

PETITION TO MODIFY PARENTING TIME (VISITATION) and CHILD SUPPORT

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**To Change an
Existing Court Order for
Parenting Time
and Child Support
When Parties Do Not Agree
Filing the Court Papers
(Forms Packet)**

NOTICE: This process requires calculation of child support. To calculate child support, you may use the online calculator through ezcourtforms, the packet titled “Calculate Child Support”, or you may make an appointment with the Clerk of Court to calculate support for you for a fee.

SELF-SERVICE CENTER
PETITION TO MODIFY A COURT ORDER FOR
PARENTING TIME
or PARENTING TIME and CHILD SUPPORT

CHECKLIST

You may use the forms and instructions in this packet if . . .

- ✓ You want to change parenting time or parenting time and child support for any reason including that the other party is not using their parenting time;
- ✓ You do not wish to or cannot submit an AGREEMENT to this change signed by you and the other party;
- ✓ The court order that you want to change is a Maricopa County Order;
- ✓ The order you wish to change is at least one year old and changing the order is in the best interest of the minor child(ren), AND
- ✓ You are aware of the following two provisions of Arizona law:
 1. The court shall not restrict a parent's parenting time rights unless it finds that the parenting time would endanger seriously the minor child(ren)'s physical, mental, moral or emotional health. **A.R.S. § 25-411 (C)**
 2. The court shall assess attorney fees and costs against a party seeking modification if the court finds that the modification action is distressing and constitutes harassment. **A.R.S. § 25-411 (F)**

- ✗ **YOU MAY NOT USE THESE FORMS TO CHANGE CUSTODY*** (now called "legal decision making" in Arizona).

*If you want to change from joint to sole or sole to joint legal decision making (custody), refer to the checklist in the Self-Service Center's "Petition" or "Agreement" packets to Modify Legal Decision Making (Custody), Support, and Parenting Time to see if either applies to your situation.

IF YOUR ORDER IS NOT FROM THIS COUNTY: Ask a lawyer or consult a law library about the requirements to file your request with this Court.

READ ME: Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website.

SELF-SERVICE CENTER

TO CHANGE A COURT ORDER FOR PARENTING TIME AND CHILD SUPPORT

FOR PETITIONER OR RESPONDENT

PART 1 -- THE COURT PAPERS

(FORMS ONLY)

This packet contains court forms and instructions to file to change a court order for parenting time and child support. Items in **BOLD** are forms that you will need to file with the Court. Non-bold items are instructions or procedures. Do not copy or file those pages!

Order	File Number	Title	# Pages
1	DRMV1k	Checklist: <i>You may use these forms if . . .</i>	1
2	DRMV1ft	Table of Contents (this page)	1
3	DRMV11f	"Petition to Modify Parenting Time and Child Support"	5
4	DRMV82f	"Order to Appear"	2

**Use the FREE Online Child Support Calculator to produce the
Parents Worksheet for Child Support that must accompany this *Petition*.**
Click on **"Child Support Calculator and Worksheet"**, on right side of the page.
See the document DRS12h (in the instructions packet) for more information.

5	DRS12f	"Child Support Worksheet"	2
6	DRCVG13f	"Affidavit Regarding Minor Children"	3

The documents you have received are copyrighted by the Superior Court of Arizona in Maricopa County. You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

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 MARICOPA COUNTY

Name of Petitioner (in original case)

Case Number: _____

PETITION TO MODIFY CHILD PARENTING TIME or PARENTING TIME AND CHILD SUPPORT

Name of Respondent (in original case)

I, _____ am the ☐ Petitioner or ☐ Respondent or ☐ Other Party
(print your name) and make the following statements to the Court:

GENERAL INFORMATION:

1. Information about Me, the person filing (requesting) this modification:

Name: _____

Address: _____

How I am related to minor child(ren) for whom the PARENTING TIME order should be changed:

☐ Mother or ☐ Father or ☐ Other: (explain) _____

2. Information about Other Parent: (if the person filing this modification is one of the parents.) (If someone *other than* one of the parents is filing this request, then list the information about one of the parents, then the information about the other parent below.)

Name: _____

Address: _____

How *this party* is related to minor child(ren) for whom the PARENTING TIME order should be changed:

☐ Mother or ☐ Father

Information about the Other Parent or Other Party (if there is a non-parent involved the case *other than* the person whose information has already been listed in (1) above):

Name: _____

Address: _____

How *this party* is related to minor child(ren) for whom the PARENTING TIME order should be changed:

☐ **Mother** or ☐ **Father** or ☐ **Other:** (explain) _____

3. Information About the Minor Child(ren) for whom I want the Order changed:

Name: _____

Name: _____

Birth Date: _____ Age: _____

Birth Date: _____ Age: _____

Name: _____

Name: _____

Birth Date: _____ Age: _____

Birth Date: _____ Age: _____

☐ **There are more than four (4) minor children. I have attached a separate page titled "Information about the minor children for whom I want the Order Changed", listing this same information for all.**

4. Affidavit Regarding Minor Children. ☐ The minor children have resided in Arizona since the entry of the last Arizona Legal Decision Making (Custody) Order **or** (if not) ☐ I have attached an "Affidavit Regarding Minor Children".

5. Information about the Order I want to change:

The Order was issued on: _____ (Month/Day/Year)

The Order was issued by: _____ (Name of Court)

Located in this County: _____ (Name of County)

Located in this State: _____ (Name of State)

And each of the following is a true statement:

- The minor child(ren) have lived in Arizona for at least six (6) months before the date I am filing this Petition or since birth, if younger than six (6) months.
- If the Order was not issued by the Superior Court of Arizona in this county, the case has already been transferred to this county and has a Maricopa County case number.

WHAT YOUR ORDER NOW SAYS: Put in **WORD FOR WORD** the part of the decree/order you want to change. (Use extra paper if necessary)

6. **DOMESTIC VIOLENCE.** ☐ No significant domestic violence has occurred, **or** ☐ domestic violence has occurred. Explain:

7. **WHY THE DECREE/ORDER SHOULD BE CHANGED:** These are my reasons why I believe that a change of parenting time is in the best interest of the minor child(ren) (Use extra pages if necessary):

8. **MEDIATION / ADR (Alternative Dispute Resolution) REQUIREMENTS IN PRIOR ORDER:**

- ☐ The current Court Order **does not require** the parties to pursue Mediation or ADR before filing to modify (change) legal decision making (custody) or parenting time. **OR**
- ☐ The current Court Order **does** require the parties to pursue Mediation or ADR before filing to modify legal decision making (custody) or parenting time, and this is what I/we have done to comply with that requirement:

REQUESTS I MAKE TO THE COURT:

- A. **PARENTING TIME** to the ☐ **Mother** or ☐ **Father** or ☐ **Other** (non-parent)

1. ☐ **Reasonable parenting time** to the parent/party who does not have custody according to the Maricopa County Parent/Child Parenting Time Guidelines; **OR**
2. ☐ **Reasonable parenting time** to the parent/party who does not have custody according to the attached Parenting Plan; **OR**

3. ☐ **Supervised parenting time** but only in the presence of another person; **OR**
4. ☐ **No parenting time** rights to ☐ **Mother** or ☐ **Father** or ☐ **Other**
Supervised parenting time or no parenting time is requested for the following reasons:

(**Only** use this section below if needed because there is a 3rd (third) party *in addition to* the parents involved in this case) **PARENTING TIME** to the ☐ **Mother** or ☐ **Father** or ☐ **Other** (“visitation” if to non-parent) **as follows:**

1. ☐ **Reasonable parenting time** to the parent/party who does not have custody according to the Maricopa County Parenting Time Guidelines; **OR**
2. ☐ **Reasonable parenting time** to the parent/party who does not have custody according to the attached Parenting Plan; **OR**
3. ☐ **Supervised parenting time** but only in the presence of another person; **OR**
4. ☐ **No parenting time** rights to ☐ **Mother** or ☐ **Father** or ☐ **Other**
Supervised parenting time or no parenting time is requested for the following reasons:

The costs of travel related to parenting time/visitation over 100 miles one way shall be shared as follows:
Mother _____ % **Father** _____ %

B. CHILD SUPPORT. ☐ **Mother** or ☐ **Father** should pay child support to ☐ **Mother** or ☐ **Father** or ☐ to **Other** party in the amount of \$ _____ per month on the first day of every month, beginning the first day of month following the filing of this Petition based upon the attached “**Child Support Worksheet.**” All minor child(ren) support payments should be made through the Support Payment Clearinghouse, and will be subject to an applicable statutory fee through an automatic Order of Assignment.

C. MEDICAL, DENTAL, VISION CARE.

- ☐ **Mother** should be responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.
- ☐ **Father** should be responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.

Mother and Father will pay for all reasonable unreimbursed medical, dental, and health-related expenses incurred for the minor child(ren) in proportion to their respective incomes.

Case Number: _____

D. FEDERAL INCOME TAX DEDUCTION.

Child's Name	Date of Birth (Month, Day, Year)	Parent Entitled to Deduction	For Calendar Year
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	

For years following those listed above while this Child Support Order remains in effect, the parties shall repeat the pattern above of claiming deductions for each minor child.

E. OTHER ORDERS. I request further Orders relating to this matter as follows:

F. 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

STATE OF _____

COUNTY OF _____

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

(date)

_____.

(notary seal)

Deputy Clerk or Notary Public

Person Filing: (1) _____
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 MARICOPA COUNTY⁽²⁾

PARENT'S WORKSHEET FOR CHILD SUPPORT

(3) Petitioner: _____ (4) Case No. _____

(3) Respondent: _____ (4) ATLAS: _____

(5) Total Number of Children: _____

(6) Parent with Primary Physical Custody:

Father ☐ Mother ☐

(7) Parent who is filing this form: Father ☐ Mother ☐

(8) Gross Income figures for the OTHER PARENT are:

☐ **ACTUAL**, with proof, such as a recent W2 or pay stub attached, or other party's signed statement.

☐ **ESTIMATED**, based on facts or knowledge of pay before promotion or of others in similar job.

☐ **ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 5e).

	<u>FATHER</u>	<u>MOTHER</u>
Gross Income (Pre-Tax Income. Before deductions.)	\$ _____ (9)	\$ _____
Spousal Maintenance Paid	\$ - (10)	\$ -
Spousal Maintenance Received	\$ + (11)	\$ +
Child Support Paid/Contributed	\$ - (12)	\$ -
Other Support of Children Paid	\$ - (13)	\$ -
Adjusted Gross Income	\$ _____ (14)	\$ _____
Combined Adjusted Gross Income	(15) \$ _____	
Basic Child Support Obligation	(16) \$ _____	
Plus Costs for:		
Medical/Dental/Vision Insurance	\$ _____ (17)	\$ _____
Childcare	\$ _____ (18)	\$ _____
Education Expenses	\$ _____ (19)	\$ _____
Extraordinary/Special Needs Child Expenses	\$ _____ (20)	\$ _____
No. of Children Age 12 or Over _____ Adjustment _____ %	(21) \$ _____	
Total Adjustments for Costs	(22) \$ _____	
Total Child Support Obligation	\$ _____ (23)	\$ _____

Case No. _____

	FATHER		MOTHER
Each Parent's % of Combined Income	_____ % (24)		_____ %
Each Parent's Share of Tot. Support Obligation	\$ _____ (25)		\$ _____
Adjustment for Non Custodial Parent's Costs Associated with Parenting Time			
Using Table A <input type="checkbox"/> Table B <input type="checkbox"/>	\$ _____ (26)		\$ _____
No. of Days _____ = _____ % Adjustment (from table)			
x Line (16) \$ _____ (Basic Child Support Obligation)	\$ _____ (27)		\$ _____
 Less Noncustodial Parent's Costs for:			
Medical/Dental/Vision Insurance*	\$ _____ (28)		\$ _____
Childcare*	\$ _____ (29)		\$ _____
Education Expenses*	\$ _____ (30)		\$ _____
Extraordinary/Special Needs Child Expenses*	\$ _____ (31)		\$ _____
*Subtract here <u>ONLY</u> if ADDED-IN items 17-20 above			
Adjustments Subtotal	\$ _____ (32)		\$ _____
Preliminary Child Support Amount	\$ _____ (33)		\$ _____
Self Support Reserve Test for Parent Who Will Pay			
Amount from Line (14) _____ (Adj. Gross Inc.)			
Minus Reserve Amount - \$1,115.00			
Total	= \$ _____ (34)		\$ _____
Child Support to be Paid by: Father <input type="checkbox"/> Mother <input type="checkbox"/>	\$ (35)		\$
Share of Travel Expenses Related to Parenting Time*	_____ % (36)		_____ %
*Only for expenses related to travel over 100 miles, one way.			
Share of Medical/Dental/Vision Costs Not Paid by Insurance	_____ % (37)		_____ %

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: _____
Date

Signature of Parent

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

Respondent's Name or Lawyer's Name: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
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 (in original case)

Case Number _____

ATLAS Number _____

Name of Respondent (in original case)

ORDER TO APPEAR REGARDING PETITION TO MODIFY PARENTING TIME or PARENTING TIME AND CHILD SUPPORT

This is an important Court Order that affects your rights. Read this Order carefully. If you do not understand this Order, contact a lawyer for legal advice.

Based on the *"Petition to Modify Parenting Time and Child Support,"* and pursuant to Arizona law,

IT IS ORDERED THAT YOU

(Names) _____

appear at the time and place stated below so the Court can determine whether the Petition should be granted.

NAME OF JUDICIAL OFFICER: _____

DATE AND TIME OF HEARING: _____

PLACE OF HEARING: Maricopa County Superior Court

ADDRESS: _____

AMOUNT OF TIME FOR HEARING: This is a 15 minute proceeding with the court. The court will determine if more time is needed. All parties, whether represented by attorneys or not, **must** be present. If there is a failure to appear, the court may make such orders as are just, including granting the relief requested by the party who **does** appear. If the petition seeks to establish, modify or enforce child support, and you fail to appear as ordered, a child support arrest warrant may be issued for your arrest.

2. That a true copy of this ***“Order to Appear”*** and a true copy of the Petition, Affidavits, and related documents filed with the Petition shall be served by process server or sheriff by the moving party on the responding party no later than _____, and in accordance with Rule 40-43, and 47, Arizona Rules of Family Law Procedure.
3. The responding party may file a ***“Response and Opposing Affidavit(s)”*** by _____ (date). Copies of the ***“Response and Opposing Affidavit(s)”*** **must** be served on the moving party or if the moving party is represented by an attorney, on the attorney, by mail or otherwise in accordance with Rule 43, Arizona Rules of Family Law Procedure.
4. Requests for reasonable accommodation for persons with disabilities must be made to the office of the judge or commissioner assigned to the case, at least ten (10) judicial days before your scheduled court date.
5. Requests for an interpreter for persons with limited English proficiency must be made to the office of the judge or commissioner assigned to the case at least ten (10) judicial days in advance of your scheduled court date.

DONE IN OPEN COURT: _____.

Judge/Commissioner of the Superior Court

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 MARICOPA COUNTY

Name of Petitioner

Case Number: _____

ATLAS Number: _____
(if applicable)

Name of Respondent

AFFIDAVIT REGARDING MINOR CHILDREN

NOTICE: This *"Affidavit Regarding Minor Children"* is required for all legal decision making (custody) cases. If you are asking to modify an existing Arizona legal decision making (custody) order, it is only required if the children have lived outside the state at some time in the last 5 years.

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: _____

Birthdate: _____ Age: _____ Birthdate: _____ Age: _____

Name: _____ Name: _____

Birthdate: _____ Age: _____ Birthdate: _____ Age: _____

2. INFORMATION REGARDING WHERE THE CHILDREN UNDER 18 YEARS OLD HAVE LIVED FOR THE LAST 5 YEARS (or since birth, if younger than 5).

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: _____

3. COURT CASES IN WHICH I HAVE BEEN A PARTY/WITNESS THAT INVOLVED THE LEGAL DECISION MAKING (CUSTODY) AND/OR PARENTING TIME OF THE MINOR 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 (custody) and/or 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 AUTHORITY (CUSTODY) OF THE MINOR CHILD(REN).

(Check one box.)

☐ I do have or ☐ I do not have information about a legal decision making (custody) court case

Case No. _____

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 (CUSTODY) 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 custody or who claims legal decision-making (custody) 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.

Signature

Date

STATE OF _____

COUNTY OF _____

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

(date)

_____.

(notary seal)

Deputy Clerk or Notary Public