

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 (in original case)

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

### PETITION TO MODIFY PARENTING TIME or PARENTING TIME AND CHILD SUPPORT

\_\_\_\_\_  
Name of Respondent/Party B (in original case)

I, \_\_\_\_\_ am the  Party A or  Party B or  Other Party  
(print your name) and make the following statements to the Court:

#### GENERAL INFORMATION:

**1. Information about Me, the person filing** (requesting) **this modification:**

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

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

How I am related to minor child(ren) for whom the PARENTING TIME order should be changed:

**Mother** or  **Father** or  **Other:** (explain) \_\_\_\_\_

**2. Information about Other Party:** (if the party filing this modification is one of the parents.)  
(If someone *other than* one of the parents is filing this request, then list the information about one of the parents, then the information about the other parent below.)

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

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

How *this party* is related to minor child(ren) for whom the PARENTING TIME order should be changed:

**Mother** or  **Father** or  **Other:** (explain) \_\_\_\_\_

**Information about the Other Parent or Other Party** (if there is a non-parent involved the case *other than* the person whose information has already been listed in (1) above):

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

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

How *this party* is related to minor child(ren) for whom the PARENTING TIME order should be changed:

**Mother** or  **Father** or  **Other**: (explain) \_\_\_\_\_

**3. Information About the Minor Child(ren) for whom I want the Order changed:**

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

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

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

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

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

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

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

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

There are more than four (4) minor children. I have attached a separate page titled "Information about the minor children for whom I want the Order Changed", listing this same information for all.

**4. Affidavit Regarding Minor Children.**  The minor children have resided in Arizona since the entry of the last Arizona Legal Decision Making (Custody) Order **or** (if not)  I have attached an "Affidavit Regarding Minor Children."

**5. Information about the Order I want to change:**

The Order was issued on: \_\_\_\_\_ (Month/Day/Year)

The Order was issued by: \_\_\_\_\_ (Name of Court)

Located in this County: \_\_\_\_\_ (Name of County)

Located in this State: \_\_\_\_\_ (Name of State)

The order I wish to change is on page \_\_\_\_\_, section/paragraph \_\_\_\_\_ of the Order identified above.

Each of the following is a true statement:

- The minor child(ren) have lived in Arizona for at least six (6) months before the date I am filing this Petition or since birth, if younger than six (6) months.
- If the Order was not issued by the Superior Court of Arizona in this county, the case has already been transferred to this county and has a Maricopa County case number.

**WHAT YOUR ORDER NOW SAYS:** Explain the part of the decree/order you want to change.  
(Use extra paper if necessary)

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**6. DOMESTIC VIOLENCE.**  No significant domestic violence has occurred, **or**  domestic violence has occurred. Explain:

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**7. WHY THE DECREE/ORDER SHOULD BE CHANGED:** These are my reasons why I believe that a change of parenting time is in the best interest of the minor child(ren) (Use extra pages if necessary):

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**REQUESTS I MAKE TO THE COURT:**

**A. PARENTING TIME** to the  **Party A** or  **Party B** or  **Other** (non-parent)

1.  Reasonable parenting time to the parent/party who does not have custody according to the Maricopa County Parenting Time Guidelines; OR
2.  Reasonable parenting time to the parent/party who does not have custody according to the attached Parenting Plan; OR
3.  Supervised parenting time but only in the presence of another person; OR
4.  No parenting time rights to  Party A or  Party B or  Other  
Supervised parenting time or no parenting time is requested for the following reasons:

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(**Only** use this section below if needed because there is a 3<sup>rd</sup> (third) party *in addition to* the parents involved in this case) **PARENTING TIME** to the  **Party A** or  **Party B** or  **Other** (“visitation” if to non-parent) **as follows:**

- 1.  Reasonable parenting time to the parent/party who does not have custody according to the attached Parenting Plan; OR
- 2.  Supervised parenting time but only in the presence of another person; OR
- 3.  No parenting time rights to  Party A or  Party B or  Other  
Supervised parenting time or no parenting time is requested for the following reasons:

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The costs of travel related to parenting time/visitation over 100 miles one way shall be shared as follows:  
**Party A** \_\_\_\_\_ % **Party B** \_\_\_\_\_ %

**B. CHILD SUPPORT.**  **Party A** or  **Party B** should pay child support to  **Party A** or  **Party B** or  to **Other** party in the amount of \$ \_\_\_\_\_ per month on the first day of every month, beginning the first day of month following the filing of this Petition based upon the attached “**Child Support Worksheet.**” All minor child(ren) support payments should be made through the Support Payment Clearinghouse, and will be subject to an applicable statutory fee through an automatic Order of Assignment.

**Title IV-D program or Temporary Assistance for Needy Families (TANF) Programs:**

- Does not apply.
- Party A  Party B is applying for or currently receiving TANF **or** services from the Arizona Title IV-D program. NOTE: If one or both of the parties is or will be receiving TANF or Title IV-D support, you must obtain the Attorney General or county attorney approval by signature on the Final decree BEFORE you file it. (Rule 45(c)(3))

**C. MEDICAL, DENTAL, VISION CARE.**

- Party A** should be responsible for providing:  medical  dental  vision care insurance.
- Party B** should be responsible for providing:  medical  dental  vision care insurance.

Party A and Party B will pay for all reasonable unreimbursed medical, dental, and health-related expenses incurred for the minor child(ren) in proportion to their respective incomes.

**D. FEDERAL INCOME TAX DEDUCTION.**

Child's Name	Date of Birth (Month, Day, Year)	Party Entitled to Deduction	For Calendar 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	

For years following those listed above while this Child Support Order remains in effect, the parties shall repeat the pattern above of claiming deductions for each minor child.

**E. OTHER ORDERS.** I request further Orders relating to this matter as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**UNDER OATH OR BY 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

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

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

by \_\_\_\_\_.

(Notary seal)

\_\_\_\_\_  
Deputy Clerk or Notary Public