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For Clerk's Use Only

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

SUPERIOR COURT OF ARIZONA IN COCHISE COUNTY

_____(2)
Petitioner / Party A

Case Number: _____(3)

VS.

PETITION TO ESTABLISH CHILD SUPPORT

_____(2)
Respondent / Party B

STATEMENTS TO THE COURT.

1. INFORMATION ABOUT ME.

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

My relationship to the child(ren) listed in this Petition:

- I am the Mother
 I am the Father
 Other: (Explain) _____

2. INFORMATION ABOUT OTHER PARTY.

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

The other Party's relationship to the child(ren) listed in this Petition:

- Other Party is the Mother
 Other Party is the Father
 Other: (Explain) _____

3. **VENUE.** This is the proper court to bring this lawsuit under Arizona law because it is the county of residence of the minor child(ren) or the party filing this Petition if the minor child(ren) reside outside of Arizona and there is no prior court order involving the minor child(ren) listed in this Petition.

4. **JURISDICTION.** This Court has jurisdiction under A.R.S. §25-502 to order a party to pay child support because: (Mark boxes if the statement is true.)

- The other Party is a resident of Arizona
- I believe that I will personally serve other Party in Arizona
- The other Party agrees to have the case heard here and will file written papers in the court case
- The other Party lived with the minor child(ren) in this state at some time
- The other Party lived in this state and provided pre-birth expenses or support for the minor child(ren)
- The minor child(ren) lives in this state as a result of the acts or directions of the other Party.

5. **INFORMATION ABOUT MINOR CHILD(REN).**

A. Child's Name: _____ Date of Birth: _____
Current Address: _____
City, State: _____
How long at this address: _____ County: _____

B. Child's Name: _____ Date of Birth: _____
Current Address: _____
City, State: _____
How long at this address: _____ County: _____

C. Child's Name: _____ Date of Birth: _____
Current Address: _____
City, State: _____
How long at this address: _____ County: _____

D. Child's Name: _____ Date of Birth: _____
Current Address: _____
City, State: _____
How long at this address: _____ County: _____

Continues on attached page(s) made part of this document by reference.

6. PATERNITY. Paternity was established by: (Check one box.)

- A court Order for Paternity from this county or previously transferred to this county stating that _____ is the natural father of the minor child(ren) included in this Petition. (A.R.S. § 25-502(c))
- Both parents signing an Acknowledgment of Paternity through the Hospital Paternity Program or other means provided by law after July 18, 1996, and a birth certificate listing the name of the father was issued as a result.
- Parties were legally married when child(ren) was (were) born, conceived, or adopted.

7. CHILD SUPPORT FOR MINOR CHILD(REN). (Check one box.)

- To my knowledge **there is no child support order** for the minor child(ren) and the Court should order child support in this case.
 - Party A Party B made **voluntary / direct support payments** 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.

I am providing support for or have physical custody of the following child(ren):

<u>Name (first, middle, last)</u>	<u>Date of Birth</u>
_____	_____
_____	_____
_____	_____

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

REQUESTS TO THE COURT.

A. CHILD SUPPORT.

- Order that **child support** be paid by **Party A** **Party B** in an amount as determined by the Court under the Arizona Child Support Guidelines.

Support payments to begin on the first day of the month after the Judge or Commissioner signs the Order with all payments, plus the statutory handling fee, to be paid through the Support Payment Clearinghouse, PO Box 52107, Phoenix, Arizona 85072-7107 by income withholding order.

Order that **past child support** 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.

B. MEDICAL, DENTAL, VISION CARE INSURANCE AND HEALTH RELATED EXPENSES FOR THE MINOR CHILD(REN). Order that:

- Party A** should be responsible for providing medical dental vision care insurance.
- Party B** should be responsible for providing medical dental vision care insurance.
- Party A and Party B will share all reasonable **unreimbursed medical, dental, vision care, and health-related expenses** incurred for the minor child(ren) in proportion to their respective incomes.

C. Order payment of costs and attorney fees, if appropriate.

D. Order such other relief as deemed necessary and appropriate by the Court.

DO NOT SIGN UNTIL DIRECTED TO DO SO BY A NOTARY PUBLIC OR A CLERK OF THE SUPERIOR COURT.

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 _____

Sworn to or Affirmed before me this _____ (date)

by _____.

(Notary seal)

Deputy Clerk or Notary Public