

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

Name of Petitioner

Case Number: _____

Name of Respondent

PETITION FOR COURT ORDER FOR PATERNITY and (check box below if applicable)

LEGAL DECISION MAKING (CUSTODY)

PARENTING TIME

CHILD SUPPORT

VITAL RECORDS (Check this box if the Department of Vital Records is ordered to change the birth records of a child born in Arizona.)

A. STATEMENTS TO THE COURT

1. INFORMATION ABOUT ME, THE PETITIONER:

Name: _____

Address: _____

Date of Birth: _____

Occupation: _____

Relationship to children for whom I want the paternity order:

Mother

Father (or may be the father)

Other: (Explain) _____

2. INFORMATION ABOUT OTHER PARTY, THE RESPONDENT:

Name: _____
Address: _____
Date of Birth: _____
Occupation: _____

Relationship to children for whom I want paternity order:

- Mother
- Father (or may be the father)

3. VENUE: (Check here if the following statement is true):

This is the proper court to bring this lawsuit under Arizona law because it is the county of residence of the (Petitioner or of the Respondent or of the minor children.)

4. JURISDICTION: WHY I AM FILING THIS COURT CASE AGAINST THE OTHER PARTY IN ARIZONA: (Place a check mark in the boxes that are true.)

- The person is a resident of Arizona
- I believe that I will personally serve the person in Arizona (see packet on service to know about this.)
- The person agrees to have the case heard here and will file written papers in the court case;
- The person lived with the minor child in this state at some time;
- The person lived in this state and provided pre-birth expenses or support for the minor child;
- The minor child lives in this state as a result of the acts or directions of the person;
- The person had sexual intercourse in this state as a result of which the minor child may have been conceived;
- The person signed an affidavit acknowledging paternity that is filed in this state;
- The person did any other acts that substantially connect the person with this state (see a lawyer to help you determine this).

LIMITATION ON JURISDICTION: If Respondent is not personally served (served by publication) the Court cannot make a legal order regarding issues of child support, medical, dental, and vision care insurance and expenses for minor children.

I (Petitioner) understand that if I want the Court to make a legal order regarding issues of child support, medical, dental, and vision care insurance and expenses for minor children, I must personally serve the Respondent.

B. STATEMENTS ABOUT PATERNITY:

5. WHY YOU THINK THE PERSON IS THE FATHER OF THE MINOR CHILD(REN):

(Check which box applies)

AFFIDAVIT: Petitioner and Respondent signed an **Affidavit of Paternity** acknowledging that Petitioner or Respondent is the minor child(ren)'s natural father. A copy is attached.

BIRTH CERTIFICATE: Petitioner or Respondent is named as the natural father on one or more minor child(ren)'s birth certificate(s). Copy (or copies) attached.

BLOOD TEST: DNA Testing indicates Petitioner or Respondent is the minor child(ren)'s natural father. Report(s) of test results attached.

PARTIES LIVING TOGETHER: Petitioner and Respondent were not married to each other at any time during the ten months before birth of the minor child(ren). However, the parties lived together during the period(s) when the minor child(ren) could have been conceived.

SEXUAL INTERCOURSE: Petitioner and Respondent were not living together but had sexual intercourse at the probable date(s) of conception of the minor child(ren). The mother of the minor children did not have sexual intercourse with anyone else during the periods in which the minor child(ren) could have been conceived.

OTHER: (explain) _____

6. ABOUT MARRIAGE AND HUSBAND (if applicable, check one box.)

Mother was not married at the time minor child(ren) were born or conceived or at least 10 months before minor child(ren) were born or conceived, OR

Mother was married when minor child(ren) were born or conceived or at least 10 months before minor child(ren) were born or conceived, but husband is not father of minor child(ren). Husband is a party to this court case because of marriage.

C. INFORMATION ABOUT MINOR CHILDREN

7. CHILD(REN)'S residence:

A. Child's Name: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Place of Birth: _____	Date of Birth: _____
Current Address: _____	
How long at this address: _____	County: _____
Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Name & Relation to Child): _____	
(If less than 5 years, provide 5 years previous address information for each child.)	
Previous Address: _____	
How long at this address: _____	Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____
Previous Address: _____	
How long at this address: _____	Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____

B. Child's Name: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Place of Birth: _____	Date of Birth: _____
Current Address: _____			
How long at this address: _____		County: _____	
Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Name & Relation to Child): _____			
(If less than 5 years, provide 5 years previous address information for each child.)			
Previous Address: _____			
How long at this address: _____		Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	
Previous Address: _____			
How long at this address: _____		Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	

C. Child's Name: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Place of Birth: _____	Date of Birth: _____
Current Address: _____			
How long at this address: _____		County: _____	
Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Name & Relation to Child): _____			
(If less than 5 years, provide 5 years previous address information for each child.)			
Previous Address: _____			
How long at this address: _____		Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	
Previous Address: _____			
How long at this address: _____		Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	

D. Child's Name: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Place of Birth: _____	Date of Birth: _____
Current Address: _____			
How long at this address: _____		County: _____	
Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Name & Relation to Child): _____			
(If less than 5 years, provide 5 years previous address information for each child.)			
Previous Address: _____			
How long at this address: _____		Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	
Previous Address: _____			
How long at this address: _____		Lived with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	

Continues on attached page(s) made part of this document by reference.

8. COURT CASES INVOLVING PHYSICAL CUSTODY, LEGAL DECISION MAKING (LEGAL CUSTODY) OR PARENTING TIME, RELATED TO CHILDREN UNDER 18 YEARS OLD: (Check one box)

I HAVE **I DO NOT HAVE** information about a court case or cases involving physical custody, legal decision making (legal custody), or parenting time relating to any of the minor children named above that is pending in this state or in any other state (If you **have such case information**, explain below, using extra pages if necessary. **IF NOT, GO ON**).

Name of each child: _____

Court State: _____ Court location (county/city): _____

Court case number: _____ Current case status: _____

Nature (type) of court proceeding: _____

Summary of any Court Order: _____

9. COURT CASES NOT INVOLVING PHYSICAL CUSTODY, LEGAL DECISION MAKING (LEGAL CUSTODY) OR PARENTING TIME RELATED TO THE CHILDREN UNDER 18 YEARS OLD: (check one box) I HAVE I HAVE NOT been a party or a witness in court in this state or any other state regarding something **other than** legal decision making (custody) or parenting time of any of the minor children named above (If you have, explain below, using extra pages if necessary. **IF NOT, GO ON.**)

Name of each child: _____
Court State: _____ Court location (county/city): _____
Court case number: _____ Current case status: _____
How the minor children are involved: _____

Summary of any Court order: _____

10. PHYSICAL CUSTODY, LEGAL DECISION MAKING (LEGAL CUSTODY) OR PARENTING TIME CLAIMS OF ANY PERSON: (check one box)

I KNOW I DO NOT KNOW a person other than the Petitioner or the Respondent who has physical custody or who claims legal decision making (custody) or parenting time rights to any of the minor children named above. (If you do, explain below, using 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: _____

D. OTHER STATEMENTS TO THE COURT:

11. MEDICAL EXPENSES: There are **OR** There are no unreimbursed medical expenses incurred by the mother, resulting from the birth of the minor child(ren). If there are, these costs and expenses should be awarded to Petitioner **OR** Respondent according to law.

12. OTHER EXPENSES: The parties should be ordered to divide between them any uninsured medical, dental, or health expenses, reasonably incurred for the minor children, in proportion to their respective incomes.

13. PARENT INFORMATION PROGRAM (PIP): is required for persons seeking legal decision making authority (custody) or parenting time.

I have I have not (check one box) **already ATTENDED the Parenting Information Program.**

14. DOMESTIC VIOLENCE: (If you are asking for **joint** legal decision making (joint custody), check one.)

Domestic Violence **has not** occurred between the parties. **OR**

3. NAME CHANGE: (check the box and fill in the blank if you want this):

Order each minor child's last name (only) be changed to: _____

OR Order as follows: _____

4. PRIMARY RESIDENTIAL PARENT, PARENTING TIME, AND AUTHORITY FOR LEGAL DECISION MAKING (LEGAL CUSTODY):

a. PRIMARY RESIDENTIAL PARENT: Declare which parent's home shall be the main residence for each minor child:

Declare **Mother's** home as the main residence for the following named children:

Declare **Father's** home as the main residence for the following named children:

subject to parenting time, as follows:

b. PARENTING TIME: Award parenting time as follows:

- Reasonable parenting time rights to the non-primary residential parent, OR
- Supervised parenting time between the children and Mother OR Father, OR
- No parenting time rights to the Mother OR Father.

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:
 - Mother
 - Father
 - Shared equally by the parties

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

c. LEGAL DECISION MAKING (child custody):**Award legal decision making concerning the child(ren) as follows:** **AWARD SOLE LEGAL DECISION-MAKING (sole custody) to:** **Mother** **Father****OR** **AWARD JOINT LEGAL DECISION MAKING (joint custody) to BOTH PARENTS.**

Mother and Father 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).

(Check below if you are asking for a child support order or a change of child support in this case.)

- 5. CHILD SUPPORT:** Order that child support shall be paid by (check one box) **Mother** **OR** **Father**; in a reasonable amount as determined by the Court under the Arizona Child Support Guidelines.

Support payments shall begin on the first day of the first month following the entry of the Paternity Decree/Order. These payments, and a fee for handling, shall be paid through the Support Payment Clearinghouse and collected by automatic Income Withholding Order. Further, that costs for past child support and care for child(ren) in the amount of \$_____ shall be paid by **Mother** **OR** **Father** in the amount of \$_____ each month until paid in full. Payments shall be made as stated above.

- 6. MOTHER'S EXPENSES:** Order that the father, who is **Petitioner** **OR** **Respondent** pay a reasonable amount to cover unreimbursed expenses incurred by the mother related to the birth of each child(ren).

- 7. MEDICAL, DENTAL and VISION CARE INSURANCE FOR MINOR CHILDREN:**
Order that:

 Mother should be responsible for providing: **medical** **dental** **vision care insurance.** **Father** should be responsible for providing: **medical** **dental** **vision care insurance.** **Order that Petitioner and Respondent** pay for all reasonable unreimbursed medical, dental, vision care, and health-related expenses incurred for the minor child(ren) in proportion to their respective incomes as described on the Parents' Worksheet, which shall be submitted with the Judgment and Order.

- 8. TESTING and COSTS:** Order that if paternity is contested, Petitioner and Respondent be ordered to submit to such blood and tissue tests as may be necessary by this Court to establish paternity, and that Respondent must pay all costs and expenses of this lawsuit, if he/she contests these proceedings, including costs of the blood tests, other genetic testing; filing each child's birth certificate; attorneys' fees and court costs.

- 9. TAX EXEMPTION:** The parties will claim the children as income tax exemptions on federal and state tax returns as follows:

Parent entitled to claim	Name of minor child	in Tax Year
<input type="checkbox"/> Mother <input type="checkbox"/> Father	_____	_____
<input type="checkbox"/> Mother <input type="checkbox"/> Father	_____	_____
<input type="checkbox"/> Mother <input type="checkbox"/> Father	_____	_____
<input type="checkbox"/> Mother <input type="checkbox"/> Father	_____	_____
<input type="checkbox"/> Mother <input type="checkbox"/> Father	_____	_____

Pattern shall repeat for subsequent years.

10. OTHER ORDERS I AM REQUESTING (explain request here):

F. SIGNATURES

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