

Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self

COCHISE COUNTY SUPERIOR COURT

Petitioner's Name on the Current Legal Decision- Case Number: DO _____
Making Order:

**RESPONSE TO PETITION FOR
MODIFICATION OF PARENTING
TIME, LEGAL DECISION-
MAKING, OR THE CHILDREN'S
RESIDENCE**

Respondent's Name:

I STATE THE FOLLOWING UNDER OATH:

Mediation:

- The current legal decision-making order says we have to go to mediation before asking the court to change the order.
- We went to mediation on this date: _____, but we still disagree about the change in legal decision-making and/or parenting time.
- We did not go to mediation because:

If The Court Signed the Current Legal Decision-Making Order Less Than One Year Ago:

- I agree with these statements the other party made in their request for changes: 1) the children are in danger, or 2) there's an Order of Protection against me, or 3) we have joint legal decision-making, the court signed the order less than six months ago, and I'm disobeying that order.

OR

- None of those statements are true, so the Court should dismiss the other party's request for changes.

I ASK THE COURT TO ORDER THE FOLLOWING:

Legal Decision-Making About the Children:

- I agree with the legal decision-making the other party asked for in the Petition.
- I do not want the court to change legal decision-making.
- I want legal decision-making changed to the following:

- Joint Legal Decision-Making:** Award the parties joint legal decision-making about the children as stated in the Joint Legal Decision-Making Agreement we signed. No significant domestic violence has occurred between the parties.

- Sole Legal Decision-Making:** Award Petitioner or Respondent sole legal decision-making about the children. Joint legal decision-making is not in the children's best interest because *(you must fill in this blank if you ask for sole legal decision-making)*:

Children's Primary Residence:

- I agree with the primary residence the other party asked for in the Petition.
- I do not want the court to change the primary residence.
- I want the primary residence changed to the following:

- Children will live mostly with Petitioner.
- Children will live mostly with Respondent.
- Children will live equally with Petitioner and Respondent.

Parenting Time:

- I agree with the parenting time the other party asked for in the Petition.
- I do not want the court to change parenting time.
- I want parenting time changed to the following:

Order This Parenting Time Plan:

The children will be in Petitioner's care at these times:

At the start of Petitioner's time with the children, Respondent will drop them off or Petitioner will pick them up at this time: _____ at this location:

The children will be in Respondent's care at these times:

At the start of Respondent's time with the children, Petitioner will drop them off or
 Respondent will pick them up at this time: _____ at this location:

While we understand the court may enforce this drop-off and pick-up schedule, we will be reasonably flexible about it.

Other scheduling arrangements:

During Summer school breaks, parenting time will be:

- the same as always
- with Petitioner or Respondent
- at both households according to this schedule:

-
- We each are entitled to an annual _____-week vacation with the children. We will work out the details of the vacation at least _____ days in advance.
 - Neither party will travel with the children outside Arizona for longer than _____ days without notifying the other party ahead of time.

We will inform each other of plans to travel out of the area with the children and of addresses and phone numbers where we and children can be reached during travel.

Holidays:

	Even Years		Odd Years	
	Petitioner	Respondent	Petitioner	Respondent
Spring Vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother's Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father's Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 th of July	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall Break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Halloween	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thanksgiving Weekend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hanukkah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter Break: Week 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter Break: Week 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Birthdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Each party will have the children on that party's birthday.

On three-day weekends, which include Martin Luther King Day, President's Day, Memorial Day, Labor Day, and Columbus Day, the children will remain in the care of the party who has them for the weekend.

Holiday times will begin and end as follows: _____

Phone access:

Each party may contact the children by phone during the children's normal waking hours.

Other: _____

Religion:

Each party may take the children to a place of worship of that party's choice while the children are in that party's care.

The children may be instructed in the following faith: _____

Religious arrangements do not apply to this Plan.

Communicating with each other: We will communicate with each other about the children by phone by email by text in person at least every _____ days.

We may change the parenting plan by written agreement only, except in an emergency.

Reviewing the plan: We will review this Plan every _____ months and ask the court for any necessary or desired changes.

Other: _____

Order Supervised Parenting Time:

Unsupervised parenting time would endanger the children's physical, mental, moral, or emotional health because:

Parenting time may take place only in the presence of another person, named as follows:

Other restrictions on parenting time:

The cost of supervised parenting time, if any, will be paid by the party being supervised or by the custodial party or equally by both parties.

Order No Parenting Time:

Even supervised parenting time with the other party would endanger the children's physical, mental, moral, or emotional health because:

Child Support, Children's Health Insurance, and Tax Dependency Exemptions:

- I agree with the child support the other party asked for in the Petition.
 I do not want the court to change child support.
 I want child support changed to the following:

The Parent's Worksheet for Child Support Amount dated _____ shows that
 Petitioner or Respondent is obligated to pay monthly child support of \$_____.

Order that support.

Deviation:

It would be inappropriate or unjust to apply that amount because:

Therefore, free of duress and coercion, I ask the court to order that:

Petitioner or Respondent pay monthly child support of \$_____.

Neither party pay child support.

This deviation is in the children's best interest because:

I understand that it is up to the court whether to grant this deviation and that the court can change child support at any time if a party asks for a change.

Medical, Dental, Vision Care for Minor Children: Order these expenses divided as follows:

Petitioner is responsible for providing medical dental vision care insurance.

Respondent is responsible for providing medical dental vision care insurance.

Order the parties to pay for all reasonable un-reimbursed medical, dental, and health related expenses incurred for the children in proportion to the parties' respective incomes as set forth in the most recent Parent's Worksheet for Child Support Amount.

Tax Exemptions: Divide our income tax dependency exemptions as follows:

Party Entitled to Claim:

Petitioner Respondent

Child's Name

Tax Years
(even or odd,
for example)

<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Petitioner	Respondent	Child's Name	Tax Years (even or odd, for example)
[]	[]	_____	_____
[]	[]	_____	_____
[]	[]	_____	_____

I Request the Following Other Changes:

I request any other orders that the court finds appropriate.

CERTIFICATE OF SERVICE: I will mail or hand-deliver a copy of this Response to the other party on the day I file it.

OATH AND VERIFICATION: I have read this document, and it is true and complete to the best of my knowledge.

Sign in front of a notary, or in front of the Court Clerk when you file. The person signing must bring photo ID. Notaries are at most banks or listed in the Yellow Pages. Notaries usually charge a fee.

My Signature: _____

State of Arizona)
)
 County of _____)

Subscribed and sworn or affirmed before me this date: _____ by: _____

Seal:

Notary Public: _____
 Notary Expiration Date: _____