

PETITION FOR LEGAL DECISION-MAKING IN LOCO PARENTIS



PINAL COUNTY

**Petition by Non-Parent to Establish Legal Decision-Making
in Loco Parentis**

INSTRUCTIONS AND FORMS

**Provided as a Public Service by
Chad A. Roche
Clerk of the Superior Court**

Arizona Superior Court, Pinal County Family Court Cover Sheet

CASE NUMBER <u>DO 2</u> ATLAS NUMBER(S) _____	Judge _____
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<p style="text-align: center;">PETITIONER'S NAME AND ADDRESS</p> Name: _____ Address: _____ City/State/Zip: _____ Phone Number: _____ Email Address: _____ DOB: _____	<p style="text-align: center;">RESPONDENT'S NAME AND ADDRESS</p> Name: _____ Address: _____ City/State/Zip: _____ Phone Number: _____ Email Address: _____ DOB: _____
<p style="text-align: center;">PETITIONER'S ATTORNEY</p> Name/State Bar #: _____ Address: _____ City/State/Zip: _____ Phone Number: _____	<p style="text-align: center;">EMERGENCY ORDER SOUGHT</p> <input type="checkbox"/> Order of Protection <input type="checkbox"/> Temporary Order <input type="checkbox"/> Other _____ (Specify)
<p>Do you or the other party need an interpreter?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> If yes, what language: _____	<p>FEES: <input type="checkbox"/> PAID <input type="checkbox"/> NOT PAID - REASON</p> <input type="checkbox"/> Political Subdivision/Government Agency <input type="checkbox"/> Deferred <input type="checkbox"/> Waived

ACTION REQUESTED Check only one box

- DISSOLUTION (Divorce)
- With Children
- Without Children

- Legal Separation
- Paternity/Maternity
- Annulment
- Legal Decision-Making
- Order of Protection
- Foreign Judgment
- Domesticated Decree
- Foreign Judgment for Legal Decision-Making
- Establish Support
- Habeas Corpus
- Parenting Time
- Emergency Order of Protection
- Other _____
(Specify)

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**

Regarding the Matter of:

_____ Petitioner (Person seeking legal decision-making)	CASE NUMBER: <u>DO2</u>
_____ Petitioner (Spouse of person seeking legal decision-making)	PETITION BY NON-PARENT TO ESTABLISH LEGAL DECISION-MAKING IN LOCO PARENTIS A.R.S. §25-409
_____ Respondent (Natural Mother)	HONORABLE: _____
_____ Respondent (Natural Father)	
_____ Legal Guardian (if applicable)	

GENERAL INFORMATION:

1. **INFORMATION ABOUT ME (OR US), APPLICANT(S) FOR LEGAL DECISION-MAKING:**
 Name: _____
 Address: _____
 County of Residence: _____
 Date(s) of Birth: _____
 Occupation: _____

MY / OUR RELATIONSHIP TO CHILD(REN) FOR WHOM I WANT THE LEGAL DECISION-MAKING ORDER:

Parent(s) of mother of the child(ren) Grandparent(s) of mother of the child(ren)
 Parent(s) of the Father of the child(ren) Grandparent(s) of father of the child(ren)
 Other: (explain): _____

2. INFORMATION ABOUT THE MOTHER OF THE CHILD(REN):

Mother's Name: _____
Street Address: _____
City, State, Zip Code: _____
County of Residence: _____
Date of Birth: _____
Occupation: _____

3. INFORMATION ABOUT THE FATHER OF THE CHILD(REN):

Father's Name: _____
Street Address: _____
City, State, Zip Code: _____
County of Residence: _____
Date of Birth: _____
Occupation: _____

4. INFORMATION ABOUT LEGAL GUARDIAN(S) OF THE CHILD(REN) If any:

Guardian's Name: _____
Street Address: _____
City, State, Zip Code: _____
County of Residence: _____
Date of Birth: _____
Occupation: _____

5. INFORMATION ABOUT CHILD(REN) FOR WHOM I / WE WANT THE LEGAL DECISION-MAKING ORDER:

Name: _____
Birth Date: _____
Current Address: _____

County of Residence: _____
Living with Father Mother Other
If other, Who? _____

Name: _____
Birth Date: _____
Current Address: _____

County of Residence: _____
Living with Father Mother Other
If other, Who? _____

Name: _____
Birth Date: _____
Current Address: _____

County of Residence: _____
Living with Father Mother Other
If other, Who? _____

Name: _____
Birth Date: _____
Current Address: _____

County of Residence: _____
Living with Father Mother Other
If other, Who? _____

6. **LEGAL DECISION-MAKING, SUPPORT OR PARENTING TIME (VISITATION) CASES RELATED TO THE CHILD(REN).**

(Check one): I DO HAVE I DO NOT HAVE information about a legal decision-making, support or parenting time (visitation) 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. Attach extra pages if necessary). If "NOT", skip to #7.

***WARNING: If there is already a case pending or a signed Court Order for paternity, legal decision-making, support, parenting time (visitation) of the children for whom you are seeking legal decision-making, STOP! This Petition will not work for your situation. Please consult an attorney about filing as a *third party intervener* in the existing case to modify the existing Court Order.**

Name of each child: _____

Court State: _____ Court Location: _____

Court Case Number: _____ Current Status: _____

Nature of the court proceeding: _____

Summary of the Court Order: _____

7. **LEGAL DECISION-MAKING OR PARENTING TIME CLAIMS:** (Check one box): I DO KNOW I DO NOT KNOW a person other than the Petitioner(s) or the Respondent(s) who has physical legal decision-making or who claims legal decision-making rights to any of the children named in this Petition. (If so, explain below. Attach 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: _____

STATEMENTS TO THE COURT:

8. **VENUE:** This is the proper court to bring this lawsuit under Arizona law because it is the county of residence of any children named in this Petition or any children named in this Petition are currently present in this county.

9. **LEGAL REASONS I / WE SHOULD BE AWARDED LEGAL DECISION-MAKING:**
(A, B, C and at least one of the choices under D MUST BE TRUE for the Court to grant your request for legal decision-making. **EXPLAIN** why A and B are true. If you cannot, the Court may not grant your request. If C is not true, STOP! This form will not work for your situation)

A. I (we) stand *in loco parentis* (in the position of a parent) to the children. I (we) have a longstanding relationship with the child or children in which I have treated them as my own child(ren) and the child(ren) have treated me or us as parents. **Explain:** _____

B. It would be significantly harmful to the child or children to remain or be placed in the legal decision-making of either of the living parent, guardian or other persons with whom now residing who wish to obtain or retain legal decision-making. **Explain:** _____

C. There is **NO COURT ORDER** for legal decision-making, support, visitation for any of the children named in this petition and there is no court order for paternity *from this county*.

D. I understand that at least one of the following must be true for me (us) to qualify for legal legal decision-making and have marked the box(es) to indicate which are true.

- One of the legal parents is deceased.
- The child(ren)'s legal parents were not married to each other when this Petition was filed.
- The parents were married to each other when the Petition was filed but their divorce or legal separation case has been filed and is pending, not final (the court order has not been signed).

10. REQUEST TO THE COURT:

I / We request to the Court issue an order awarding sole legal decision-making of the child(ren) named above to me / us, the non-parent petitioner(s), as described above.

OATH AND AFFIRMATION OF NON-PARENT(S) PETITIONING FOR LEGAL DECISION-MAKING

I affirm under penalty of perjury that the statements are true and correct and complete to the best of my knowledge and belief.

_____ **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**

I affirm under penalty of perjury that the statements are true and correct and complete to the best of my knowledge and belief.

_____ **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**

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**

_____ CASE NUMBER: DO2
 Name of Petitioner

**AFFIDAVIT REGARDING
 MINOR CHILDREN**

_____ HONORABLE: _____
 Name of Respondent

NOTICE: This "Affidavit Regarding Minor Children" is required for all legal decision-making cases. You must 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: _____
Birth Date: _____ Age: _____	Birth Date: _____ Age: _____
Name: _____	Name: _____
Birth Date: _____ Age: _____	Birth Date: _____ Age: _____

2. INFORMATION REGARDING WHERE THE CHILDREN UNDER 18 YEARS OLD HAVE LIVED FOR THE LAST 5 YEARS: (Attach additional pages if necessary)

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: _____

Child's Name: _____
Address: _____
City, State: _____

Dates: From _____ To _____
Lived with _____
Relationship to Child: _____

3. COURT CASES IN WHICH I HAVE BEEN A PARTY/WITNESS THAT INVOLVED THE LEGAL DECISION-MAKING PARENTING TIME OF THE 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 and 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 OF THE CHILD(REN): (Check one box)

I do have or I do not have information about a legal decision-making and parenting time 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 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 legal decision-making or who claims legal decision-making 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.

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

**SUPERIOR COURT OF ARIZONA
PINAL COUNTY**

Regarding the Matter of:

Name of Petitioner

CASE NUMBER: DO2

and

ORDER TO APPEAR

Name of Respondent

READ ME: This is an important Court Order that affects your rights. Read this Order carefully. If you do not understand this Order, contact an attorney for legal advice.

Based on the “**Petition**” and pursuant to Arizona law,

IT IS ORDERED THAT YOU _____ appear at the time and place stated below so the court can determine whether the relief asked for in the “**Petition**” should be granted.

INFORMATION ABOUT COURT HEARING TO BE HELD:

NAME OF JUDICIAL OFFICER: _____
DATE AND TIME OF HEARING: _____
PLACE OF HEARING: PINAL COUNTY SUPERIOR COURT
ADDRESS OF HEARING: Pinal County Justice Complex
971 N. Jason Lopez Circle, Building A
Florence AZ 85132

AMOUNT OF TIME FOR HEARING: This is a 10-minute proceeding. The court will determine if more time is needed. All parties, whether represented by attorneys or not, must be present. If there is a failure to appear the court may make such orders as are just, including granting the relief requested by the party who does appear.
Warning: Failure to Appear at this hearing may cause a civil warrant to be issued for your arrest.

That a true copy of this “Order to Appear” and a true copy of the Petition, Affidavit and related documents filed with the Petition shall be served by process server or sheriff by the moving party on the responding party.

DONE IN OPEN COURT: _____

(Judge/Commissioner of the Superior Court)