

Person Filing: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Atlas Number (if applicable) _____

Representing Self (No Attorney) OR Represented by Attorney

If Attorney, Bar Number: _____

SUPERIOR COURT OF ARIZONA MOHAVE COUNTY

Case Number: _____

(Name of Petitioner)

AND

(Name of Respondent)

AFFIDAVIT REGARDING MINOR CHILDREN

NOTICE: This *Affidavit Regarding Minor Children* is required for all legal decision making cases. You must fill out this Affidavit completely, and provide accurate information. Use additional paper if necessary. You must give copies of this Affidavit and all other required documents to the other party, and to the judge.

1. CHILDREN OF THE PARTIES WHO ARE UNDER 18 YEARS OLD

The following child(ren) are under age 18 and were born to, or adopted by, me and the other party:

Name: _____

Birthdate: _____ Age: _____

2. INFORMATION REGARDING WHERE THE CHILDREN UNDER 18 YEARS OLD HAVE LIVED FOR THE LAST 5 YEARS:

Child's Name: _____

Address: _____

City, State: _____

Dates: From _____ To _____

Lived with: _____

Relationship to Child: _____

Child's Name: _____

Address: _____

City, State: _____

Dates: From _____ To _____

Lived with: _____

Relationship to Child: _____

Child's Name: _____

Address: _____

City, State: _____

Dates: From _____ To _____

Lived with: _____

Relationship to Child: _____

3. COURT CASES IN WHICH I HAVE BEEN A PARTY/WITNESS THAT INVOLVED THE LEGAL DECISION MAKING / PARENTING TIME OF THE CHILD(REN):

(Check one box)

I **have** or have **not** been a party/witness in court in this state or in any other state that involved the legal decision making / parenting time of the child(ren) named above. (If so, explain. If not, go on.)

Name of each child: _____
Name of Court: _____ Court Location: _____
Court Case Number: _____ Current Status: _____
How the child is involved: _____
Summary of any Court Order: _____

4. INFORMATION REGARDING PENDING COURT CASES RELATED TO THE LEGAL DECISION MAKING OF THE CHILD(REN): (Check one box)

I **do** have or I do **not** have information about a legal decision making /parenting time court case relating to any of the children named above that is pending in this state or in any other state. (If so, explain. If not, go on.)

Name of each child: _____
Name of Court: _____ Court Location: _____
Court Case Number: _____ Current Status: _____
How the child is involved: _____
Summary of any Court Order: _____

5. LEGAL DECISION MAKING OR PARENTING TIME CLAIMS OF ANY PERSON.

(Check one box.)

I **do** know or I do **not** know a person other than the Petitioner or the Respondent who has physical custody or who claims legal decision making or parenting time rights to any of the children named in this Affidavit. (If so, explain below. If not, go on.)

Name of each child: _____
Name of person with the claim: _____
Address of person with the claim: _____
Nature of the claim: _____

I declare under penalty of perjury that the foregoing is true and correct.

Signature: _____ Date: _____