Perso	on Filing:				
Addre	ess (if not protected):				
City,	State, Zip Code:				
Telep	hone:				
Email	Address:				For Clerk's Use Onl
l awv	S Number: er's Bar Number:				
	esenting Self, withou			OR Responden	t
	;	SUPERIOR CO	OURT OF AR	IZONA	
			Case Number:		
Name	e of Petitioner		A-TI A O NI II		
			ATLAS Number	if appli	cable)
Name of Respondent			AFFIDAVIT REGARDING MINOR CHILDREN		
(custo	TICE: This <i>"Affidavi</i> dy) cases. If you are	asking to modify an	existing Arizona I	egal decision mak	(custody)
Fil	r, it is only required i I out this Affidavit co sary. You must give	ye mpletely, and provid copies of this Affida	ears. de accurate inform	ation. Use addition	onal paper if
1.	child(ren) are under a	THE PARTIES WH ge 18 and were born to	, or adopted by, me a		· ·
	Birthdate:	Age:	Birthdate:	Age:	
		Age:		Age:	

Address:City, State:	Dates: From To
City State:	Lived with:
ony, otato.	Relationship to Child:
Child's Name:	Dates: From To
Address:	Lived with:
City, State:	Relationship to Child:
Child's Name:	Dates: FromTo
Address:	Lived with:
City, State:	Relationship to Child:
LEGAL DECISION MAKING (MINOR CHILD(REN). (Check one	,
LEGAL DECISION MAKING (MINOR CHILD(REN). (Check one ☐ I have or ☐ I have not been a par	CUSTODY) AND/OR PARENTING TIME OF
LEGAL DECISION MAKING (MINOR CHILD(REN). (Check one ☐ I have or ☐ I have not been a part the legal decision making (custody) and on separate paper. If not, go on.)	CUSTODY) AND/OR PARENTING TIME OF box.) ty/witness in court in this state or in any other state that
LEGAL DECISION MAKING (MINOR CHILD(REN). (Check one ☐ I have or ☐ I have not been a part the legal decision making (custody) and on separate paper. If not, go on.)	custody) and/or parenting time of box.) ty/witness in court in this state or in any other state that d/or parenting time of the child(ren) named above. (If so,
LEGAL DECISION MAKING (MINOR CHILD(REN). (Check one ☐ I have or ☐ I have not been a particle legal decision making (custody) and on separate paper. If not, go on.) Name of each child:	custody) and/or parenting time of box.) ty/witness in court in this state or in any other state that d/or parenting time of the child(ren) named above. (If so,
LEGAL DECISION MAKING (MINOR CHILD(REN). (Check one ☐ I have or ☐ I have not been a particle legal decision making (custody) and on separate paper. If not, go on.) Name of each child: Name of Court: Court Case Number:	custody) and/or parenting time of box.) ty/witness in court in this state or in any other state that d/or parenting time of the child(ren) named above. (If so,

2.

		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:						
	I OR AFFIRMATION AND VERIFICAT	ΓΙΟΝ ument is true and correct under penalty of perju	ury.				
Signati	ure	Date					
STATE	E OF						
COUN	TY OF						
Subscr	ribed and sworn to or affirmed before me this:		by				
		(date)					
notary seal)		Deputy Clerk or Notary Public					