

Name of Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Day/Evening Phone Number: _____

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

Regarding the Matter of: _____

Case Number: _____

Name of Grandparent(s) Requesting Visitation

**RESPONSE TO PETITION FOR
GRANDPARENT VISITATION (A.R.S. § 25-409)**

Name(s) of Mother, and/or Father

There is a prior Family Court case in this county between the mother and the father with the following (different) case number:

Name of Other Parent or Legal Guardian (if any)

GENERAL INFORMATION:

1. INFORMATION ABOUT ME, THE PERSON FILING THIS RESPONSE:

Name: _____
Address: _____
County of Residence: _____
Date of Birth: _____
Occupation(s): _____

My relationship to minor child(ren) for whom the visitation order is requested is:

- Father
- Mother
- Other: (explain): _____

2. INFORMATION ABOUT THE PETITIONER(S), THE GRANDPARENTS (OR GREAT GRANDPARENTS) REQUESTING VISITATION:

Name(s): _____
Address: _____
County of Residence: _____
Date of Birth: _____
Occupation: _____

The Petitioner's relationship to minor child(ren) for whom VISITATION order is requested: (Check one)

- Grandparent on mother's side
- Grandparent on father's side
- Great Grandparent on mother's side
- Great Grandparent on father's side

3. INFORMATION ABOUT THE MOTHER OF MINOR CHILD(REN) same as #1 above, or:

Name: _____
Address: _____
County of Residence: _____
Date of Birth: _____
Occupation(s): _____

4. INFORMATION ABOUT THE FATHER OF MINOR CHILD(REN) same as #1 above, or:

Name: _____
Address: _____
County of Residence: _____
Date of Birth: _____
Occupation(s): _____

5. INFORMATION ABOUT THE LEGAL GUARDIANS OF MINOR CHILD(REN), if any same as #1 above, or:

Name: _____
Address: _____
County of Residence: _____
Date of Birth: _____
Occupation(s): _____

**6. INFORMATION ABOUT MINOR CHILD(REN) FOR WHOM I OR WE WANT VISITATION ORDER:
Mother and Father for all minor children are as listed above.**

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

7. Petitioners do not have a right to visitation under Arizona Law (A.R.S. § 25-409) because:
(Check box(es) for statements that apply and write-in requested information.)

- A.** Minor child(ren) was (were) not born out of wedlock.

- B.** Parents of minor child(ren) are not divorced OR have not 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 dead for **less than 3 months.**
Date of Death: _____
- Father of minor child(ren) has been dead for **less than 3 months.**
Date of Death: _____
- D.** Mother of minor child(ren) has been missing for **less than 3 months.**
- Father of minor child(ren) has been missing for **less than 3 months.**
Date parent(s) discovered to be missing: _____
Date reported to law enforcement agency: _____
Name, location of agency: _____
- E.** Petitioners are asking for visitation rights as grandparents or great grandparents on the father's side, however there is no paternity order and I do not believe the Petitioner's son or grandson is the father because: (explain)

8. Statements about the Petitioner's relationship with the minor child(ren) for the last 6 months, and why you think it is NOT in the minor child(ren)'s best interests for visitation to be ordered, or why, if ordered, visitation should be limited or supervised:

9. Your plan for visitation for the good of the minor child(ren): (be specific)

- There should be no court-ordered visitation, but if ordered, should be as follows:**
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)

10. **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 _____

Child's Name _____ Dates: From _____ To _____
Lived with _____ Relationship to child _____
Street address _____ City, State _____

11. 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 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: _____

12. 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 legal decision making or visitation court case relating to any of the 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 _____

Nature of the court proceeding: _____

Summary of Court Order: _____

13. Legal decision making or visitation claims of any person. (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 children 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: _____

14. Summary of what I say about the minor child(ren) that is different from what the other person asked for: (Summarize what is different between what you say about the minor child(ren), and what the other party said)

(Summary Continued)

OTHER STATEMENTS TO THE COURT

- 15. **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)
- 16. **GENERAL DENIAL:** I deny anything stated in the complaint that I have not specifically admitted, qualified, or denied.

REQUESTS TO THE COURT: (check which number applies to your request)

- 1. ORDER VISITATION AS DESCRIBED ABOVE.
- 2. ORDER NO VISITATION TO THE GRANDPARENT PETITIONER(S).

Check and complete "3" below only if you believe visitation should be supervised.

- 3. **SUPERVISED VISITATION** is in the best interests of the minor child(ren), pursuant to A.R.S. § 5-337 and §25-338, because (explain reasons visitation should be supervised):

Therefore supervised visitation to (name) _____
only in the presence of another person, who is named by the court or as suggested below, upon a finding that supervised access is in the best interest of the minor child(ren),

Name of person to supervise: _____

Requested restrictions on visitation: (explain below)

The cost of supervised visitation shall be paid by:

- the person being supervised;
- the parent having legal decision making;
- shared equally by the parties.

- 4. **OTHER ORDERS.** Write in other orders you are requesting from the Court:

DECLARATION AND SIGNATURE

I state to the Court under penalty of perjury that the contents of this document are true and correct.

SIGNATURE

DATE

PRINTED Name