

Name of Person Filing: _____
 Street 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
 PINAL COUNTY**

_____ CASE NUMBER: DO2
 Name of Petitioner

**AFFIDAVIT REGARDING
 MINOR CHILDREN**

_____ HONORABLE: _____
 Name of Respondent

NOTICE: This "Affidavit Regarding Minor Children" is required for all legal decision-making cases. You must fill out this Affidavit completely, and provide accurate information. Use additional paper if necessary. You must give copies of this Affidavit and all other required documents to the other party, and to the judge.

1. CHILDREN OF THE PARTIES WHO ARE UNDER 18 YEARS OLD. The following child(ren) are under age 18 and were born to, or adopted by, me and the other party:

Name: _____	Name: _____
Birth Date: _____ Age: _____	Birth Date: _____ Age: _____
Name: _____	Name: _____
Birth Date: _____ Age: _____	Birth Date: _____ Age: _____

2. INFORMATION REGARDING WHERE THE CHILDREN UNDER 18 YEARS OLD HAVE LIVED FOR THE LAST 5 YEARS: (Attach additional pages if necessary)

Child's Name: _____	Dates: From _____ To _____
Address: _____	Lived with _____
City, State: _____	Relationship to Child: _____
Child's Name: _____	Dates: From _____ To _____
Address: _____	Lived with _____
City, State: _____	Relationship to Child: _____
Child's Name: _____	Dates: From _____ To _____
Address: _____	Lived with _____
City, State: _____	Relationship to Child: _____

Child's Name: _____
Address: _____
City, State: _____

Dates: From _____ To _____
Lived with _____
Relationship to Child: _____

3. COURT CASES IN WHICH I HAVE BEEN A PARTY/WITNESS THAT INVOLVED THE LEGAL DECISION-MAKING PARENTING TIME OF THE CHILD(REN): (Check one box)

I have or I have not been a party/witness in court in this state or in any other state that involved the legal decision-making parenting time of the child(ren) named above. (If so, explain on separate paper. If not, go on.)

Name of each child: _____
Name of Court: _____ Court Location: _____
Court Case Number: _____ Current Status: _____
How the child is involved: _____
Summary of any Court Order: _____

4. INFORMATION REGARDING PENDING COURT CASES RELATED TO THE LEGAL DECISION-MAKING OF THE CHILD(REN): (Check one box)

I do have or I do not have information about a legal decision-making parenting time court case relating to any of the children named above that is pending in this state or in any other state. (If so, explain. If not, go on.)

Name of each child: _____
Name of Court: _____ Court Location: _____
Court Case Number: _____ Current Status: _____
How the child is involved: _____
Summary of any Court Order: _____

5. LEGAL DECISION-MAKING OR PARENTING TIME CLAIMS OF ANY PERSON: (Check one box)

I do know or I do not know a person other than the Petitioner or the Respondent who has physical legal decision-making or who claims legal decision-making or parenting time rights to any of the children named in this Affidavit.

(If so, explain below. If not, go on.)

Name of each child: _____
Name of person with the claim: _____
Address of person with the claim: _____
Nature of the claim: _____

OATH OR AFFIRMATION AND VERIFICATION:

I swear or affirm that the information on this document is true and correct under penalty of perjury.

Date

Signature

State of Arizona)

County of _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 _____

by _____
Name of Signer

Commission Expires

Notary Public