Perso	on Filing:				
Addre	ess (if not protected):				
	State, Zip Code:				
	hone:				
Email	Address:			For Cl	erk's Use Only
Lawv	S Number: er's Bar Number:				
_	esenting Self, withou			OR Respondent	
		JPERIOR COU			
			Case Number:		
Name	e of Petitioner				
			ATLAS Number	(if applicable)	
				(if applicable)	
Name	e of Respondent		AFFIDAVIT R MINOR CHILI		
custod orde Fil	dy) cases. If you are r, it is only required I out this Affidavit c	e asking to modify a if the children have y ompletely, and prov e copies of this Affid	n existing Arizona I lived outside the st ears. ide accurate inform	d for all legal decision egal decision making (decision making (decision making (decision making (decision making in the eart some time in the equired documents to the equipment of t	custody) last 5 aper if
1.	child(ren) are under	age 18 and were born t	o, or adopted by, me a		· ·
	Name.		INAIIIE		
	Birthdate:	Age:	Birthdate:	Age:	
	Name:		Name:		
		Age:		Age:	
		, ,9~			

Case No.	
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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:

on separate paper. If not, go on.)		
Name of each child:		
Name of Court:	Court Location:	

the legal decision making (custody) and/or parenting time of the child(ren) named above. (If so, explain

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).

☐ 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 explain. If not, go on.)	that is pending in this state or in any other state	. (If so,
	Name of each child:		
	Name of Court:	Court Location:	
	Court Case Number:	Current Status:	
	How the child is involved:		<u></u>
	Summary of any Court Order:		
	PERSON. (Check one box.) ☐ I do know or ☐ I do not know a per	son other than the Petitioner or the Respondent von-making (custody) or parenting time rights to an ain below. If not, go on.)	who has
	Name of each child:		
	Name of person with the claim:		
	Address of person with the claim:		
	Nature of the claim:		
swear		ment is true and correct under penalty of perju	ıry.
Signatu	re	Date	
STATE	OF		
COUNT	Y OF		
Subscril	bed and sworn to or affirmed before me this:	k	ру
		(date) 	
notary	seal)	Deputy Clerk or Notary Public	