

GRANDPARENT VISITATION

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3

Part 3: Response to the
Petition

Person Filing: _____
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ATLAS Number: _____
Lawyer's Bar Number: _____

For Clerk's Use Only

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN COCHISE COUNTY

In the Matter of :

Case Number _____

Name of Grandparent Requesting Visitation

ATLAS No. _____

Name of *Other* Grandparent Requesting
Visitation, if applicable

RESPONSE TO PETITION FOR GRANDPARENT VISITATION A. R. S. § 25-409

Name of Party A DECEASED

*There is a prior Family Department
case in this county between the legal
parents of the minor children with the
following (**different**) case number:*

Name of Party B DECEASED

_____.

Name of Legal Guardian, if applicable

GENERAL INFORMATION

1. Information about me, the person filing this response:

Name: _____

Address: _____

County of residence: _____

Date of Birth: _____

Occupation: _____

My relationship to child(ren) for whom the visitation order is requested : (explain)

2. Information about the grandparents (or great grandparents) requesting visitation:

Name(s): _____

Address: _____

County of residence: _____

Date of Birth: _____

Occupation: _____

Relationship to children for whom VISITATION order is requested: (Check one)

- Grandparent on Party A's side Grandparent on Party B's side
 Great Grandparent on Party A's side Great Grandparent on Party B's side

3. Information about the Party A same as #1 above, or:

Name: _____

Address: _____

County of residence: _____

Date of Birth: _____

Occupation: _____

Party A's relationship to children for whom visitation order is requested: _____

4. Information about the Party B same as #1 above, or:

Name: _____

Address: _____

County of residence _____

Date of Birth: _____

Occupation: _____

Party B's relationship to children for whom visitation order is requested: _____

5. Information about legal guardians of child(ren), if any: same as #1 above, or:

Name: _____
Address: _____
County of residence: _____
Date of Birth: _____
Occupation: _____

6. Information about child(ren) listed in the Petition for Grandparent Visitation:

Party A and Party B are the legal parents for all children listed below.

Name _____	Name _____
Birth Date: _____	Birth Date: _____
Current Address: _____	Current Address: _____
County of Residence: _____	County of Residence: _____

Name _____	Name _____
Birth Date: _____	Birth Date: _____
Current Address: _____	Current Address: _____
County of Residence: _____	County of Residence: _____

INFORMATION ABOUT ADDITIONAL CHILDREN ARE LISTED ON ATTACHED PAGE.

7. Grandparent(s) do not have a right to visitation under Arizona law (A.R.S. § 25-409) *because:*

(Check box(es) for statements that apply and write-in requested information.)

A. Children were not born out of wedlock.

B. Parents of children are not divorced *or* have not been divorced for at least 3 months. *If divorced:* Date of Divorce: _____

Court case number: _____

Name of court: _____

Court Location: _____

C. Party A OR Party B has been dead for **less than 3 months**.

Date of Death: _____

D. Party A OR Party B has been missing for **less than 3 months**.

Date parent discovered to be missing: _____

Date reported to law enforcement agency: _____

Name, location of agency: _____

E. The grandparents or great grandparents asking for visitation rights are doing so as the paternal grandparents or great grandparents, however there is no paternity order and I do not believe the grandparent's son or great grandparent's grandson is the legal father of the minor child(ren) because: (explain)

8. **Explain the Grandparent's or Great Grandparent's relationship with the children for the last 6 months, and why you think it is NOT in the children's best interests for visitation to be ordered, or why, if ordered, visitation should be limited or supervised:**

9. **If visitation is ordered, it should be as set forth below. (be specific)**

There should be no court-ordered visitation, but if ordered, should be as follows:

TRANSPORTATION will be provided by (name): _____ as follows: (explain)

During WEEKENDS (explain specifically)

During the SUMMER MONTHS OR SCHOOL BREAKS: (explain specifically)

FOR HOLIDAYS AND BIRTHDAYS: (explain specifically)

FOR TELEPHONE CALLS: (explain specifically)

OTHER: (explain specifically)

OTHER INFORMATION ABOUT THE CHILDREN

10. Where the children who are under 18 years old 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 _____

Child's Name _____ Dates: From _____ To _____

Lived with _____ Relationship to child _____

Street address _____ City, State _____

11. COURT CASES NOT INVOLVING LEGAL DECISION-MAKING, PHYSICAL CUSTODY, PARENTING TIME OR VISITATION RELATED TO THE CHILD(REN) UNDER 18 YEARS OLD:

(check one box)

I HAVE I HAVE **NOT** been a party or a witness in court in this state or in any other state NOT INVOLVING the legal decision-making, physical custody, parenting time or visitation of any of the children 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 is involved:

Summary of any Court Order:

12. LEGAL DECISION-MAKING, PHYSICAL CUSTODY, PARENTING TIME, OR VISITATION CASES RELATED TO CHILDREN UNDER 18 YEARS OLD: (check one box)

I DO HAVE I DO **NOT** HAVE information about a legal decision-making, physical custody, parenting time or visitation court case relating to any of the 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:

13. LEGAL DECISION-MAKING, PHYSICAL CUSTODY, PARENTING TIME OR VISITATION CLAIMS OF ANY PERSON: (check one box)

I DO KNOW I DO **NOT** KNOW a person other than Party A or Party B who has or claims legal decision-making authority, physical custody, parenting time or visitation rights to any of the 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: _____

14. SUMMARY OF WHAT I SAY ABOUT THE CHILDREN THAT IS DIFFERENT FROM WHAT THE GRANDPARENT(S) ASKED FOR: (Here summarize what is different between what you say about the child(ren), and what the grandparent(s) said)

OTHER STATEMENTS TO THE COURT

15. VENUE:

- This is the proper court to bring this lawsuit under Arizona law because it is the county of residence of the child(ren). **OR**
- This is NOT the proper court to bring this lawsuit under Arizona law because it is NOT the county of residence of the child(ren).

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

REQUESTS TO THE COURT: (check which number applies to your request)

- 1. ORDER VISITATION AS DESCRIBED ABOVE.
- 2. ORDER **NO** VISITATION TO THE GRANDPARENT PETITIONER(S).
(Check and complete "3" below only if you believe visitation should be supervised.)
- 3. **SUPERVISED VISITATION** is in the best interests of the child(ren), pursuant to A.R.S. Section 25-409, because (explain reasons visitation should be supervised):

Therefore supervised visitation to (name) _____
 only in the presence of another person, who is named by the court or as suggested below,
 upon a finding that supervised access is in the best interest of the child(ren),

Name of Person to supervise: _____

Requested restrictions on visitation: (explain here) _____

The cost of supervised visitation shall be paid by:

- the person being supervised;
- Party A;
- Party B
- shared equally by the parties.

OTHER ORDERS Requested Concerning Visitation by Grandparents or Great Grandparents

ACKNOWLEDGMENT AND SIGNATURE UNDER OATH OR AFFIRMATION

I state to the Court under penalty of perjury that the contents of this document are true and correct.

Signature

Date

STATE OF _____

COUNTY OF _____

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

_____.

(notary seal)

Deputy Clerk or Notary Public

Copy of this document mailed to the other party on: _____
Month / Date / Year

To the following address: _____

Person Filing: _____
 Address (if not protected): _____
 City, State, Zip Code: _____
 Telephone: _____
 Email Address: _____
 ATLAS Number: _____
 Lawyer's Bar Number: _____

For Clerk's Use Only

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN COCHISE COUNTY

 Petitioner / Party A

Case No. _____

 Respondent / Party B

ATLAS No. _____

**FAMILY DEPARTMENT SENSITIVE DATA
COVERSHEET WITH CHILDREN
(CONFIDENTIAL RECORD)**

Fill out. File with Clerk of Superior Court. Social Security Numbers should appear on this form only and should be omitted from other court forms. Access Confidential pursuant to ARFLP 43.1(f).

A. Personal Information:	Petitioner / Party A	Respondent / Party B
Name	_____	_____
Gender	<input type="checkbox"/> Male or <input type="checkbox"/> Female	<input type="checkbox"/> Male or <input type="checkbox"/> Female
Date of Birth (Month/Day/Year)	_____	_____
Social Security Number	_____	_____

Warning: DO NOT INCLUDE MAILING ADDRESS ON THIS FORM IF REQUESTING ADDRESS PROTECTION

Mailing Address	_____	_____
City, State, Zip Code	_____	_____
Contact Phone	_____	_____
Receive texts from Court to contact phone number above?	<input type="checkbox"/> Yes <input type="checkbox"/> No texts	<input type="checkbox"/> Yes <input type="checkbox"/> No texts
Email Address	_____	_____
Current Employer Name	_____	_____
Employer Address	_____	_____
Employer City, State, Zip Code	_____	_____
Employer Telephone Number	_____	_____
Employer Fax Number	_____	_____

B. Child(ren) Information:

Child Name	Gender	Child Social Security Number	Child Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____

C. Type of Case being filed: Mark only one (1) category below. (*) Mark this box only if no other case type applies.

<input type="checkbox"/> Dissolution (Divorce)	<input type="checkbox"/> Paternity	<input type="checkbox"/> Order of Protection
<input type="checkbox"/> Legal Separation	<input type="checkbox"/> *Legal Decision-Making / Parenting Time	<input type="checkbox"/> Register Foreign Order
<input type="checkbox"/> Annulment	<input type="checkbox"/> *Child Support	<input type="checkbox"/> Other

D. Do you need an interpreter? Yes or No. If Yes, what language? _____
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