

Name of Person Filing: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Day/Evening Phone Number: \_\_\_\_\_  
 ATLAS Number (if applicable) \_\_\_\_\_  
 Attorney Bar Number (if Applicable) \_\_\_\_\_  
 Representing:  Self, Without a Lawyer OR  
 Attorney for:  Petitioner  Respondent

## SUPERIOR COURT OF ARIZONA MOHAVE COUNTY

Regarding the Matter of:

Case Number: \_\_\_\_\_

\_\_\_\_\_  
 (Name of Petitioner)

### PETITION FOR PATERNITY

(Check one box only)

AND

LEGAL DECISION MAKING,  
PARENTING TIME, and CHILD  
SUPPORT

\_\_\_\_\_  
 (Name of Respondent)

LEGAL DECISION MAKING,  
PARENTING TIME ONLY

### GENERAL INFORMATION:

#### 1. INFORMATION ABOUT THE PETITIONER

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 County of residence: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Relationship to minor child(ren) for whom I want the paternity order:

- Mother  
 I claim to be the Father  
 I am a court-appointed guardian, conservator or "best friend" for the minor child(ren) born out of wedlock

#### 2. INFORMATION ABOUT THE RESPONDENT

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 County of residence: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Relationship to minor child(ren) for whom I want the LEGAL DECISION MAKING/PARENTING TIME ORDER:

- Mother  
 Father  
 Other: (explain) \_\_\_\_\_

**3. JURISDICTION: WHY I AM FILING THIS COURT CASE IN ARIZONA AGAINST THE OTHER PERSON: (check all that apply)**

- The person is a resident of Arizona
- I believe that I will personally serve the person in Arizona (see packet on service to know about this)
- The person agrees to have the case heard here and will file written papers in the court case;
- The person lived with the minor child(ren) in this state at some time;
- The person lived in this state and provided pre-birth expenses or support for the minor child(ren);
- The minor child(ren) live/lives in this state as a result of the acts or directions of the person;
- The person had sexual intercourse in this state as a result of which the minor child(ren) may have been conceived;
- The person signed a birth certificate that is filed in this state;
- The person did any other acts that substantially connect the person with this state (see a lawyer to help you determine this).

**4. INFORMATION ABOUT MINOR CHILD(REN) FOR WHOM I WANT PATERNITY ORDER:**

Name: _____	Name: _____
Birthdate: (month/day/year) _____	Birthdate: (month/day/year) _____
City, State, Nation of Birth: _____	City, State, Nation of Birth: _____

Name: _____	Name: _____
Birthdate: (month/day/year) _____	Birthdate: (month/day/year) _____
City, State, Nation of Birth: _____	City, State, Nation of Birth: _____

Name: _____	Name: _____
Birthdate: (month/day/year) _____	Birthdate: (month/day/year) _____
City, State, Nation of Birth: _____	City, State, Nation of Birth: _____

**STATEMENTS ABOUT PATERNITY:**

**5. WHY YOU THINK THE PERSON IS THE FATHER OF THE MINOR CHILD(REN): (check which box applies).**

- AFFIDAVIT:** Petitioner and Respondent signed an Affidavit of Paternity acknowledging that
  - Petitioner or  Respondent is the minor child(ren)'s natural father. A copy is attached.
- BIRTH CERTIFICATE:**
  - Petitioner or  Respondent is named as the natural father on each of the minor child(ren)'s birth certificate(s). Copy (or copies) attached.
- BLOOD TEST:** DNA Testing indicates:
  - Petitioner or  Respondent is the minor child(ren)'s natural father. Report(s) of test results attached.
- PARTIES LIVING TOGETHER:** Petitioner and Respondent were not married to each other at any time during the ten months before birth of the minor child(ren). However, the parties lived together during the period(s) when the minor child(ren) could have been conceived.

**SEXUAL INTERCOURSE:** Petitioner and Respondent were not living together but had sexual intercourse at the probable date(s) of conception of the minor child(ren). The mother of the minor child(ren) did not have sexual intercourse with anyone else during the periods in which the minor child(ren) could have been conceived.

**OTHER:** (explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. ABOUT MARRIAGE AND HUSBAND** (if applicable, check one box.)

- Mother was not married at the time minor child(ren) were born or conceived or at least 10 months before minor child(ren) were born or conceived, OR
- Mother was married when minor child(ren) were born or conceived or at least 10 months before minor child(ren) were born or conceived, but husband is not father of minor child(ren). Husband is a party to this court case because of marriage.

**OTHER INFORMATION ABOUT THE MINOR CHILD(REN):**

**7. WHERE THE CHILD(REN) WHO IS/ARE UNDER 18 YEARS OLD HAS/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 or  I have not been a party or a witness in court in this state **or** any other state regarding issues OTHER THAN the legal decision making or parenting time of any 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(ren) is (are) involved: \_\_\_\_\_

Summary of any Court Order: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**9. LEGAL DECISION MAKING OR PARENTING TIME CASES RELATED TO CHILDREN 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 children 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 any Court Order: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. LEGAL DECISION MAKING OR VISITATION CLAIMS OF ANY PERSON:**

(check one box)

**I DO NOT KNOW**  **I DO 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 parenting time rights to any of the minor 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: \_\_\_\_\_

**11. LEGAL DECISION MAKING OF THE MINOR CHILD(REN):** (If applicable, court must make findings in contested legal decision making cases.)

Sole Legal Decision Making to  Petitioner or  Respondent or  
 Joint Legal Decision Making is in the best interests of the minor child(ren) for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

**OTHER STATEMENTS TO THE COURT:**

**12. MEDICAL EXPENSES:**  There are OR  There are no unreimbursed medical expenses incurred by the mother, resulting from the birth of the minor child(ren). If there are, these costs and expenses should be awarded to  Petitioner or  Respondent according to law.

**13. 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.

**14. DOMESTIC VIOLENCE:** (check if you are asking for joint legal decision making.)  
 Domestic violence has **not** occurred between the parties.  
 Domestic Violence has occurred but it has not been significant. Explain why joint legal decision making is still in the best interest of the minor child(ren) even though domestic violence has occurred.

**15. VENUE:** (Check here if the following statement is true):  
 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. DRUG CONVICTION WITHIN LAST TWELVE MONTHS:** (Check one box.)

- I have not been convicted for a drug offense or driving under the influence of drugs or alcohol in the last twelve (12) months, OR
- I have been convicted for a drug offense or driving under the influence of drugs or alcohol in the last twelve (12) months. However, the parenting time arrangement I am requesting appropriately protects the minor child(ren). Explain how this arrangement appropriately protects the minor children.

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**REQUESTS I MAKE TO THE COURT:**

**17. PATERNITY:** Order that \_\_\_\_\_ (legal name of the father, as on his birth certificate) be declared the natural father of the minor child(ren).

**18. BIRTH CERTIFICATE:**

Order that the name of the father \_\_\_\_\_ be added to each minor child's birth certificate;  
(father's name)

**19. CHILD(REN) LAST NAME:** (check the box and fill in the blank if you want this):

- Order that each minor child's last name be changed to the last name of \_\_\_\_\_;

**20. LEGAL DECISION MAKING OF MINOR CHILD(REN) AND PARENTING TIME:** (check and complete 1 or 2);

**A. SOLE LEGAL DECISION MAKING:**

- Sole legal decision making of the minor child(ren) awarded to  Petitioner **or**  Respondent subject to Parenting Time 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, OR
- 2.)  Supervised parenting time between the minor child(ren) and  Petitioner or  Respondent is in the best interests of the minor child(ren) for the following reasons: (explain here reasons for supervision or no parenting time):

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- i.  Supervised parent/child access 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(ren),

- Person to supervise: \_\_\_\_\_

- Requested restrictions on Parenting Time: (explain here)

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- 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.

**OR**

- ii.  No parenting time rights to the parent not having legal decision making.  
**OR**

**B. JOINT LEGAL DECISION MAKING:**

- Petitioner and Respondent agree to act as joint custodians of the minor child(ren), as set forth in the Parenting Plan by the parties, 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 by either parent.

**21. CHILD SUPPORT: Order that child support shall be paid by: (check one box)**

- Petitioner **or**  Respondent in a reasonable amount as determined by the court under the Arizona Child Support Guidelines. Support payments shall begin on the first day of the first month following the entry of the Paternity Decree/Order. These payments, plus a statutory fee for handling, shall be paid through the Support Payment Clearinghouse and collected by automatic wage assignment. Further, that costs for past child support and care for child(ren) in the amount of \$\_\_\_\_\_ shall be paid by  Petitioner or  Respondent in the amount of \$\_\_\_\_\_ each month until paid in full. Payments shall be made as stated above.

**22. EXPENSES OF MOTHER: Order that  Petitioner or  Respondent pay a reasonable amount to cover unreimbursed expenses incurred by the mother related to the birth of each child(ren).**

**23. HEALTH, MEDICAL, DENTAL, VISION CARE INSURANCE AND HEALTH CARE EXPENSES FOR CHILDREN UNDER THE AGE OF 18:**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Petitioner should provide:</b> | <input type="checkbox"/> <b>Respondent should provide:</b> |
| <input type="checkbox"/> medical                           | <input type="checkbox"/> medical                           |
| <input type="checkbox"/> dental                            | <input type="checkbox"/> dental                            |
| <input type="checkbox"/> vision care insurance             | <input type="checkbox"/> vision care insurance             |

Order that Petitioner and Respondent pay for all reasonable unreimbursed medical, dental, vision care, and health-related expenses incurred for the minor child(ren) in proportion to their respective incomes as described on the Parents' Worksheet, which shall be submitted with the Judgment and Order.

**24. TESTING AND COSTS: Order that if paternity is contested, Petitioner and Respondent be ordered to submit to such blood and tissue tests as may be necessary by this Court to establish paternity, and that Respondent must pay all costs and expenses of this lawsuit, if he/she contests these proceedings, including the costs of the blood tests or other genetic testing; filing each child's birth certificate; attorneys' fees and court costs;**

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

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