

RESPONSE TO PETITION FOR GRANDPARENT'S VISITATION



PINAL COUNTY

For Respondent Only

INSTRUCTIONS AND FORMS

**Provided as a Public Service by
CHAD A. ROCHE
Clerk of the Superior Court**

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**

In the Matter of:

_____ CASE NUMBER: DO2
Name of Grandparent(s) Requesting Visitation

Name(s) of Mother, and/or Father **RESPONSE TO PETITION FOR
GRANDPARENT'S VISITATION**

Name of Other Parent or Legal Guardian (if any) **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 VISITATION 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 VISITATION order is requested: (Check one box)

- Parent of Mother of child(ren)
- Parent of Father 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 visitation order:

Name: _____
Birth Date: _____
Current Address: _____

County of Residence: _____
Father: _____
Mother: _____

Name: _____
Birth Date: _____
Current Address: _____

County of Residence: _____
Father: _____
Mother: _____

Name: _____
Birth Date: _____
Current Address: _____

County of Residence: _____
Father: _____
Mother: _____

Name: _____
Birth Date: _____
Current Address: _____

County of Residence: _____
Father: _____
Mother: _____

7. Petitioners do not have a right to visitation 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 visitation 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 visitation to be ordered, or limitation on visitation that should be set:**

9. Your plan for visitation 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)

OTHER: (explain specifically)

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 VISITATION 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 visitation 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: _____

12. LEGAL DECISION-MAKING OR VISITATION 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 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, 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 VISITATION 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 visitation 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 VISITATION as described above.
- 2. ORDER **NO** VISITATION to the Grandparent Petitioner(s).

(Check and complete "3" only if you believe visitation should be supervised)

- 3. **SUPERVISED VISITATION** is in the best interests of the child(ren), pursuant to A.R.S. § 25-410, because (explain reasons visitation should be supervised):

Therefore supervised visitation 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 visitation: (explain here) _____

The cost of supervised visitation 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:**

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