

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

\_\_\_\_\_  
Petitioner/Parent A (in original case)

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

ATLAS Number: \_\_\_\_\_

\_\_\_\_\_  
Respondent/Parent B (in original case)

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

I, \_\_\_\_\_ am the  Petitioner or  Respondent  
(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(CUSTODY) / PARENTING TIME order should be changed:  Parent A OR  Parent 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 (CUSTODY)/PARENTING TIME order should be changed:  Parent A OR  Parent 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 (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: \_\_\_\_\_  
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.

**WHAT THE ORDER NOW SAYS:** Put in **WORD FOR WORD** 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 (custody), 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 (custody) and/or parenting time is in the best interest of the child(ren) (Use extra pages if necessary):

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

8. **MEDIATION / ADR (Alternative Dispute Resolution) REQUIREMENTS IN PRIOR ORDER:**

- The current Court Order *does not require* the parties to pursue Mediation or ADR before filing to modify legal decision making (custody) or parenting time. **OR**  
 The current Court Order *does* require the parties to pursue Mediation or ADR before filing to modify legal decision making (custody) or parenting time, and this is what I/we have done to comply with that requirement:

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

**REQUESTS I MAKE TO THE COURT:**

**A. LEGAL DECISION MAKING (CUSTODY) AND PARENTING TIME.**

**Joint Legal Decision Making (Custody).** I want the mother and father to be awarded joint legal decision making (custody) of the minor child(ren) \_\_\_\_\_ (names of children) subject to a Parenting Plan addressing primary residential parenting to be submitted later. **OR**

**Sole Legal Decision Making and Physical Custody.** Sole legal decision making (custody) of \_\_\_\_\_ (name(s) of minor child(ren)) should be awarded to  **Parent A**  **Parent B** and/or sole legal decision making (custody) of \_\_\_\_\_ (name(s) of child(ren)) should be awarded to  **Parent A**  **Parent B**, *subject to* parenting time as follows:

- 1.  **Reasonable parenting time** to the parent who does not have legal decision making (custody) according to the \_\_\_\_\_ County Parenting time Guidelines; **OR**
- 2.  **Reasonable parenting time** to the parent/party who does not have legal decision making (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  **Parent A** or  **Parent B**  
Supervised parenting time or no parenting time is requested for the following reasons:

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

**B. CHILD SUPPORT.**  **Parent A** **OR**  **Parent B** should pay child support to  **Parent A** **OR**  **Parent 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.

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

**Parent A** should be responsible for providing:  medical  dental  vision care insurance.

**Parent 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.** **Parent A** is ordered to pay \_\_\_\_\_ %, **AND Parent 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.

**D. 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 Parent A, "B" for Parent 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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F. 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