

(1) Person Filing: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Email Address: _____

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) (2)

Case Number: _____ (3)

**PETITION TO ESTABLISH
CHILD SUPPORT**

(Name of Respondent) (2)

I AM PROVIDING SUPPORT FOR OR HAVE PHYSICAL CUSTODY (NOW KNOWN AS LEGAL DECISION MAKING)
OF THE FOLLOWING CHILD(REN): continue on additional sheet if necessary

(4) Name (first, middle, last)

Date of Birth

The other party is the natural or adoptive parent of the minor child(ren) listed above and has a legal duty to provide support pursuant to A.R.S. §25-501.

(5) Paternity for the above-named minor child(ren) common to the above parties was established by:

- ☐ Court Order from this county or previously transferred to this county. (A.R.S. §25-502))
- ☐ Affidavit of Acknowledgment filed on or after July 21, 1996 in accordance with A.R.S. § 25-812-814, or §36-334
- ☐ Parties were legally married when minor child(ren) was (were) born, conceived, or adopted.

WHEREFORE, I request that the court take any or all of the following actions.

- A.** Order the other party to pay Guideline Child Support and provide other relief as requested in the Parent's Worksheet.
- B.** Order payment of costs and attorney fees, if appropriate.
- C.** Order such other relief as deemed necessary and appropriate by the court.

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

Date

Signature