILDREN is contained in the Petition and incorporated by reference.

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

5. STATEMENTS ABOUT PATERNITY AND CHILD SUPPORT

A. PATERNITY HAS NOT been established.

B. PATERNITY WAS ESTABLISHED BY: (check one box).

(A copy of any Order or document referenced here should already be in the Court file or attached.)

A Court Order for Paternity from this county or previously transferred to this county stating that

_____ is the natural father of the minor child(ren) included in this Petition. (A.R.S. § 25-502(c))

Both parents signing an Acknowledgment of Paternity through the Hospital Paternity Program or other means provided by law after July 18, 1996, and a birth certificate listing the name of the father was issued as a result.

We do not have an order of paternity, but we do have a child support order. (See instructions)

Parties were legally married when minor child(ren) was (were) born, conceived or adopted.*

Summary of what I say about PATERNITY that is different from what the other Party stated in the Petition:

*NOTE: If married when minor child(ren) born, conceived or adopted, and no decree of Divorce or Separation has been issued, STOP! Do not use these forms unless advised to do so by an attorney. Requests for legal decision-making authority (custody) and parenting time for married persons must generally be filed as part of a case for Legal Separation or Divorce.

C. INFORMATION ABOUT CHILD SUPPORT FOR MINOR CHILDREN: (check one box)

There is an order for Child Support, dated _____ from
(name of court) _____.

This order **needs** **does not need to be changed.**

There is a pending child support petition or modification currently filed in this Court or a different court. (If you checked this box, complete the following.)

Name and Location of Court: _____

Nature of the Case: _____

Status of Case: _____

To my knowledge **there is no child support order** for the minor child(ren) and the court should order child support in this case along with legal decision-making (custody), and parenting time.

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

Party A Party B owes **past support** for the period between:

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

6. COURT CASES NOT INVOLVING LEGAL DECISION-MAKING (LEGAL CUSTODY) OR PARENTING TIME RELATED TO THE CHILDREN UNDER 18 YEARS OLD:

(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 any matter OTHER THAN the legal decision-making (legal custody) or parenting time of any of the minor 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: _____

7. LEGAL DECISION-MAKING (LEGAL CUSTODY) 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 (legal custody) 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 so, explain below, using extra pages if necessary. **IF NOT, GO ON**).

Name of each minor child: _____

Court State: _____

Court Location: _____

Court Case Number: _____

Current Status: _____

Nature of Court proceeding:

Summary of any Court Order: _____

8. LEGAL DECISION-MAKING (LEGAL CUSTODY) OR PARENTING TIME CLAIMS OF ANY PERSON:

(Check one box) **I DO NOT KNOW** **I DO KNOW** a person other than Party A or Party B who has physical custody or who claims legal decision-making (legal custody) or parenting time rights to any of the minor children named above.

(If so, explain below, using extra pages if necessary. IF NOT, GO TO #9).

Names of each child minor claimed: _____

Name of person with the Claim: _____

Address of person with the Claim: _____

Nature of the Claim: _____

Additional claims of legal decision-making (legal custody) or parenting time stated on the attached page.

OTHER STATEMENTS TO THE COURT:

9. 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.

10. DOMESTIC VIOLENCE: *(If you intend to ask for joint legal decision-making (joint legal custody), there must have been no significant domestic violence between the parties or you must provide specific reasons the court should find joint authority is in the best interests of the minor(s) despite the domestic violence. (A.R.S. § 25-403.03). (Check the box to make a true statement below.)*

There has been domestic violence in this relationship and neither joint nor sole legal decision-making (custody) should be awarded to the **petitioner** **respondent who committed the violence.**

Domestic violence has not occurred in this relationship; or

There has been domestic violence between the parties 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 legal custody) to a parent who has committed domestic violence *because:* (Explain)

Summary of what I say about **DOMESTIC VIOLENCE** that is different from what the other Party said in the Petition.

11. DRUG / ALCOHOL CONVICTION WITHIN LAST TWELVE MONTHS. *(If you intend to ask for joint legal decision-making (joint legal 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.

Party A was convicted.

Party B was convicted.

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

Explain how this arrangement appropriately protects the minor children.

Summary of what I say about **DRUG/ALCOHOL CONVICTIONS** that is different from what the other Party said in the Petition.

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

I **have** OR **have not** already completed the Parenting Education Program.

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

REQUESTS TO THE COURT:

- 1. FOR ORDER DECLARING PRIMARY RESIDENCE, PARENTING TIME, AND AUTHORITY FOR LEGAL DECISION-MAKING (LEGAL CUSTODY):**

A. Declare which parent’s home shall be “Primary Residence” for each minor child as follows:

NEITHER parent’s home is designated as the primary residence, OR

Party A’s home as primary residence for the following named children:

Party B’s home as primary residence for the following named children:

B. PARENTING TIME: Award parenting time as follows:

- Reasonable parenting time rights as described in the Parenting Plan OR
- Supervised parenting time between the children and Party A OR Party B, OR
- No parenting time rights to the Party A OR Party B.

Supervised or no parenting time is in the best interests of the child(ren) because

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

a. Name this person to supervise: _____

b. Restrict parenting time as follows: _____

c. Order cost of supervised parenting time (if applicable) to be paid by:

- Party A
- Party B, OR
- Shared equally by the parties.

C. AUTHORITY FOR LEGAL DECISION-MAKING (LEGAL CUSTODY):

Award legal authority to make decisions concerning the child(ren) as follows:

AWARD SOLE AUTHORITY FOR LEGAL DECISION-MAKING to:

Party A OR Party B

OR

AWARD JOINT LEGAL DECISION-MAKING AUTHORITY to BOTH PARENTS.

Party A and Party B will 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 the both parties. (For the court to order joint legal decision-making, there must have been no "significant" domestic violence or find it in the best interests of the child(ren) despite any such violence according to Arizona law, A.R.S. § 25-403.03)

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

2. CHILD SUPPORT:

A. Order that **child support** be paid by **Party A** **Party B** in an amount as determined by the Court under the Arizona Child Support Guidelines.

Support payments to begin on the first day of the month after the Judge or Commissioner signs the 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.

B. Order that **past child support** be paid by **Party A** **Party B** 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. Support to be paid as defined above.

3. MEDICAL, DENTAL, VISION CARE FOR MINOR CHILDREN: Order that

Party A is responsible for providing: medical dental vision care insurance.

Party B is responsible for providing: medical dental vision care insurance.

Order that Party A and Party B 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 as described on the Parents' Worksheet, which shall be submitted with the Judgment and Order.

4. 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.

The parties will claim the children as income tax dependency exemptions on federal and state income tax returns as follows:

Parent entitled to claim	Name of minor child	in Tax Year
<input type="checkbox"/> Party A <input type="checkbox"/> Party B	_____	_____
<input type="checkbox"/> Party A <input type="checkbox"/> Party B	_____	_____
<input type="checkbox"/> Party A <input type="checkbox"/> Party B	_____	_____
<input type="checkbox"/> Party A <input type="checkbox"/> Party B	_____	_____
<input type="checkbox"/> Party A <input type="checkbox"/> Party B	_____	_____

Pattern shall repeat for subsequent years.

5. OTHER ORDERS I AM REQUESTING (explain request here):

OATH OR AFFIRMATION

I swear or affirm the contents of this document are true and correct under penalty of perjury.

Date

Signature of Responding Party

Printed Name of Responding Party

Copy of this document mailed to the other party on: _____
Month/Date/Year

To the following address:
