



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 \_\_\_\_\_ 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

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