

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  
MOHAVE COUNTY**

In the Matter of:

\_\_\_\_\_  
Name of Non-Parent(s) Seeking  
Legal Decision Making  
  
\_\_\_\_\_  
Name(s) of Mother, and/or Father  
  
\_\_\_\_\_  
Name of Other Parent or Legal  
Guardian (if any)

CASE NUMBER: \_\_\_\_\_

**RESPONSE TO PETITION FOR  
NON-PARENT LEGAL DECISION  
MAKING**

HONORABLE: \_\_\_\_\_

**GENERAL INFORMATION:**

**1. Information about me, the person filing this response:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Occupations(s): \_\_\_\_\_

Relationship to child(ren) for whom LEGAL DECISION MAKING order is  
requested: (explain)  
\_\_\_\_\_

**2. Information about the petitioner(s):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Occupations(s): \_\_\_\_\_

Relationship to child(ren) for whom LEGAL DECISION MAKING Order is requested:

(Check one box)

- Parent of Mother of child(ren)
- Parent of Father of child(ren)
- Grandparent of Mother of child(ren)
- Grandparent of Father child(ren)
- Other:

(explain): \_\_\_\_\_

**3. Information about the mother of child(ren)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Occupations(s): \_\_\_\_\_

**4. Information about the father of child(ren)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Occupations(s): \_\_\_\_\_

**5. Information about other legal guardians of child(ren), if any:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Occupations(s): \_\_\_\_\_

**6. Information about child(ren) for whom I or we want Legal Decision Making order:**

Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Current Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Current Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_  
Father: \_\_\_\_\_  
Mother: \_\_\_\_\_

County of Residence: \_\_\_\_\_  
Father: \_\_\_\_\_  
Mother: \_\_\_\_\_

Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Current Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Current Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_  
Father: \_\_\_\_\_  
Mother: \_\_\_\_\_

County of Residence: \_\_\_\_\_  
Father: \_\_\_\_\_  
Mother: \_\_\_\_\_

**7. Petitioners do not have a right to Legal Decision Making under Arizona law (A.R.S. § 25-409) because:**

(Check box(es) for statements that apply and write-in requested information if applicable)

A.  Parents of child(ren) **HAVE NOT BEEN DIVORCED** for at least 3 months:  
***If Divorced:***

Date of Divorce: \_\_\_\_\_  
Court case number: \_\_\_\_\_  
Name of court: \_\_\_\_\_  
Court Location/address: \_\_\_\_\_

B.  Mother OR  Father of child(ren) **HAS NOT BEEN DEAD** for at least 3 months:

Date of Death: \_\_\_\_\_

C.  Mother OR  Father of child(ren) **HAS NOT BEEN MISSING** for at least 3 months:

Date parent discovered to be missing: \_\_\_\_\_  
Date reported to Law enforcement agency: \_\_\_\_\_  
Name, location of agency: \_\_\_\_\_

D.  Child(ren) NOT BORN OUT OF WEDLOCK:

E.  Petitioner's are asking for Legal Decision Making rights as grandparents on the father's side, complete

information below:

1. Date of paternity order, if one exists: \_\_\_\_\_

Court case number: \_\_\_\_\_

Name of Court: \_\_\_\_\_

Location, address of court: \_\_\_\_\_

2. If no paternity order, explain why you think the Petitioner's son is not the father of child(ren):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **Statements about Petitioner's relationship with the child(ren) for the last 6 months, and why you think it is NOT best for the child(ren) for Legal Decision Making to be ordered, or limitation on Legal Decision Making that should be set:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. **Your plan for Legal Decision Making for the good of the child(ren): (be specific)**

**TRANSPORTATION** will be provided

by (name): \_\_\_\_\_

as follows: (explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**During WEEKENDS** (explain specifically)

\_\_\_\_\_  
\_\_\_\_\_

**During the SUMMER MONTHS OR SCHOOL BREAKS:** (explain specifically)

\_\_\_\_\_  
\_\_\_\_\_

**FOR HOLIDAYS AND BIRTHDAYS:** (explain specifically)

\_\_\_\_\_  
\_\_\_\_\_

**FOR TELEPHONE CALLS:** (explain specifically)

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**OTHER:** (explain specifically)

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**OTHER INFORMATION ABOUT THE CHILD(REN):**

**10. Where the child(ren) who is/are under 18 years old have lived for the last 5 years.**  
(Attach extra pages if necessary.)

Child's Name: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Lived with: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Lived with: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Lived with: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**11. COURT CASES NOT INVOLVING LEGAL DECISION-MAKING OR THIRD-PARTY RIGHTS RELATED TO THE CHILD(REN) UNDER 18 YEARS OLD:**

(check one box)  I HAVE  I HAVE **NOT** been a party or a witness in court in this state or in any other state regarding the Legal Decision-Making or Third Party Rights of any of the children named above (If so, explain below, using extra pages if necessary. IF NOT, GO ON.)

Name of each child: \_\_\_\_\_

Court State: \_\_\_\_\_ Court Location: \_\_\_\_\_  
Court Case Number: \_\_\_\_\_ Current Status: \_\_\_\_\_  
How the child is involved: \_\_\_\_\_

Summary of any Court Order: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**12. LEGAL DECISION-MAKING OR THIRD-PARTY RIGHTS CASES RELATED TO CHILDREN UNDER 18 YEARS OLD:**

(check one box)  I DO HAVE  I DO **NOT** HAVE information about a Legal Decision-Making or Third-Party Rights court case relating to any of the children named above that is pending in this state or in any other state (If so, explain below, using extra pages if necessary. IF NOT, GO ON).

Name of each child: \_\_\_\_\_

Court State: \_\_\_\_\_ Court Location: \_\_\_\_\_

Court Case Number: \_\_\_\_\_ Current Status: \_\_\_\_\_

How the child is involved: \_\_\_\_\_

Summary of any Court Order: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**13. LEGAL DECISION-MAKING OR THIRD-PARTY RIGHTS CLAIMS OF ANY PERSON:** (check one box)

I DO KNOW  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 Third-Party Rights to any of the children named above. (If so, explain below, using extra pages if necessary. IF NOT, GO ON).

Name of each child: \_\_\_\_\_

Name of person with the claim: \_\_\_\_\_

Address of person with the claim: \_\_\_\_\_

Nature of the claim: \_\_\_\_\_

**14. SUMMARY OF WHAT I SAY ABOUT THE CHILDREN THAT IS DIFFERENT FROM WHAT THE OTHER PERSON ASKED FOR:** (Here summarize what is different between what you say about the child(ren), and what the other party said)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER STATEMENTS TO THE COURT:**

**15. VENUE:** This is the proper court to bring this lawsuit under Arizona law because it is the county of residence of the petitioner, or the respondent, or the child(ren).

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

**REQUESTS TO THE COURT: (check which number applies to your request)**

- 1.  ORDER LEGAL DECISION MAKING as described above.
- 2.  ORDER **NO** LEGAL DECISION MAKING to the Non-Parent Petitioner(s).

**(Check and complete “3” only if you believe Legal Decision Making should be supervised)**

- 3.  **SUPERVISED LEGAL DECISION MAKING** is in the best interests of the child(ren), pursuant to A.R.S. § 25-410, because (explain reasons Legal Decision Making should be supervised):

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**Therefore, supervised Legal Decision Making** to (name) \_\_\_\_\_  
only in the presence of another person, who is named by the court or as suggested below,  
upon a finding that supervised access is in the best interest of the child(ren),

Name of Person to Supervise: \_\_\_\_\_  
Requested restrictions on Legal Decision Making: (explain here)

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The cost of supervised Legal Decision Making shall be paid by:

- the person being supervised;
- the parent having Legal Decision-Making;
- shared equally by the parties.

- 4. **OTHER ORDERS.** Write in other orders you are requesting from the Court:

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**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