

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



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

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
Name of Petitioner

Case Number: \_\_\_\_\_

### RESPONSE TO PETITION TO ESTABLISH PATERNITY, LEGAL DECISION MAKING (Custody), PARENTING TIME and CHILD SUPPORT

\_\_\_\_\_  
Name of Respondent

### STATEMENTS TO THE COURT UNDER PENALTY OF PERJURY:

#### 1. INFORMATION ABOUT THE PETITIONER (THE OTHER PARTY)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Relationship to children for whom Petitioner wants the Court Order:

- Mother
- Father or Claims to be the Father
- Other. (Explain) \_\_\_\_\_

#### 2. INFORMATION ABOUT THE RESPONDENT (ME)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

MY Relationship to children for whom the Petitioner wants the Court Order:

- Mother
- Father or Claims to be the Father
- Other. (Explain) \_\_\_\_\_

**3. VENUE:** (check box if true)

- This is **NOT** the proper court to bring this lawsuit under Arizona law because it is not the county of residence of the petitioner, or the respondent, or the minor child(ren).

**4. INFORMATION ABOUT MINOR CHILDREN** is contained in the Affidavit Regarding Minor Children contained within the Petition or filed with the Petition and incorporated by reference.**STATEMENTS ABOUT PATERNITY:****5. WHY YOU THINK YOU OR THE OTHER PERSON IS NOT THE FATHER OF THE MINOR CHILD(REN):** (Check all boxes that apply)

- A.  **AFFIDAVIT:** Petitioner and Respondent **did not sign** an Affidavit or Acknowledgment of Paternity acknowledging that  Petitioner or  Respondent is the child(ren)'s natural father.

- B.  **BIRTH CERTIFICATE:** (Name) \_\_\_\_\_ is not named as the father on the minor child(ren)'s birth certificate(s), **and** (if applicable) the name listed below is listed as the father on minor children's birth certificates:

- C.  **BLOOD TEST:** The parties had DNA (Deoxyribonucleic Acid) testing and the Petitioner / \_\_\_\_\_ (name of father) is shown **not** to be the minor child(ren)'s natural father. A copy of the test results is attached to this Response.

- D.  **PARTIES NOT LIVING TOGETHER:** Petitioner and Respondent were not married to each other at any time during the ten months before the birth of the minor child(ren). The parties did not live together during the period(s) when the minor child(ren) could have been conceived.

- E.  **NO SEXUAL INTERCOURSE:** Petitioner and Respondent were not living together and did not have sexual intercourse at the probable date of conception of the minor child(ren).

- F.  **SEXUAL INTERCOURSE:** The mother of the minor children had sexual intercourse with someone else during the period in which the minor child(ren) could have been conceived.

- G. **OTHER:** (explain) \_\_\_\_\_

**6. ABOUT MARRIAGE AND HUSBAND** (if applicable, check one box only).

- Mother was not married** at the time the minor child(ren) were born or conceived or at least 10 months before minor child(ren) were born or conceived, **OR**

- Mother was married** when minor child(ren) were born or conceived or at least 10 months before the minor child(ren) were born or conceived, but husband is not the father of minor child(ren). (Husband must be included as a party to this court case because of marriage.)

**7. SUMMARY OF WHAT I SAY ABOUT THE MINOR CHILDREN THAT IS DIFFERENT FROM WHAT THE PETITIONER STATED IN THE PETITION: (Explain)**

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**OTHER STATEMENTS TO THE COURT**

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

**There are unreimbursed medical expenses** incurred by the mother, resulting from the birth of the minor child(ren), that should be awarded to  **Petitioner** OR  **Respondent** according to law; **OR**

**There are no unreimbursed medical expenses** incurred by the mother, resulting from the birth of the minor child(ren)

**9. OTHER EXPENSES:** The parties should 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.

**10. THE PARENT INFORMATION PROGRAM (PIP) is required for persons seeking legal decision making authority (custody) or parenting time. (Check one)**

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

**11. DOMESTIC VIOLENCE:** (If you intend to ask for joint legal decision making (joint custody), there must have been no domestic violence between the parties or you must provide reasons for the court to find joint legal custody 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 custody) should be awarded to  petitioner  respondent who committed the violence.

Domestic violence has not occurred in this relationship; **OR**

Domestic violence has occurred in this relationship but the court should find it is in the best interests of the minor child(ren) to award joint or sole legal decision making (joint or sole custody) to the person who committed the violence *because:* (Explanation Required)

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

**REQUESTS TO THE COURT:**

1. **FOR ORDER OF PATERNITY:**

Issue order declaring that the petitioner / respondent 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 PETITIONER/RESPONDENT 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 **Mother's home as** primary residence for the following named children:

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

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***subject to parenting time, as follows:***

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

Reasonable parenting time rights to the non-primary residential parent, **OR**

Supervised parenting time between the children and  Mother OR  Father, **OR**

No parenting time rights to the  Mother OR  Father.

**If supervised or no parenting time is requested above, find that it is in the best interests of the child(ren) because:**

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

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

b. Additionally restrict parenting time as follows: \_\_\_\_\_

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

- Mother
- Father, **OR**
- Shared equally by the parties.

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

**Award legal authority to make decisions concerning the child(ren) (legal custody) as follows:**

**SOLE LEGAL DECISION-MAKING (sole legal custody) to:**  **Mother**  **Father**

**OR**

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

Mother and Father 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 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 custody 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: Order that child support shall be paid by (check one box)**

**Mother**  **Father in a reasonable amount as determined by the Court under the Arizona Child Support Guidelines and the attached Child Support Worksheet.** Support payments shall begin on the first day of the first month following the entry of the court order establishing paternity and child support. These payments, plus a fee for handling, shall be paid through the Support Clearinghouse and collected by automatic income withholding order.

**4. MEDICAL, DENTAL, VISION CARE FOR MINOR CHILDREN: Order that:**

**Mother** is responsible for providing:     medical  dental  vision care insurance.

**Father** is responsible for providing:     medical  dental  vision care insurance.

Order that Mother and Father 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 Parents' Worksheet, which shall be submitted with the Judgment and Order.

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

**6. TESTING and COSTS:** Order that if paternity is contested, Petitioner and Respondent 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;

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

**UNDER OATH OR BY 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

Sworn to or Affirmed before me this \_\_\_\_\_ by \_\_\_\_\_  
(Date) Printed Name

My Commission Expires: (or \_\_\_\_\_  
Seal below) 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:** \_\_\_\_\_