

(1) Name of Person Filing Document: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
ATLAS Number (if applicable): \_\_\_\_\_  
Attorney Bar Number (if applicable): \_\_\_\_\_  
Representing:  Self OR Attorney for  Petitioner or  Respondent

**SUPERIOR COURT OF ARIZONA  
MOHAVE COUNTY**

Case Number: \_\_\_\_\_(3)

\_\_\_\_\_(2)  
(Name of Petitioner)

**PETITION TO ESTABLISH  
CHILD SUPPORT**

\_\_\_\_\_(2)  
(Name of Respondent)

I AM PROVIDING SUPPORT FOR OR HAVE PHYSICAL CUSTODY (NOW KNOWN AS LEGAL DECISION MAKING) OF THE FOLLOWING CHILD(REN):

**(4) Name (first, middle, last)**

**Date of Birth**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The other party is the natural or adoptive parent of the minor child(ren) listed above and has a legal duty to provide support pursuant to A.R.S. §25-501.

**(5) Paternity for the above-named minor child(ren) common to the above parties was established by:**

- Court Order from this county or previously transferred to this county. (A.R.S. §25-502))
- Affidavit of Acknowledgment filed on or after July 21, 1996 in accordance with A.R.S. § 25-812-814, or §36-334
- Parties were legally married when minor child(ren) was (were) born, conceived, or adopted.

WHEREFORE, I request that the court take any or all of the following actions.

- A.** Order the other party to pay Guideline Child Support and provide other relief as requested in the Parent's Worksheet.
- B.** Order payment of costs and attorney fees, if appropriate.
- C.** Order such other relief as deemed necessary and appropriate by the court.

I have read the foregoing document and the facts therein are true and correct to the best of my knowledge.

**Do not sign until directed to do so by a Notary Public or a Clerk of the Superior Court.**

Case No. \_\_\_\_\_

**OATH OR AFFIRMATION**

STATE OF ARIZONA    )  
                                  ) ss.  
County of Mohave    )

**(6) I declare under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_

by \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public / Deputy Clerk