

Person Filing: [REDACTED]
Address (if not protected): [REDACTED]
City, State, Zip Code: [REDACTED]
Telephone: [REDACTED]
Email Address: [REDACTED]
ATLAS Number: _____
Lawyer's Bar Number: _____

Clerk of the Superior Court
By Tonya Spratt, Deputy
Date 08/01/2023 Time 14:58:15

| Description | Amount |
|---------------------|--------|
| CASE# FC2023-052114 | |
| IV-D N | |
| PATRNTY/MATRNTY 622 | 344.00 |
| TOTAL AMOUNT | 344.00 |

Receipt# 29367771

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

[REDACTED]
Name of Petitioner / Party A

Case Number: FC2023-052114

Clayton Echard
Name of Respondent / Party B

- PETITION FOR COURT ORDER FOR PATERNITY and** (check box below if applicable)
- LEGAL DECISION-MAKING (legal custody)
 - PARENTING TIME
 - CHILD SUPPORT
 - VITAL RECORDS (Check this box if the Department of Vital Records is ordered to change the birth records of a child born in Arizona.)

A. STATEMENTS TO THE COURT:

1. INFORMATION ABOUT ME:

Name: [REDACTED]
Address: 11440 N. GOLF COURSE BLVD
Date of Birth: [REDACTED]
Occupation: Horse sales/podcast host

My relationship to the children listed in Petition:

- Mother
- Father (or may be the father)
- Other: (Explain) _____

2. **INFORMATION ABOUT OTHER PARTY:**

Name: Clayton Echard

Address: _____

Date of Birth: _____

Occupation: _____

Other Party's relationship to the children listed in this Petition:

Mother

Father (or may be the father)

Other: (Explain) _____

3. **VENUE:** (Check here if the following statement is true):

This is the proper court to bring this lawsuit under Arizona law because it is the county of residence of either party or of the minor children.

4. **JURISDICTION: WHY I AM FILING THIS COURT CASE AGAINST THE OTHER PARTY IN ARIZONA:** (Place a check mark in the boxes that are true.)

- The person is a resident of Arizona
- I believe that I will personally serve the person in Arizona (see packet on service to know about this.)
- The person agrees to have the case heard here and will file written papers in the court case;
- The person lived with the minor child in this state at some time;
- The person lived in this state and provided pre-birth expenses or support for the minor child;
- The minor child lives in this state as a result of the acts or directions of the person;
- The person had sexual intercourse in this state as a result of which the minor child may have been conceived;
- The person signed an affidavit acknowledging paternity that is filed in this state;
- The person did any other acts that substantially connect the person with this state (see a lawyer to help you determine this).

B. STATEMENTS ABOUT PATERNITY:

5. WHY YOU THINK THE PERSON IS THE FATHER OF THE MINOR CHILD(REN):

(Check which box applies)

- AFFIDAVIT:** Both parties signed an **Affidavit of Paternity** acknowledging that Party A or Party B is the minor child(ren)'s natural father. A copy is attached.
- BIRTH CERTIFICATE:** Party A or Party B is named as the natural father on one or more minor child(ren)'s birth certificate(s). Copy (or copies) attached.
- BLOOD TEST:** DNA Testing indicates Party A or Party B is the minor child(ren)'s natural father. Report(s) of test results attached.
- PARTIES LIVING TOGETHER:** Parties A and B were not married to each other at any time during the ten months before birth of the minor child(ren). However, the parties lived together during the period(s) when the minor child(ren) could have been conceived.
- SEXUAL INTERCOURSE:** Parties A and B were not living together but had sexual intercourse at the probable date(s) of conception of the minor child(ren). The mother of the minor children did not have sexual intercourse with anyone else during the periods in which the minor child(ren) could have been conceived.
- OTHER:** (explain) _____

6. ABOUT MARRIAGE (if applicable, check one box.)

- Mother was not married** at the time minor child(ren) were born or conceived or at least 10 months before minor child(ren) were born or conceived, OR
- Mother was married** when minor child(ren) were born or conceived or at least 10 months before minor child(ren) were born or conceived, but the Mother's spouse is not a parent of the minor child(ren). (Mother's spouse is a party to this court case because of marriage.)

C. INFORMATION ABOUT MINOR CHILDREN:

7. INFORMATION ABOUT CHILD SUPPORT FOR MINOR CHILDREN:

There is an order for Child Support, dated _____ from
(name of court) _____

This order needs does not need to be changed.

There is a pending child support petition or modification currently filed in this court or another.

To my knowledge there is no child support order for the minor child(ren) and the court should order child support in this case along with legal decision-making (custody), and parenting time.

Party A Party B made voluntary/direct support payments in the amount of \$ _____ that need to be taken into account, if past support is requested.

Party A Party B owes past support for the period between:

the date this petition was filed and the date current child support is ordered. OR -

the date the parties started living apart, but not more than three years before the date of this petition was filed, and the date current child support is ordered. OR -

the date the parties started living apart, which is MORE THAN three years before the date of this petition was filed, and the date current child support is ordered. * If you check this box, you must explain why the Court should award past support for this time period.

EXPLAIN: _____

8. CHILD(REN)'S residence:

| | | | |
|---|--|---|--|
| A. Child's Name: <u>Unborn</u> | | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male | |
| Place of Birth: _____ | | Date of Birth: _____ | |
| Current Address: _____ | | | |
| How long at this address: _____ | | County: _____ | |
| Lived with <input type="checkbox"/> Party A <input type="checkbox"/> Party B <input type="checkbox"/> Other (Name & Relation to Child): _____ | | | |
| (If less than 5 years, provide 5 years previous address information for each child.) | | | |
| Previous Address: _____ | | | |
| How long at this address: _____ | | Lived with <input type="checkbox"/> Party A <input type="checkbox"/> Party B <input type="checkbox"/> Other | |
| Previous Address: _____ | | | |
| How long at this address: _____ | | Lived with <input type="checkbox"/> Party A <input type="checkbox"/> Party B <input type="checkbox"/> Other | |

B. Child's Name: Unborn Gender: Female Male
Place of Birth: _____ **Date of Birth:** _____
Current Address: _____
How long at this address: _____ **County:** _____
 Lived with Party A Party B Other (Name & Relation to Child): _____

(If less than 5 years, provide 5 years previous address information for each child.)

Previous Address: _____
How long at this address: _____ Lived with Party A Party B Other
Previous Address: _____
How long at this address: _____ Lived with Party A Party B Other

C. Child's Name: _____ Gender: Female Male
Place of Birth: _____ **Date of Birth:** _____
Current Address: _____
How long at this address: _____ **County:** _____
 Lived with Party A Party B Other (Name & Relation to Child): _____

(If less than 5 years, provide 5 years previous address information for each child.)

Previous Address: _____
How long at this address: _____ Lived with Party A Party B Other
Previous Address: _____
How long at this address: _____ Lived with Party A Party B Other

D. Child's Name: _____ Gender: Female Male
Place of Birth: _____ **Date of Birth:** _____
Current Address: _____
How long at this address: _____ **County:** _____
 Lived with Party A Party B Other (Name & Relation to Child): _____

(If less than 5 years, provide 5 years previous address information for each child.)

Previous Address: _____
How long at this address: _____ Lived with Party A Party B Other:
Previous Address: _____
How long at this address: _____ Lived with Party A Party B Other:

Continues on attached page(s) made part of this document by reference.

9. **COURT CASES INVOLVING PHYSICAL CUSTODY, LEGAL DECISION-MAKING (LEGAL CUSTODY) OR PARENTING TIME, RELATED TO CHILDREN UNDER 18 YEARS OLD:** (Check one box)

I HAVE I HAVE NOT been a party or witness or participated in any court case involving the physical custody, legal decision-making (legal custody), or parenting time for any of the minor children named above in this state or in any other state (If you have, explain below, using extra pages if necessary. **IF NOT, GO ON**).

Name of each child: _____

Court State: _____ Court location (county/city): _____

Court case number: _____ Current case status: _____

Nature (type) of court proceeding: _____

Summary of any Court Order: _____

10. **COURT CASES NOT INVOLVING PHYSICAL CUSTODY, LEGAL DECISION-MAKING (LEGAL CUSTODY) OR PARENTING TIME RELATED TO THE CHILDREN UNDER 18 YEARS OLD:** (check one box)

I HAVE I DO NOT HAVE information regarding any court action in this state or any other state involving the minor child(ren) listed above that could affect this case including court cases for enforcement and relating to domestic violence, protective orders, termination of parental rights and adoptions (If you have, explain below, using extra pages if necessary. **IF NOT, GO ON**.)

Name of each child: _____

Court State: _____ Court location (county/city): _____

Court case number: _____ Current case status: _____

How the minor children are involved: _____

Summary of any Court order: _____

11. **PHYSICAL CUSTODY, LEGAL DECISION-MAKING (LEGAL CUSTODY) OR PARENTING TIME CLAIMS OF ANY PERSON:** (check one box)

I KNOW I DO NOT KNOW a person other than the Party A or the Party B who has physical custody or who claims legal decision-making (legal custody) or parenting time rights to any of the minor children named above. (If you do, 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: _____

D. OTHER STATEMENTS TO THE COURT:

12. **MEDICAL EXPENSES:** There are **OR** There are no unreimbursed medical expenses incurred by the mother, resulting from the birth of the minor child(ren). If there are, these costs and expenses should be awarded to Party A **OR** Party B according to law.

13. **OTHER EXPENSES:** The parties should be ordered to divide between them any uninsured medical, dental, or health expenses, reasonably incurred for the minor children, in proportion to their respective incomes.

14. **PARENT INFORMATION PROGRAM (PIP):** is required for persons seeking legal decision-making authority (legal custody) or parenting time.

I have I have not (check one box) **already ATTENDED the Parenting Information Program.**

15. **DOMESTIC VIOLENCE:** (If you are asking for **joint** legal decision-making (joint legal custody), check one.)

Domestic Violence has not occurred between the parties. **OR**

There has been domestic violence in this relationship and no legal decision-making (legal custody) should be awarded to the party who committed the violence.

Domestic Violence has occurred but it was committed by both parties or it is otherwise still in the best interests of the minor child(ren) to grant joint or sole legal decision making (joint or sole legal custody) to a parent who has committed domestic violence *because:* (EXPLAIN)

16. **DRUG / ALCOHOL CONVICTION WITHIN LAST TWELVE MONTHS:** (Check one box.)

- Neither parent has been convicted for a drug offense or driving under the influence of drugs or alcohol in the last twelve (12) months, **OR**
- One or both parents have been convicted for a drug offense or driving under the influence of drugs or alcohol in the last twelve (12) months.
- Party A and/or Party B was convicted, however, the legal decision-making (legal custody) and parenting time arrangement I am requesting appropriately protects the minor child(ren).

Explain how this arrangement appropriately protects the children. _____

E. REQUESTS TO THE COURT:

1. **PATERNITY:** Order that (legal name of the father, as on his birth certificate, or his current *legal* name)

| | | |
|---------|--------|--------|
| First | Middle | Last |
| Clayton | | Echard |

_____ **IS the natural father of the minor child(ren).**

2. **BIRTH CERTIFICATE:**

- Order that the name of the father listed in "A" above be added to each minor child's birth certificate:

3. **NAME CHANGE:** (check the box and fill in the blank if you want this):

- Order each minor child's last name (only) be changed to:

OR Order as follows:

4. PRIMARY RESIDENCE OF MINOR CHILDREN, PARENTING TIME, AND AUTHORITY FOR LEGAL DECISION-MAKING (LEGAL CUSTODY):

a. PRIMARY RESIDENCE: Declare which party's home shall be the main residence for each minor child:

Declare NEITHER parent's home is designated as the primary residence, OR

Declare Party A's home as the primary residence for the following named children:

Declare Party B's home as the primary residence for the following named children:

b. PARENTING TIME: Award parenting time as follows:

Reasonable parenting time rights as described in the Parenting Plan, OR

Supervised parenting time between the children and Party A OR Party B, OR

No parenting time rights to the Party A OR Party B.

Supervised or no parenting time is in the best interests of the child(ren) because:

Explanation continues on attached pages made part of this document by reference.

1. Name this person to supervise: _____

2. Order cost of supervised parenting time (if applicable) to be paid by:

Party A

Party B

Shared equally by the parties

3. Additionally restrict parenting time as follows: (Explain.)

c. **LEGAL DECISION-MAKING (legal custody):**

Award legal decision-making concerning the child(ren) as follows:

AWARD SOLE LEGAL DECISION-MAKING (sole legal custody) to:
 Party A Party B

OR

AWARD JOINT LEGAL DECISION MAKING (joint legal custody) to BOTH PARENTS.
Party A and Party B will agree to act as joint legal decision-makers concerning the minor child(ren) and will submit a Parenting Plan and Joint Legal Decision-Making Agreement signed by the both parties. (For the court to order "joint" legal decision-making, there must have been no "significant" domestic violence according to Arizona law, A.R.S. § 25-403.03).

(Check below if you are asking for a child support order or a change of child support in this case.)

5. **CHILD SUPPORT:** Order that child support shall be paid by

Party A **OR** Party B as follows, EITHER:

in the amount set forth in the Child Support Worksheet filed with this Petition and incorporated by this reference.

OR

in the amount of \$ _____, which is a deviation from the amount set forth under the Arizona Child Support Guidelines. I am requesting a deviation because: (EXPLAIN)

Order that **past child support** for the period stated under #7 above, be paid by Party A Party B in an amount determined by using a retroactive application of the Arizona Child Support Guidelines taking into account any amount of **temporary or voluntary / direct support** that has been paid.

6. **MOTHER'S EXPENSES:** Order that Party A **OR** Party B pay a reasonable amount to cover unreimbursed expenses incurred by the mother related to the birth of each child(ren).

7. **MEDICAL, DENTAL and VISION CARE INSURANCE FOR MINOR CHILDREN:**
Order that:

Party A should be responsible for providing: medical dental vision care insurance.

Party B should be responsible for providing: medical dental vision care insurance.

Order that both parties pay for all reasonable unreimbursed medical, dental, vision care, and health-related expenses incurred for the minor child(ren) in proportion to their respective incomes as described on the Child Support Order, which shall be submitted with the Judgment and Order.

8. **TESTING and COSTS:** Order that if paternity is contested, Party A and Party B be ordered to submit to such blood and tissue tests as may be necessary by this Court to establish paternity, and that the other party must pay all costs and expenses of this lawsuit, if he/she contests these proceedings, including costs of the blood tests, other genetic testing; filing each child's birth certificate; attorneys' fees and court costs.

9. **TAX EXEMPTION.** Allocate tax exemptions for the minor child(ren) as determined by the Court under the Arizona Child Support Guidelines and in a manner that allows each party to claim allowable federal dependency exemptions proportionate to adjusted gross income in a reasonable pattern that can be repeated.

Under the Affordable Care Act, the parent who claims the child as a dependent on a federal tax return has the obligation to ensure that the child is covered by medical insurance and may be penalized by the IRS for failing to do so.

| Parent entitled to claim | Name of minor child | in Tax Year |
|--|---------------------|-------------|
| <input checked="" type="checkbox"/> Party A <input type="checkbox"/> Party B | Unborn | |
| <input type="checkbox"/> Party A <input checked="" type="checkbox"/> Party B | Unborn | |
| <input type="checkbox"/> Party A <input type="checkbox"/> Party B | | |
| <input type="checkbox"/> Party A <input type="checkbox"/> Party B | | |

Pattern shall repeat for subsequent years.


10. **OTHER ORDERS I AM REQUESTING** (explain request here):

F. SIGNATURES

UNDER OATH OR AFFIRMATION

I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

07/30/2023
Date


Signature

STATE OF Texas

COUNTY OF Collin

Subscribed and sworn to or affirmed before me this: 07/30/2023
(date)

By Laura Michelle Owens



Deputy Clerk or Notary Public
Notarized online using audio-video communication

(notary seal)

