|        | Person Filing:   |  |                                 |
|--------|--|--|---------------------------------|
|        | ng Address:  |  |                                 |
| City,  | State, Zip Code:   |  |                                 |
| Dayt   | time/Evening Phone: / on Filing Document is: [ ] Self <i>or</i> Attorney for [ ] | Digintiff [ ] Despendent                   |                                 |
| (If At | ttorney) State Bar No.:  | Plaintin [ ] Respondent                    |                                 |
| Attor  | rney Phone:  |  |                                 |
| ATL    | AS No. (if applicable):  |  | For Clerk's Use Only            |
|        | SUPERIOR COURT OF AR   | IZONA IN YAVAPAI                           | COUNTY                          |
| Reg    | arding the Matter of:  | Case No.:1300D0                            | <u> </u>                        |
|        |  | PETITION TO ESTA                           | ABLISH                          |
| Petit  | ioner  | (Check one box only)                       |                                 |
|        |  | [ ] LEGAL DECISI<br>TIME, <u>and</u> CHILE | ON-MAKING, PARENTING<br>SUPPORT |
| Resp   | pondent  | [ ] LEGAL DECISI<br>PARENTING TIM          | ON-MAKING AND<br>IE (ONLY)      |
|        | NERAL INFORMATION:   |  |                                 |
| 1.     | INFORMATION ABOUT THE PETITIONER   |  |                                 |
|        | Name:  |  |                                 |
|        | Address:   |  |                                 |
|        | County of residence:   |  |                                 |
|        | Date of Birth:   |  |                                 |
|        | Occupation:  | AL DECICION MAKING/DAD                     | ENITING TIME and an             |
|        | [ ] Mother   | AL DECISION-MAKING/PAR                     | ENTING TIME Order.              |
|        | [ ] Father   |  |                                 |
|        | Other: (explain)   |  |                                 |
| 2.     | INFORMATION ABOUT THE RESPONDENT   |  |                                 |
|        | Name:  |  |                                 |
|        | Address:   |  | <u> </u>                        |
|        | County of residence:   |  |                                 |
|        | Date of Birth:   |  |                                 |
|        | Occupation:  | AL DEGICION MARCINO/DAD                    | ENITING TIME AND                |
|        | Relationship to children for whom I want the LEG  [ ] Mother                     | AL DECISION-MAKING/PAR                     | ENTING TIME order:              |
|        | [ ] Father   |  |                                 |
|        | [ ] Other: (explain)   |  |                                 |
|        | •  |  |                                 |

|   | Case No. <u>1300DO</u>   |
|---|--|
|   |  |
| JURISDICTION: WHY I AM FILING T         | HIS COURT CASE IN ARIZONA AGAINST THE OTHER PERS                             |
| (check all that apply)                  |  |
| The person is a resident of Arizo       | na.  |
| I believe that I will personally ser    | ve the person in Arizona (see "Service" packet for information).             |
| [ ] The person agrees to have the c     | ase heard here and will file written papers in the court case.               |
| [ ] The person lived with the minor of  | child(ren) in this state at some time.                                       |
|   | d provided pre-birth expenses or support for the minor child(ren).           |
|   | state as a result of the acts or directions of the person.                   |
| '                                       | se in this state as a result of which the minor child may have bee           |
| conceived in Arizona.                   |  |
|   | dgment of paternity that is filed in this state.                             |
|   | at substantially connect the person with this state (see a lawyer            |
| help you determine this).               |  |
| INFORMATION APOLIT MINOR CHIL           | D/DEN) FOR WHOM I WANT A LEGAL DECISION.                                     |
|   | D(REN) FOR WHOM I WANT A LEGAL DECISION-                                     |
| MAKING/PARENTING TIME ORDER             | :  |
| Name:                                   | Name:  |
| Birth date:                             | Birth date:  |
| Current Address:                        | Current Address:   |
| County of residence:                    | <del></del>  |
| Father:                                 | County of residence:   |
|   |  |
| Mother:                                 | Father:  |
| Mother:                                 | Father: Mother:  |
| Mother:Name:                            | Father: Mother: Name:  |
| Mother:                                 | Father: Mother: Name: Birth date:  |
| Mother:Name:Birth date:Current Address: | Father:  Mother:  Name:  Birth date:  Current Address:                       |
| Mother:                                 | Father:  Mother:  Name:  Birth date:  Current Address:  County of residence: |

## STATEMENTS ABOUT PATERNITY AND CHILD SUPPORT:

5. PATERNITY WAS ESTABLISHED BY: (check one box).

(A copy of any Order or document referenced here should already be in the Court file or attached.)

|     | that                                 | is the natural father of the minor child(ren). (A.R.S. § 25-502(c) |
|-----|--------------------------------------|--|
| [ ] | Both parents signing an Acknowle     | dgment of Paternity through the Hospital Paternity Program         |
|     | or other means provided by law after | July 18, 1996, and a birth certificate listing the name of the     |
|     | father was issued as a result.       |  |
| 1   | We do not have an order of paterni   | ty, but we do have a child support order. (See instructions)       |

A Court Order for Paternity from this county or previously transferred to this county stating

[ ] Parties were legally married when minor child(ren) was (were) born, conceived or adopted.\*

\*NOTE: If married when minor child(ren) born, conceived or adopted, and no decree of Divorce or Separation has been issued, STOP! Do not use these forms unless advised to do so by an attorney. Requests for legal decision-making and parenting time must generally be filed as part of a case for Separation or Divorce.

| Case No. | 1300DO |  |
|----------|--------|--|
|----------|--------|--|

| 6. INFORMATION ABOUT CHILD SUPPORT FOR MINOR CHILDREN: (check one box) |  |  | ne box)  |  |
|--|--|--|--|--|
|  | <ul> <li>An Order for Child Support is dated which states that child support is established from court other than Superior Court in No.</li> <li>An Order for Child Support is dated which states that child support is established court other than Superior Court in Yavan To my knowledge there is no child support in this case along with legar Other information about the minor children</li> </ul> | shed and does not need to be che and does not need to be che and county, see instructions)  from (name of court) from (name of court) shed and does need to be changed at County, see instructions) from the minor child(renal decision-making and parenting the structure of the minor child from the mi | nanged. Note: if order is  ned. Note: if order is from  and the court should order |  |
| 7.   | WHERE THE CHILDREN WHO ARE UNDER (Attach extra pages if necessary.)  | 18 YEARS OLD HAVE LIVED FO   | OR THE LAST 5 YEARS.   |  |
|  | Child's Name   | Dates: From  | To   |  |
|  | Lived with   | Relationship to child:   |  |  |
|  | Street address   | City, State:   |  |  |
|  |  |  |  |  |
|  | Child's Name   |  | 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:   |  |  |
|  | a witness in court in this state <b>or</b> any other state any of the minor children named above (If so, <b>ON</b> .)  Name of each child:   | explain below, using extra pages i  Court location  Current status   | f necessary. <b>IF NOT, GO</b>   |  |
|  | Summary of any Court Order:  |  |  |  |
| 9.   | LEGAL DECISION-MAKING OR PARENTING YEARS OLD: (check one box)  [ ] I DO NOT HAVE [ ] I DO HAVE informati relating to any of the minor children named ab explain below, using extra pages if necessary.  Name of each child:  Court state  Court case number  Nature of court proceeding:  Summary of any Court Order:  | on about a legal decision-making ove that is pending in this state or IF NOT, GO ON).  Court location Current status   | or parenting time court case<br>in any other state (If so,                         |  |
|  |  |  |  |  |

|  |   |              |  | Case No1300DO   |
|--|---|--------------|--|---|
|  |   |              |  |   |
| 10.  | [ ] <b>I</b><br>phys  | DO Naical le | IOT KN<br>gal ded  | IN-MAKING OR PARENTING TIME CLAIMS OF ANY PERSON: (check one box) IOW [ ] I DO KNOW a person other than the Petitioner or the Respondent who has cision-making or who claims legal decision-making or parenting time rights to any of the med above. (If so, explain below, using extra pages if necessary. IF NOT, GO ON).   |
|  | Nam<br>Addr   | e of p       | erson v<br>f perso   | ild:  |
| ОТІ  | HER :   | STA          | ГЕМЕ   | NTS TO THE COURT:   |
| 11.  | <b>OTHER EXPENSES:</b> The parties should be ordered to divide between them any uninsured medical, dental, or health expenses, reasonably incurred for the minor child(ren), in proportion to their respective incomes. |              |  |   |
| 12.  | <b>DOMESTIC VIOLENCE:</b> (check if you are asking for joint legal decision-making; this statement <b>must be true</b> about you)  [ ] Domestic violence has <b>not</b> occurred between the parties.                   |              |  |   |
| 13.  | <b>VENUE:</b> This is the proper court to bring this lawsuit under Arizona law because it is the county of residence of the petitioner, or the respondent, or the minor child(ren).                                     |              |  |   |
| 14.  | The Parent Education Program (PEP) is required for persons seeking legal decision-making or parenting time.  [ ] I have [ ] I have not (check one box) already completed the Parenting Education Program.               |              |  |   |
| RE   | QUES  | STSI         | MAK  | E TO THE COURT IN THIS LAWSUIT:   |
| 1.   | LEG   | AL D         | ECISIO   | N-MAKING OF MINOR CHILDREN: (check and complete A or B) Order that:   |
| a. SOLE LEGAL DECISION-MAKING: Sole legal decision-makin [ ] me or [ ] the other party subject to parenting time as follow |   |              | AL DECISION-MAKING: Sole legal decision-making for the minor child(ren) awarded to ] the other party subject to parenting time as follows: |   |
|  |   | 1)           |  | conable parenting time rights to the parent not having legal decision-making, as will be ribed in a Parenting Plan attached to the Final Order.   |
|  |   | 2)           |  | ck and explain ONLY if you want the other parent to have Supervised Parenting time NO Parenting time):  Supervised Parenting time between the children and [ ] me OR [ ] the other party; OR NO Parenting time between the children and [ ] me OR [ ] the other party is in the best interests of the children, pursuant to A.R.S. Sections 25-337 and 25-338, because (explain here reasons for supervision or no parenting time): |
|  |   | 3)           | [ ]  | Supervised Parenting time to the parent not having legal decision-making, only in the presence of another person, who is named by the court (suggestion below) upon a finding that supervised access is in the best interest of the minor child.  Person to supervise:  |

Requested restrictions on parenting time: (explain here)\_\_\_\_\_

|      | The cost of supervised parenting time shall be paid by: [ ] the parent being supervised; [ ] the parent having legal decision-making; [ ] shared equally by the parties.   |
|------|--|
|      | 4) [ ] No Parenting time rights to the parent not having legal decision-making, OR:  |
|      | b. JOINT LEGAL DECISION-MAKING: [ ] Joint Legal Decision-Making - Petitioner and Respondent agree to act as joint legal decision-makers for the minor children, as set forth in the Joint Legal Decision-Making Agreement by the parties pursuant to A.R.S. Section 25-403, signed by both parties, if the Court adopts the agreed terms of the Joint Legal Decision-Making Agreement setting forth the legal decision-making and parenting time agreement between the parties. There have been no significant acts of Domestic Violence under A.R.S.13-3601 by either parent. |
| Che  | eck below if you are asking for a child support order or a change of child support in this case:   |
| 2.   | CHILD SUPPORT: Order that child support shall be paid by: (check one box)  [ ] me or [ ] other party in a reasonable amount as determined by the court under the Arizona Child Support Guidelines (Child Support Order to be attached to the Legal Decision-Making/parenting time Order). Support payments shall begin on the first day of the first month following the entry of the Legal Decision-Making/Parenting time order. These payments, plus a fee for handling, shall be paid through the Clerk of the Court and collected by automatic wage assignment.            |
| 3.   | MEDICAL, DENTAL, VISION CARE  [ ] Mother should be responsible for providing: [ ] medical [ ] dental [ ] vision care insurance.  [ ] Father 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. Petitioner is ordered to pay%, AND Respondent 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.  |
| 4.   | OTHER ORDERS I AM REQUESTING (explain request here):   |
|      |  |
|      | CLARATION UNDER PENALTY OF PERJURY clare that the contents of this document are true and correct under penalty of perjury.   |
|      |  |
| Sign | nature Date  |
| Prin | ted Name   |

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