

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

Name of Petitioner (in original case)

AND

Name of Respondent (in original case)

Case Number: _____

PETITION TO MODIFY (Change) LEGAL DECISION MAKING, PARENTING TIME and CHILD SUPPORT (Parties not in agreement)

I, _____ am the ☐ Petitioner or ☐ Respondent or ☐ Other
(print your name)

GENERAL INFORMATION:

1. Information about Me:

Name: _____

Address: _____

How I am related to the child(ren) for whom the Legal Decision Making / Parenting Time Order should be changed:

☐ Mother or ☐ Father or ☐ Other: (explain) _____

2. Information about the Other Party:

Name: _____

Address: _____

How the other party is related to the child(ren) for whom the Legal Decision Making / Parenting Time Order should be changed:

☐ Mother or ☐ Father or ☐ Other: (explain) _____

3. Information about the child(ren) for whom I want the Legal Decision Making / Parenting Time Order changed:

Child's Name: _____ Birthdate: _____ Age: _____

Child's Name: _____ Birthdate: _____ Age: _____

Child's Name: _____ Birthdate: _____ Age: _____

Child's Name: _____ Birthdate: _____ Age: _____

4. **Affidavit Regarding Minor Children.** ☐ The children have resided in Arizona since the entry of the last Arizona Legal Decision Making Order **OR** (if not) ☐ I have attached an ***Affidavit Regarding Minor Children.***
5. **Information about the Order I want to change:** (Check A or B, then complete the information)
- A. ☐ **The Order is from the Superior Court in Mohave County.**
1. Order/decree is dated: _____ (month, day, year).
2. The name of the Judge who signed the order is: _____
OR
- B. ☐ **The Order is from a Superior Court in Arizona but from another county OR the Order is not from Arizona:** The child(ren) have lived in Arizona for at least six (6) months before the date I am filing this Petition. I have filed a certified copy of this Order with the Clerk of the Court, and a copy of the order/decree is attached to this Petition.
Order/decree is dated: _____ (month, day, year).
Name of state: _____
Name of county in state: _____
6. **DOMESTIC VIOLENCE:** ☐ No significant domestic violence has occurred **OR** ☐ domestic violence has occurred. Explain:

7. **WHAT YOUR ORDER NOW SAYS:** Put in **WORD FOR WORD** the part of the decree/order you want to change. (Use extra paper if necessary.) **OR** Incorporate the Order which is already a part of the court's file and attach a copy of the Order to the judge's copy of this Petition and all other parties' copies of this Petition.

8. **WHY THE DECREE / ORDER SHOULD BE CHANGED:** These are my reasons why I believe that a change of legal decision making, and/or parenting time is in the best interest of the child(ren). (Use extra paper if necessary.)

9. **REQUESTS I MAKE TO THE COURT:**
- A. **LEGAL DECISION MAKING AND PARENTING TIME:**
- ☐ **Joint Legal Decision Making:** I want the parties to be awarded joint legal decision making of the child(ren) subject to a Parenting Plan to be submitted later.

(name(s) of child(ren))
- OR**
- ☐ **Sole legal decision making:** Sole legal decision making of _____
_____ (name(s) of child(ren)) should be awarded to
- ☐ **Mother** ☐ **Father** or ☐ **Other** and/or Sole legal decision making of _____
_____ (name(s) of child(ren)) should be awarded to
- ☐ **Mother** ☐ or **Father** or ☐ **Other**, subject to parenting time as follows:

1. ☐ **Reasonable parenting time** to the parent/party who does not have legal decision making according to the Mohave County Legal Decision Making Guidelines; **OR**
2. ☐ **Reasonable parenting time** to the parent/party who does not have legal decision making according to the attached Parenting Plan; **OR**
3. ☐ **Supervised parenting time** but only in the presence of another person; **OR**
4. ☐ **No parenting time** rights to ☐ **Mother** or ☐ **Father** or ☐ **Other**
Supervised parenting time or no parenting time is requested for the following reasons: _____

B. CHILD SUPPORT: ☐ **Mother** or ☐ **Father** should pay child support to the other party in the amount of \$ _____ per month on the first day of every month, beginning the first day of month following the filing of this Petition based upon the attached ***Parent's Worksheet for Child Support***. All child support payments should be made through the Support Clearinghouse and will be subject to an applicable statutory fee through an automatic Order of Assignment.

C. MEDICAL, DENTAL, VISION CARE:

- ☐ **Petitioner** should be responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.
- ☐ **Respondent** should be responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.

Medical, dental, and vision care insurance, payments and expenses are based on the information in the ***Parent's Worksheet*** attached and incorporated by reference. The party ordered to pay must keep the other party informed of the insurance company name, address and telephone number, and must give the other party the documents necessary to submit insurance claims.

Non-Covered Expenses. Petitioner is ordered to pay _____ %, AND Respondent is ordered to pay _____ % of all reasonable uncovered and/or uninsured medical, dental, vision care, prescription and other health care charges for the minor child(ren), including co-payments.

D. INCOME TAX DEDUCTION:

Mother should claim the tax deduction for _____
(names) of child(ren)) ☐ every year **or** ☐ every other year.

Father should claim the tax deduction for _____
(name(s) of child(ren)) ☐ every year **or** ☐ every other year.

E. OTHER ORDERS: Write in here anything else you want the Court to order.

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

Signature: _____ Date: _____