







**9. COURT CASES NOT INVOLVING LEGAL DECISION-MAKING ( LEGAL CUSTODY) OR PARENTING TIME RELATED TO THE CHILDREN. (Check one box.)**

I HAVE  I DO NOT HAVE information regarding any court action in this state or any other state involving the minor child(ren) listed above that could affect this case including court cases for enforcement and relating to domestic violence, protective orders, termination of parental rights and adoptions (If you have, explain below, using extra pages if necessary. **IF NOT, GO ON.**)

Name of each child: \_\_\_\_\_

Court State: \_\_\_\_\_ Court location (county/city): \_\_\_\_\_

Court case number: \_\_\_\_\_ Current case status: \_\_\_\_\_

How the children are involved: \_\_\_\_\_

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

**10. PHYSICAL CUSTODY, LEGAL DECISION-MAKING (LEGAL CUSTODY) OR PARENTING TIME CLAIMS OF ANY PERSON. (Check one box.)**

I do  I do not know a person other than Party A or Party B who has physical custody or who claims legal decision-making (legal custody) or parenting time rights to any of the minor children named above.

(If so, explain below, using extra pages if necessary. IF NOT, GO TO #11).

Name of each child: \_\_\_\_\_

Name of Person with the claim: \_\_\_\_\_

Address of Person with the claim: \_\_\_\_\_

Nature of the Claim: \_\_\_\_\_

**OTHER STATEMENTS TO THE COURT**

**11. MEDICAL EXPENSES:** (check the boxes that apply)

There are OR  There are not unreimbursed medical expenses incurred by the mother, resulting from the birth of the child(ren). If there are, these costs and expenses should be awarded to

Party A OR  Party B according to law, A.R.S. § 25-809.

**12. OTHER EXPENSES:** The parties  should OR  should not 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.

13. **THE PARENT INFORMATION PROGRAM (PIP)** is required for persons seeking legal decision-making authority (legal custody) or parenting time. (If you intend to ask for legal decision-making (legal custody) or parenting time, check one.)

I have     I have not    already completed the Parenting Information Program (PIP).

14. **DOMESTIC VIOLENCE:** (If you intend to ask for joint legal decision-making (joint legal custody), there must have been no significant domestic violence between the parties or you must provide reasons for the court to find joint legal decision-making is in the best interests of the minor(s) *despite* the domestic violence. (A.R.S. § 25-403.03). (Check one box)

There has been domestic violence in this relationship and no legal decision-making (no joint or sole legal custody) should be awarded to     Party A     Party B    who committed the violence.

Domestic violence has not occurred in this relationship; OR

Domestic violence has occurred in this relationship but it was committed by both parties or it is otherwise still in the best interests of the minor child(ren) to award joint or sole legal decision-making (joint or sole legal custody) to the person who committed the violence *because:* (Explanation Required)

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

Summary of what I say about **DOMESTIC VIOLENCE** that is different from what the other Party said in the Petition.

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

15. **DRUG / ALCOHOL CONVICTION WITHIN LAST TWELVE MONTHS:** (If you intend to ask for **joint** legal decision-making (joint legal custody), check one box.)

**Neither** parent has been convicted for a drug offense or driving under the influence of drugs or alcohol in the last twelve (12) months,

**One or both** parents have been convicted for a drug offense or driving under the influence of drugs or alcohol in the last twelve (12) months.

**Party A** was convicted.

**Party B** was convicted.

The legal decision-making (legal custody) and parenting time arrangement I am requesting appropriately protects the minor child(ren).

Explain how this arrangement appropriately protects the minor children.

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

Summary of what I say about **DRUG/ALCOHOL CONVICTIONS** that is different from what the other Party said in the Petition.

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

**16. CHILD SUPPORT:**

There is an Order for Child Support, dated \_\_\_\_\_ from (name of court) \_\_\_\_\_.

This order  needs  does not need to be changed.

There is a pending child support petition or modification currently filed in this Court or a different court.

(If you checked this box, complete the following.)

Name and Location of Court \_\_\_\_\_

Nature of the Case: \_\_\_\_\_

Status of Case: \_\_\_\_\_

To my knowledge **there is no child support order** for the minor child(ren) and the court  should  should not order child support in this case along with legal decision-making (legal custody), and parenting time.

Party A  Party B made **voluntary / direct support payments in the amount of \$\_\_\_\_\_** that need to be taken into account, if past support is requested.

Party A  Party B owes **past support** for the period between:

the **date this Petition was filed** and the date current child support is ordered.

**OR**

the **date the parties started living apart**, but not more than three years before the date this Petition was filed and the date current child support is ordered.

**OR**

**the date the parties started living apart**, which is **MORE THAN** three years before the date of this petition was filed, and the date current child support is ordered. \* **If you check this box, you must explain why the Court should award past support for this time period. EXPLAIN:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. **GENERAL DENIAL:** I deny anything stated in the Petition that I have not specifically admitted, qualified, or denied.

**REQUESTS TO THE COURT:**

**1. FOR ORDER OF PATERNITY:**

Issue order declaring that  Party A or  Party B claimed to be the father, (named below)

IS (OR)  IS NOT the natural father of the minor child(ren),

**IN THE EVENT THE COURT ORDERS THAT ABOVE-NAMED PARTY IS THE NATURAL FATHER, THEN THE COURT SHOULD ALSO ORDER AS FOLLOWS:**

**A. BIRTH CERTIFICATE:** (check the box and complete if this is desired)

Order that the name of the father as appears on his birth certificate or other legal document should be added to each minor child's birth certificate as the father;

**B. LAST NAME:** (check the box and complete if this this is desired)

Order that each minor child's last name be changed to the last name of:

**2. FOR ORDER DECLARING PRIMARY RESIDENCE, PARENTING TIME, AND AUTHORITY FOR LEGAL DECISION-MAKING (LEGAL CUSTODY):**

**A. PRIMARY RESIDENCE:** Declare which parent's home shall be primary residence for each minor child as follows:

Declare **NEITHER** parent's home is designated as the primary residence, **OR**

Declare **Party A's home as the** primary residence for the following named children:

Declare **Party B's home as the** primary residence for the following named children:

**B. PARENTING TIME: Award parenting time as follows:**

- Reasonable parenting time rights as described in the Parenting Plan, **OR**
- Supervised parenting time between the children and  Party A OR  Party B, **OR**
- No parenting time rights to the  Party A OR  Party B.

**Supervised or no parenting time is in the best interests of the minor child(ren) because:**

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Explanation continues on attached pages made part of this document by reference.

a. Name this person to supervise: \_\_\_\_\_

b. Restrict parenting time as follows: \_\_\_\_\_

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c. Order cost of supervised parenting time (if applicable) to be paid by:

- Party A
- Party B, **OR**
- Shared equally by the parties.

**C. LEGAL DECISION-MAKING (Legal Custody):**

**Award legal decision-making (legal custody) concerning the children as follows:**

**SOLE LEGAL DECISION-MAKING (sole legal custody) to:**  Party A  Party B  
**OR**

**JOINT LEGAL DECISION-MAKING (joint legal custody) to BOTH PARENTS.**

Party A and Party B will agree to act as joint legal decision-makers (joint legal custodians) of the minor children, as set forth in the *Joint Legal Decision-making* (joint legal custody) **Agreement** contained in the *Parenting Plan*, to be agreed upon and signed by both parties **if** the Court adopts the terms of the **Agreement** (The Parenting Plan is submitted later in the process). There have been no significant acts of domestic violence, as defined by Arizona law, A.R.S. § 13-3601, by either parent or it is in the best interests of the minor child(ren) to award joint legal decision-making despite any violence that occurred.

(Check "3" below if you are asking for a child support order or a change of child support in this case.)



**3. CHILD SUPPORT:**

A.  Order that child support be paid by  **Party A**  **Party B**  
 in the amount set forth in the Child Support Worksheet filed with this Response and incorporated by this reference.

**OR**

in the amount of \$\_\_\_\_\_, which is a deviation from the amount set forth under the Arizona Child Support Guidelines. I am requesting a deviation because: (EXPLAIN): \_\_\_\_\_

B.  Order that **past child support** for the period stated under #16 above, be paid by  **Party A**  **Party B** in an amount determined by using a retroactive application of the Arizona Child Support Guidelines taking into account any amount of **temporary or voluntary / direct support** that has been paid. Support to be paid as defined above.

**4. MEDICAL, DENTAL, VISION CARE INSURANCE AND HEALTH CARE FOR MINOR CHILD(REN): Order that:**

**Party A** is responsible for providing:  medical  dental  vision care insurance.  
 **Party B** is responsible for providing:  medical  dental  vision care insurance.  
 Order that Party A and Party B 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 Child Support Order, which shall be submitted with the Judgment and Order.

**5. EXPENSES OF MOTHER:** Order that  **Party A** OR  **Party B** pay a reasonable amount to cover unreimbursed expenses incurred by the mother related to the birth of the child(ren).

**6. TAX EXEMPTION:** Allocate tax exemptions for the minor child(ren) as determined by the Court under the Arizona Child Support Guidelines.

Under the Affordable Care Act, the parent who claims the child as a dependent on a federal tax return has the obligation to ensure that the child is covered by medical insurance and may be penalized by the IRS for failing to do so.

Parent entitled to claim	Name of minor child	in Tax Year
<input type="checkbox"/> Party A <input type="checkbox"/> Party B	_____	
<input type="checkbox"/> Party A <input type="checkbox"/> Party B	_____	
<input type="checkbox"/> Party A <input type="checkbox"/> Party B	_____	

Pattern shall repeat for subsequent years.

**7. TESTING and COSTS:** Order that if paternity is contested, Party A and Party B be ordered to submit to such blood and tissue tests as may be necessary by this Court to establish paternity. And, that the other party pay all costs and expenses of this lawsuit under Arizona law, A.R.S. § 25-809, including blood tests or other genetic testing; filing each child's birth certificate, attorney's fees and court costs;

**8. OTHER ORDERS I AM REQUESTING:** (explain request here) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**UNDER OATH OR AFFIRMATION**

I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this: \_\_\_\_\_  
(date)

By \_\_\_\_\_.

(notary seal)

\_\_\_\_\_  
Deputy Clerk or Notary Public

A copy of this response will be mailed to the other party on: \_\_\_\_\_  
Month / Date / Year

At the following address: \_\_\_\_\_