

Name of Person Filing: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, and Zip Code: \_\_\_\_\_  
 Phone Number(s): \_\_\_\_\_  
 ATLAS Number (if applicable): \_\_\_\_\_  
 State Bar Number (if applicable): \_\_\_\_\_  
 Representing:     **Self**     **Petitioner**     **Respondent**  
 (If Attorney, include State Bar Number)

**SUPERIOR COURT OF ARIZONA  
 GILA COUNTY**

Case Number: \_\_\_\_\_

\_\_\_\_\_  
 (Name of Petitioner)

**AFFIDAVIT REGARDING  
 MINOR CHILDREN**

AND

\_\_\_\_\_  
 (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 _____
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.**

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: _____	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 / PARENTING TIME OF THE CHILD(REN).** (Check one box.)

I have or have **not** been a party/witness in court in this state or in any other state that involved the legal decision making / 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 /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**

State of Arizona )  
Gila County ) ss.

I swear or affirm that the information on this document is true and correct under penalty of perjury.

\_\_\_\_\_  
SIGNATURE DATE

Sworn to or Affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

by \_\_\_\_\_

My Commission Expires: \_\_\_\_\_  
Deputy Clerk or Notary Public