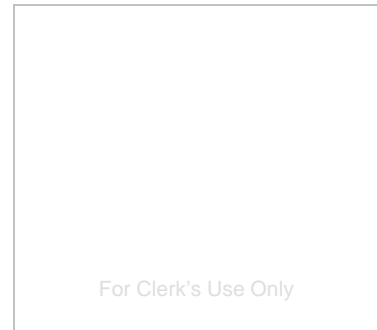


Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
ATLAS Number: _____
Lawyer's Bar Number: _____



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

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Regarding the Matter of: _____

Case Number _____

Name of Grandparent Requesting Visitation

PETITION FOR GRANDPARENT VISITATION A.R.S § 25-409

Name of *Other* Grandparent (if applicable)

Name of Party A DECEASED
(if applicable)

Name of Party B DECEASED
(if applicable)

Name of Legal Guardian, if any

There is an existing Family Department case in this county between the parents of the children for whom I want an order of visitation, and I have listed that case number above as required by Arizona law (A.R.S. § 25-409).

GENERAL INFORMATION:

1. Information about me (or us), the Grandparent(s):

Name(s): _____

Address: _____

County of residence: _____

Occupation(s): _____

My / Our relationship to minor child(ren) for whom I want the VISITATION order:

- | | | | |
|--------------------------|-------------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Grandparent on Party A's side | <input type="checkbox"/> | Great Grandparent on Party A's side |
| <input type="checkbox"/> | Grandparent on Party B's side | <input type="checkbox"/> | Great Grandparent on Party B's side |
| <input type="checkbox"/> | Other: (explain): _____ | | |

2. Information about Party A

Name: _____
Address: _____
County of residence: _____
Date of Birth: _____
Occupation: _____
Relationship to minor child(ren): _____

3. Information about the Party B

Name: _____
Address: _____
County of residence: _____
Date of Birth: _____
Occupation: _____
Relationship to minor child(ren): _____

4. Information about other legal guardians of minor child(ren), if any:

Name: _____
Address: _____
County of residence: _____
Date of Birth: _____
Occupation: _____
Relationship to minor child(ren): _____

5. Information about minor children for whom I / we want the visitation order:

Name: _____	Name: _____
Birthdate: _____	Birthdate: _____
Current Address: _____	Current Address: _____
_____	_____
County of residence: _____	County of residence: _____
Name: _____	Name: _____
Birthdate: _____	Birthdate: _____
Current Address: _____	Current Address: _____
_____	_____
County of residence: _____	County of residence: _____

6. Legal Reason why I/we have a right to request a visitation order: (check whichever applies)

A. Parents of minor child(ren) have been divorced for at least 3 months:
Date of Divorce: _____ Court case number: _____
Name of Court: _____
Court Address/Location: _____

B. Child(ren) were born out of wedlock and parents aren't currently married (List names of children born out of wedlock):

C. Party A OR Party B has been dead for at least 3 months:
Date of Death: _____

D. Party A OR Party B has been missing for at least 3 months:
Date parent discovered to be missing: _____
Date reported to Law enforcement agency: _____
Name, location of agency: _____

E. If you are asking for visitation rights as PATERNAL grandparent(s), that is, you are the parent(s) or grandparent(s) of the *father* of the minor children, complete the information below: **PATERNITY WAS ESTABLISHED BY: (check one box)**

- A Court Order for Paternity* from this county or previously *transferred to* this county. (A.R.S. § 25-502(c))
- Filing an Acknowledgment of Paternity through the Hospital Paternity Program or other means allowed by law on or after July 21, 1996 (A.R.S. § 25-812-814, or § 36-334).
- Child Support Order*: An Order for Child Support has been issued which names my/our son/grandson as the father. (Supply information about the Order as requested below.)
- Marriage: Parties were legally married when child(ren) was (were) born, conceived or adopted.

*Note: Documents mentioned above or giving proof of the above should already be in the case file or attached.

7. Statements about your relationship with minor child(ren), and why you think it is best for the child(ren) that you have visitation with them:

8. Your plan for visitation with the minor child(ren): (be specific)

TRANSPORTATION will be provided by (name): _____
as follows: (explain)

During WEEKENDS: (explain specifically)

During the SUMMER MONTHS OR SCHOOL BREAKS: (explain specifically)

FOR HOLIDAYS AND BIRTHDAYS: (explain specifically)

FOR TELEPHONE CALLS: (explain specifically)

OTHER: (explain specifically)

OTHER INFORMATION ABOUT THE CHILD(REN):

9. Where the child(ren) who is/are under 18 years of age have lived for the last 5 years.
(Attach extra pages if necessary.)

Child's Name: _____	Dates: From _____ To _____
Lived with: _____	Relationship to child: _____
Street address: _____	City, State _____

Child's Name: _____	Dates: From _____ To _____
Lived with: _____	Relationship to child: _____
Street address: _____	City, State _____

Child's Name: _____	Dates: From _____ To _____
Lived with: _____	Relationship to child: _____
Street address: _____	City, State _____

10. Court cases NOT involving legal decision-making, physical custody, parenting time or visitation related to the child(ren) 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 issues OTHER THAN legal decision-making, custody, parenting time or visitation of any of the child(ren) 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:

11. Court cases INVOLVING legal decision-making, physical custody, parenting time or visitation cases related to child(ren) under 18 years old. (check one box)

I **DO** HAVE I **DO NOT** HAVE information about a legal decision-making, custody, parenting time or visitation court case relating to any of the 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 child: _____
Court state: _____ Court location: _____
Court case number: _____ Current status: _____
How the child is involved: _____
Summary of any Court Order:

12. Legal decision-making, custody, parenting time or visitation claims of any person. (check one box)

I **DO** KNOW I **DO NOT** KNOW a person other than Party A or Party B with whom the children are now living or who claims legal decision-making authority, physical custody, parenting time or visitation rights to any of the children named above.
If so, explain below. Use extra pages if necessary. IF NOT, GO ON).

Name of each child: _____
Name of person with the claim: _____
Address of person with the claim: _____
Nature of the claim: _____

13. VENUE: This is the proper court to bring this lawsuit under Arizona law because it is the county of residence of the child(ren).

14. OTHER Statements to the Court:

REQUEST MADE TO COURT:

- (1) For a court order for visitation with the minor children as described above, and
- (2) For such other orders as this Court considers just and fair.

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

Signature

STATE OF _____

COUNTY OF _____

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

By _____.

(notary seal)

Deputy Clerk or Notary Public

(only fill out second notary and signature line if more than one party filling out this Petition)

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

Signature

STATE OF _____

COUNTY OF _____

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

By _____.

(notary seal)

Deputy Clerk or Notary Public