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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

Petitioner/Party A (in original case)

Case Number: _____

ATLAS Number: _____

Respondent/Party B (in original case)

PETITION TO MODIFY LEGAL DECISION-MAKING (LEGAL CUSTODY), PARENTING TIME and CHILD SUPPORT

I, _____ am Party A or Party B
(print your name) and make the following statements to the court:

GENERAL INFORMATION:

1. Information about Me

Name: _____

Address: _____

How I am related to minor child(ren) for whom the LEGAL DECISION-MAKING (LEGAL CUSTODY) / PARENTING TIME, and/or CHILD SUPPORT order should be changed:

Party A OR Party B

2. Information about the Other Party(ies)

Name: _____

Address: _____

How the other party is related to minor child(ren) for whom the LEGAL DECISION-MAKING, PARENTING TIME, and/or CHILD SUPPORT order should be changed:

Party A OR Party B

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: _____

4. Affidavit Regarding Minor Children. The minor children have resided in Arizona since the entry of the last Arizona legal decision-making, parenting time, and/or child support 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: _____
Located in this State: _____

And 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.

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

What the order now says: (write in the part of the decree/order you want to change; use extra paper if necessary)

6. DOMESTIC VIOLENCE. (If you are requesting a change to joint legal decision-making, there must not be "significant" domestic violence. A.R.S. § 25-403.03)

No significant domestic violence has occurred **OR** domestic violence has occurred. Explain:

7. WHY THE DECREE/ORDER SHOULD BE CHANGED: These are my reasons why I believe that a change of legal decision-making, parenting time and/or child support is in the best interest of the child(ren) (Use extra pages if necessary):

A current child support worksheet is attached to this petition.

REQUESTS I MAKE TO THE COURT:

A. 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.

1. Name this person to supervise: _____

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

- Party A
- Party B
- Shared equally by the parties

3. Additionally restrict parenting time as follows: (Explain.)

B. LEGAL DECISION-MAKING (legal custody):

Award legal decision-making concerning the child(ren) as follows:

AWARD SOLE LEGAL DECISION-MAKING (sole legal custody) to:
 Party A Party B

OR

AWARD JOINT LEGAL DECISION MAKING (joint legal custody) 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 according to Arizona law, A.R.S. § 25-403.03).

C. CHILD SUPPORT. Party A **OR** Party B should pay child support to Party A **OR** Party B 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 child support payments should be made through the Child Support Clearinghouse, and will be subject to an applicable statutory fee through an automatic Income Withholding Order.

D. 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.

Medical, dental, and vision care insurance, payments and expenses are based on the information in the Parent's Worksheet for Child Support attached and incorporated by reference. The party ordered to pay must keep the other party informed of the insurance company name, address and telephone number, and must give the other party the documents necessary to submit insurance claims.

Non-Covered Expenses. Party A is ordered to pay _____ %, **AND Party B** is ordered

to pay _____ % of all reasonable uncovered and/or uninsured medical, dental, vision care, prescription and other health care charges for the minor child(ren), including co-payments.

E. FEDERAL INCOME TAX DEDUCTION.

The right to claim the minor child(ren) as a deduction for Federal income tax purposes should be divided as follows: **Person entitled to claim: "A" for Party A, "B" for Party B.**

Claim by:	Name of Child	Starting Tax Year:	
<input type="checkbox"/> A <input type="checkbox"/> B	_____	<input type="checkbox"/> Every Year	<input type="checkbox"/> Every Other
<input type="checkbox"/> A <input type="checkbox"/> B	_____	<input type="checkbox"/> Every Year	<input type="checkbox"/> Every Other
<input type="checkbox"/> A <input type="checkbox"/> B	_____	<input type="checkbox"/> Every Year	<input type="checkbox"/> Every Other
<input type="checkbox"/> A <input type="checkbox"/> B	_____	<input type="checkbox"/> Every Year	<input type="checkbox"/> Every Other

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

G. DECLARATION UNDER PENALTY OF PERJURY
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: _____ by
(date)

_____.

(Notary seal)

Deputy Clerk or Notary Public