

Your Name: _____
Your Address: _____
Your City, State, ZIP: _____
Your Telephone No: _____
ATLAS # (if applicable): _____
Representing Self (Without a Lawyer)
OR Attorney for Petitioner OR Respondent



SUPERIOR COURT OF ARIZONA IN YAVAPAI COUNTY

Case Number: 1300DO

**RESPONSE TO PETITION TO
ESTABLISH FIRST COURT ORDER FOR:
(Check one box, depending on whether
you need child support order)**

(Name of Petitioner)

AND

**LEGAL DECISION-MAKING, PARENTING
TIME and CHILD SUPPORT**

OR

**LEGAL DECISION-MAKING AND
PARENTING TIME**

(Name of Respondent)

GENERAL INFORMATION:

1. INFORMATION ABOUT THE PETITIONER (THE OTHER PARTY)

Name: _____

Address: _____

County of residence: _____

Date of Birth: _____

Occupation: _____

Relationship to minor child(ren) for whom person wants the **LEGAL DECISION-MAKING/ PARENTING
TIME** order:

Mother

Father

Other: (explain): _____

2. INFORMATION ABOUT THE RESPONDENT (ME)

Name: _____

Address: _____

County of residence: _____

Date of Birth: _____

Occupation: _____

Relationship to minor child(ren) for whom person wants the **LEGAL DECISION-MAKING/ PARENTING
TIME** order:

Mother

Father

Other: (explain): _____

3. INFORMATION ABOUT MINOR CHILD(REN) FOR WHOM PERSON WANTS ORDER:

Name: _____

Birth date: _____

Current Address: _____

County of residence: _____

Father: _____

Mother: _____

Name: _____

Birth date: _____

Current Address: _____

County of residence: _____

Father: _____

Mother: _____

Name: _____

Birth date: _____

Current Address: _____

County of residence: _____

Father: _____

Mother: _____

Name: _____

Birth date: _____

Current Address: _____

County of residence: _____

Father: _____

Mother: _____

STATEMENTS ABOUT PATERNITY AND CHILD SUPPORT:

4. 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.)

A Court Order for Paternity from this county or previously transferred to this county stating that _____ is the natural father of the minor child(ren). (A.R.S. § 25-502(c))

Both parents signing an Acknowledgment 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.

We do not have an order of paternity, but we do have a child support order. (See instructions)

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

5. INFORMATION ABOUT CHILD SUPPORT FOR MINOR CHILD(REN): (check one box)

An Order for Child Support is dated _____ from the (Name of court) _____ which states that child support is established. This Order **does NOT need to be changed.** (Note: if order is from court other than Superior Court in Yavapai County, see instructions.)

An Order for Child Support is dated _____ from the (Name of court) _____ which states that child support is established. This Order **DOES need to be changed.** (Note: if order is from a court other than Superior Court in Yavapai County, see instructions.)

To my knowledge **there is no child support order** for the minor child(ren) and the court should order child support in this case along with legal decision-making and parenting time.

6. WHAT I SAY ABOUT PATERNITY AND CHILD SUPPORT THAT IS DIFFERENT FROM WHAT PETITIONER SAID: (Summarize what is different between what you say and what the other party said in the petition)

OTHER INFORMATION ABOUT THE MINOR CHILD(REN):

7. WHERE THE CHILD(REN) WHO ARE UNDER 18 YEARS OLD 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: _____

8. COURT CASES NOT INVOLVING LEGAL DECISION-MAKING OR PARENTING TIME 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 the legal decision-making or parenting time of any of the minor 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: _____

9. LEGAL DECISION-MAKING OR PARENTING TIME CASES RELATED TO CHILD(REN) UNDER 18 YEARS OLD: (check one box) I DO NOT HAVE I DO HAVE information about a legal decision-making or parenting time court case relating to any of the minor child(ren) 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: _____

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

I DO NOT KNOW I DO KNOW a person other than the Petitioner or the Respondent who provides primary physical residence or who claims legal decision making or parenting time rights to any of the minor child(ren) named above. (If so, explain below, using extra pages if necessary. IF NOT, GO TO #11).

Name of each child minor claimed: _____

Name of person with the claim: _____

Address of person with the claim: _____

Nature of the claim: _____

Additional claims of legal decision-making or parenting time stated on attached page.

11. SUMMARY OF WHAT I SAY ABOUT THE CHILD(REN) THAT IS DIFFERENT FROM WHAT THE PETITIONER ASKED FOR: (Summarize what is different between what you say about the child(ren), and what the other party said.) _____

OTHER STATEMENTS TO THE COURT:

12. OTHER EXPENSES: 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.

13. DOMESTIC VIOLENCE: (If you intend to ask for joint legal decision-making, there must have been no significant domestic violence between the parties in this case. A.R.S. 25-403.03. Check the box to make a true statement: Significant domestic violence **has** or **has not occurred** in this relationship.

14. GENERAL DENIAL: I deny anything stated in the complaint that I have not specifically admitted, qualified, or denied.

REQUESTS I MAKE TO THE COURT:

1. LEGAL DECISION MAKING FOR MINOR CHILD(REN): (check and complete a or b) **Order that:**

- a. **JOINT LEGAL DECISION-MAKING:** There have been no *significant* acts of domestic violence as defined by A.R.S.13-3601 by either parent. Petitioner and Respondent agree to act as joint decision-makers for the minor child(ren), as set forth in the Joint Legal Decision-Making Agreement pursuant to A.R.S. Section 25-332, signed by both parties, if the Court adopts the terms of the Joint Legal Decision-Making Agreement.
 Mother or Father will provide the primary physical residence.

OR

- b. **SOLE LEGAL DECISION-MAKING** for the minor child(ren) awarded to Petitioner OR Respondent, subject to visitation as follows:
 - 1) **Reasonable parenting time rights to the parent not having legal decision-making**, as will be described in a Parenting Plan attached to the Final Order.
 - 2) **(Check and explain *only* if you want the other parent to have supervised or no parenting time)**
 Supervised parenting time between the minor child(ren) and me OR the other party
- or **NO parenting time** between the minor child(ren) and me OR the other party is in the best interests of the child(ren), pursuant to A.R.S. Section 25-337 and 25-338, because (explain here reasons for supervised parenting time 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 child(ren).
 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 is in the best interests of the minor child(ren) because: (Explain the reasons for no visitation. Use extra paper if necessary): _____

Check 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 _____ (my name) or
 Other party _____ (name)
 in a reasonable amount as determined by the Court under the Arizona Child Support Guidelines and the attached Child Support Worksheet. Support payments shall begin on the first day of the first month following the entry of the Legal Decision-Making/Visitation Order. These payments, plus a fee for handling, shall be paid through the Support Clearinghouse and collected by automatic assignment.

3. **MEDICAL, DENTAL, VISION CARE FOR MINOR CHILD(REN):** Order that
 Mother is responsible for providing: medical dental vision care insurance.
 Father is responsible for providing: medical dental vision care insurance.

Petitioner and Respondent will pay for all reasonable unreimbursed medical, dental, and health-related expenses incurred for the minor child(ren) in proportion to their respective incomes.

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

OATH OR AFFIRMATION

I swear or affirm the contents of this document are true and correct under penalty of perjury.

Respondent's Signature

Date

Printed Name