

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
 PINAL COUNTY**

 Name of Petitioner

CASE NUMBER: _____

**NOTICE OF FILING PETITION
 TO MODIFY CHILD LEGAL DECISION-MAKING**

 Name of Respondent

HONORABLE: _____

TO: _____

Notice is hereby given that a Petition to Modify Child Legal Decision-Making has been filed, a copy of which is attached.

You have that right to file a response or opposing affidavits regard to this Petition. Opposing affidavits must be filed at the Office of the Clerk of Superior Court, Pinal County Justice Complex, 971 Jason Lopez Circle Building A, Florence AZ 85232, within twenty (20) days of service of this Notice. Copies of your opposing affidavits and affidavits required by A.R.S. Sec 8-409 must be sent to:

No sooner than five (5) days after expiration of the time permitted for the filing of the response or opposing affidavits either party or attorney shall file a "**Request for Order Granting or Denying Legal Decision-Making Hearing**". The court, in accordance with A.R.S.§25-411 and without argument or hearing unless set by the court on its own motion shall determine whether a Legal Decision-Making hearing shall be granted. A copy of the court's determination shall be mailed by the court to all persons entitled to receive notice.

GIVEN UNDER MY HAND AND SEAL of this Court on

AMANDA STANFORD
 Clerk of the Superior Court

By _____
 (Deputy Clerk)