

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**

Regarding the Matter of:

Case Number: _____

Name of Grandparent Requesting Visitation

**PETITION FOR GRANDPARENT
VISITATION**

Name of other Grandparent(s) Requesting Visitation
(if applicable)

Name of Petitioner (in original case between parents)

Name of Respondent (in original case between parents)

GENERAL INFORMATION:

1. INFORMATION ABOUT ME (OR US), THE GRANDPARENT(S):

Name(s): _____

Address: _____

County of Residence: _____

Date(s) of Birth: _____

Occupation(s): _____

My/Our relationship to minor child(ren) for whom I/we want the VISITATION order:

- Parent(s) of mother of child(ren) Grandparent(s) of mother of child(ren)
- Parent(s) of father of child(ren) Grandparent(s) of Father of child(ren)
- Other: (explain): _____

2. INFORMATION ABOUT THE MOTHER OF THE MINOR CHILD(REN):

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

3. INFORMATION ABOUT THE FATHER OF THE MINOR CHILD(REN):

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

4. INFORMATION ABOUT OTHER LEGAL GUARDIANS OF MINOR CHILD(REN), IF ANY:

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

5. INFORMATION ABOUT MINOR CHILD(REN) FOR WHOM I / WE WANT THE VISITATION ORDER:

Name: _____	Name: _____
Birthdate: _____	Birthdate: _____
Current Address: _____	Current Address: _____
City, State, Zip Code: _____	City, State, Zip Code: _____

Name: _____	Name: _____
Birthdate: _____	Birthdate: _____
Current Address: _____	Current Address: _____
City, State, Zip Code: _____	City, State, Zip Code: _____

Name: _____	Name: _____
Birthdate: _____	Birthdate: _____
Current Address: _____	Current Address: _____
City, State, Zip Code: _____	City, State, Zip Code: _____

Name: _____

Name: _____

Birthdate: _____

Birthdate: _____

Current Address: _____

Current Address: _____

City, State, Zip Code: _____

City, State, Zip Code: _____

6. LEGAL REASON WHY I/WE SHOULD HAVE VISITATION: (Check whichever applies)

- A. Minor child(ren) was (were) born out of wedlock.
- B. Parents of minor child(ren) have been divorced for at least 3 months.

IF DIVORCED:

Date of Divorce: _____

Court Case Number: _____

Name of Court: _____

Court Location: _____

- C. Mother of minor child(ren) has been deceased for at least 3 months.

Date of Death: _____

- Father of minor child(ren) has been deceased for at least 3 months.

Date of Death: _____

- D. Mother of minor child(ren) has been missing for at least 3 months.

- Father of minor child(ren) has been missing for at least 3 months.

Date parent(s) discovered to be missing: _____

Date reported to law enforcement agency: _____

Name, location of agency: _____

- E. If you are asking for visitation rights as PATERNAL grandparent(s), that is, you are the parent(s) or grandparent(s) of the father of the minor child(ren), complete the information below:

PATERNITY WAS ESTABLISHED BY: (Check one box)

- A Court Order for Paternity from this county or previously transferred to this county. (A.R.S. §25-502(c))
- Filing an Acknowledgment of Paternity through the Hospital Paternity Program or other means allowed by law on or after July 21, 1996. (A.R.S. §25-812-814, or §36-334)
- Child Support Order: An Order for Child Support has been issued which names my/our son/grandson as the father. (Supply information about the Order as requested below.)
- Marriage: Parties were legally married when the child(ren) was (were) born, conceived or adopted.

(Note: A copy of any documents mentioned above should already be in the case file or is attached.)

7. Statements about your relationship with minor child(ren) for the last 6 months, and why you think it is best for the minor child(ren) that you have visitation with them:

8. Your plan for visitation for the good of the minor child(ren): (Be specific)

TRANSPORTATION will be provided by: (name) _____
As follows: (explain)

During WEEKENDS: (explain specifically)

During the SUMMER MONTHS OR SCHOOL BREAKS: (explain specifically)

FOR HOLIDAYS AND BIRTHDAYS: (explain specifically)

FOR TELEPHONE CALLS: (explain specifically)

OTHER: (explain specifically)

OTHER INFORMATION ABOUT THE MINOR CHILD(REN):

9. Where the child(ren) who is/are under 18 years old have lived for the last 5 years:
(Attach extra pages if necessary.)

Child's name _____ Date: From _____ To _____
Lived with _____ Relationship to child _____
Street Address _____ City, State _____

Child's name _____ Date: From _____ To _____
Lived with _____ Relationship to child _____
Street Address _____ City, State _____

Child's name _____ Date: From _____ To _____
Lived with _____ Relationship to child _____
Street Address _____ City, State _____

Child's name _____ Date: From _____ To _____
Lived with _____ Relationship to child _____
Street Address _____ City, State _____

10. Court cases NOT involving legal decision making or visitation 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 issues OTHER THAN legal decision making or visitation 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: _____

11. Legal decision making, or visitation cases related to child(ren) under 18 years old: (Check one box)

I **DO** HAVE I **DO NOT** HAVE information about a legal decision making or visitation 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: _____

12. Legal decision making, or visitation cases related to child(ren) under 18 years old: (Check one box)

I **DO** KNOW I **DO NOT** KNOW a person other than the Petitioner or the Respondent who has physical custody or who claims custody (now known as legal decision making) or visitation rights to 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: _____

Name of person with the claim: _____

Address of person with the claim: _____

Nature of the claim: _____

13. Other Statements to the Court: _____

14. VENUE: 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)

REQUEST MADE TO COURT:

- (1) For visitations described above, and
- (2) For such other orders as this court considers just and fair.

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

Signature: _____

Dated: _____