

Person Filing: \_\_\_\_\_

Address (if not protected): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Lawyer's Bar Number: \_\_\_\_\_

Licensed Fiduciary Number: \_\_\_\_\_

Representing  Self, without a Lawyer OR  Attorney for \_\_\_\_\_



# SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Names of children under 18 years of age)

\_\_\_\_\_  
**Case Number**  
(Clerk will stamp case # when submitted)

## DEPENDENCY PETITION A.R.S. § 8-841

### 1. INFORMATION ABOUT ME, the Petitioner:

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

My Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

My Telephone Number: \_\_\_\_\_  
Home Work Message

My relationship to the children: \_\_\_\_\_

I am a fit and proper person to care for the children.

### 2. INFORMATION ABOUT THE CHILDREN:

Child's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Gender:  Male  Female

Child's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Gender:  Male  Female

Child's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Gender:  Male  Female

**INFORMATION ABOUT THE CHILDREN (continued):**

Address where children are currently living: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

The children have been living there since (give approximate date): \_\_\_\_\_

The children are now living in the State of Arizona, Maricopa County:  Yes  No

Name(s) of persons currently living with children: \_\_\_\_\_ Relationship: \_\_\_\_\_  
to Child  
\_\_\_\_\_ Relationship: \_\_\_\_\_  
to Child  
\_\_\_\_\_ Relationship: \_\_\_\_\_  
to Child

Is any child named above an enrolled member of any Indian Nation or Tribe or eligible to be enrolled as a member of any Indian Nation or Tribe?  Yes  No

If "Yes," which children and what Indian Nation(s) or Tribe(s)?

Child's Name: \_\_\_\_\_ Nation/Tribe: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Nation/Tribe: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Nation/Tribe: \_\_\_\_\_

Has any child been taken into temporary custody?  Yes  No

If "Yes," which child and what date and time were they taken into temporary custody?

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Are any of the following statements true?

True  False At least one of these children has been adjudicated delinquent and is under the jurisdiction of the Juvenile Court.

True  False At least one of these children is awaiting a delinquency decision from the Juvenile Court.

True  False At least one of these children has been released from the Department of Juvenile Corrections within the past six months.

If any of the above statements are "True," then A.R.S. 8-841 requires you to notify the Department of Child Safety by calling 1-888-767-2445 at least fourteen days before filing this Petition. It also requires you to formally serve the Department of Child Safety.

I have contacted the Department of Child Safety at least 14 days before filing this Petition and provided them with notice that I am going to file this Petition, the claims I am making in this Petition, and the facts supporting this Petition.

OR

I marked all boxes above as "false," so I do not need to contact the Department of Child Safety.

**3. INFORMATION ABOUT THE PARENTS AND CURRENT LEGAL GUARDIANS (IF ANY) OF THE CHILDREN:**

**MOTHER'S** Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

**FATHER'S** Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Alleged father of the following children: \_\_\_\_\_

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

**NAME OF OTHER FATHER (IF ANY):** \_\_\_\_\_ Birth Date: \_\_\_\_\_

Alleged father of the following children: \_\_\_\_\_

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

**NAME OF OTHER FATHER (IF ANY):** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

Alleged father of the following children: \_\_\_\_\_

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_ City State Zip Code

**NAME OF CURRENT LEGAL GUARDIAN(S) (IF ANY):** \_\_\_\_\_

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

Legal guardian of the following children: \_\_\_\_\_

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_ City State Zip Code

**4. DEPENDENCY ALLEGATIONS.** The Petitioner believes the children are dependent within the provisions of ARS § 8-201.13, because the children are in need of proper and effective parental care and control and has no parent or guardian willing to exercise or capable of exercising such care and control, or whose home is unfit by reason of abuse, neglect, cruelty, or depravity, as follows:

**A.** The MOTHER is unable or incapable of providing care for the children for the following reasons (**provide specifics**):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B.** The FATHER is unable or incapable of providing care for the children for the following reasons **(provide specifics as to each alleged father)**:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C.** The LEGAL GUARDIAN is unable or incapable of providing care for the children for the following reasons **(provide specifics as to each legal guardian)**:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has anyone named in this petition had any involvement with Arizona Department of Child Safety (DCS)?  Yes  No

If "Yes", list DCS or Juvenile Court case # \_\_\_\_\_

Case manager's name, phone number, and site code: \_\_\_\_\_

\_\_\_\_\_

**5. DOCUMENTS.** The following documents are attached which support the statements made:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_

**RELIEF REQUESTED:** Based on the information listed above, Petitioner requests:

- A.** Because immediate action is required, that the children be made a temporary ward(s) of the Court committed to the care, custody, and control of the Arizona Department of Child Safety (DCS) with temporary physical custody to be placed in the Petitioner(s) who should be authorized to sign for medical treatment. The Arizona Department of Child Safety (DCS) may be authorized to consent for out-of-state travel within the United States for up to thirty days.
- B.** A preliminary protective conference and, following that conference, a preliminary protective hearing on this Petition be set in front of a judicial officer.
- C.** An initial dependency hearing on this Petition be set in front of a judicial officer.
- D.** The parents be ordered to pay a reasonable sum to the Arizona Department of Child Safety (DCS) for the care, maintenance, and support of the children should the children be placed in a foster home or institutional care.
- E.** That, after hearing this matter, the Court declare the children dependent and enter such orders for commitment, custody, care and support or such other relief for the children's welfare.

**DECLARATION UNDER PENALTY OF PERJURY**

**I declare under penalty of perjury that the contents of this document are true and correct.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**