

INSTRUCTIONS
Petition for Paternity

The Petition for Paternity is a document filed by a natural or adoptive mother or father of a child under the age of eighteen (18) to obtain a judgment establishing the identity of the father of the child, and to obtain a judgment for the support of the child, including health care and income tax exemptions; and well as custody and visitation schedules. If the paternity of a child is contested, the Court may order the parties to submit to blood and tissue tests to establish paternity.

The Judgment of the Court shall be conclusive of the paternity of the child in all subsequent determinations of inheritance by the court. GRICC § 9.115.

Please read the following instructions carefully.

1. Fill out the Petition for Paternity.
2. Sign before a notary public and return the Petition to the Court, along with a copy of the child's birth certificate, to be filed.
3. There is a \$25.00 filing fee. Please pay the fee at the Court's cashier window. Payment can be made by cash, cashier's check, money order, or Visa/Mastercard. Personal checks are not accepted.
4. The Clerk of the Court will issue a Summons and will set a date and time for the Petition to be heard. If there is an immediate need for a hearing, please inform the Clerk, so a date and time can be set as soon as possible
5. The Clerk of the Court will have the Summons, Petition and Notice of Hearing served upon the defendant.
6. If you have any further questions, please ask the Clerk. If the Clerk cannot answer your questions, they will direct you to a lawyer in the local area. You may also email your questions to Court.Questions@gric.nsn.us.
7. Address & phone numbers to the Gila River Indian Community Courts:

Sacaton Court
721 W. Seed Farm Rd.
PO Box 368
Sacaton, Arizona 85247
Phone: (520) 562-9860
Fax: (520) 562-9867

Westend Judicial Center
Rt. 2, Box 808
Laveen, Arizona 85339
Phone: (520) 562-9862
Fax: (520) 562-9869

This box for Court use ONLY

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

I am representing myself

Attorney / Advocate Name: _____

IN THE COURT OF THE GILA RIVER INDIAN COMMUNITY STATE OF ARIZONA

Name of Plaintiff/Petitioner

v.

Name of Defendant/Respondent

CASE NO.: _____

PETITION FOR PATERNITY
and (Check box below if applicable)

LEGAL DECISION MAKING (CUSTODY)

PARENTING TIME

CHILD SUPPORT

I, The Petitioner, pursuant to Gila River Indian Community Code, Title 9, Chapter 1, Section 9.115 request this cause of action, and allege as follows:

1. JURISDICTION:

The Gila River Indian Community Court has jurisdiction to hear this matter pursuant to GRIC Code, Section § 4.301 and Section § 9.115, because: (Check all that apply)

At least one of the parties resides within the Gila River Indian Community reservation.

All parties to this matter are enrolled members of the Gila River Indian Community.

2. INFORMATION ABOUT ME, THE PETITIONER:

I am the: Wife/Mother Husband/Father Other: _____

Name: _____
First, Middle, Last

Date of Birth (MM/DD/YYYY): _____

Home Phone: _____ Cell Phone: _____

Mailing Address: _____
Street, City, State, Zip Code

Physical Address: _____
Street, City, State, Zip Code

Are you a member of the Gila River Indian Community? (Check one)

I am an enrolled Community Member, Tribal Enrollment #: _____

I am a member of a federally recognized tribe, Tribal Enrollment # _____

I am NOT a Community Member.

3. INFORMATION ABOUT THE OTHER PARTY, THE RESPONDENT:

This person is the: Wife/Mother Husband/Father Other: _____

Name: _____
First, Middle, Last

Date of Birth (MM/DD/YYYY): _____

Home Phone: _____ Cell Phone: _____

Mailing Address: _____
Street Address, City, State, Zip Code

Physical Address: _____
Street Address, City, State, Zip Code

Is this person a member of the Gila River Indian Community?

Yes, Tribal Enrollment # _____

No

4. CHILD(REN): (Check one)

The following child(ren) is/are under age eighteen (18) and born to or adopted by both the Petitioner and Respondent:

NAME(S)	ADDRESS	DATE OF BIRTH (MM/DD/YYYY)	AGE

5. STATEMENTS ABOUT PATERNITY:

WHY YOU THINK PLAINTIFF DEFENDANT IS THE FATHER OF THE CHILD(REN):

(Check all boxes which apply)

- AFFIDAVIT:** Plaintiff and Defendant signed an Affidavit of Paternity acknowledging that Plaintiff Defendant is the child(ren)'s natural father. (Attach a copy)
- BIRTH CERTIFICATE:** _____ is named as the natural father on the child(ren)'s birth certificate(s), which have been signed by both parties. (Attach a copy of each)
- DNA/BLOOD TEST:** The parties had DNA (Deoxybonucleic Acid) Testing administered and _____ is shown to be the minor child(ren)'s natural father. (Attach a copy of test results)
- PARTIES LIVING TOGETHER:** Plaintiff and Defendant were not married to each other at any time during the ten months before birth of the child(ren). However, the parties lived together during the period(s) when the child(ren) could have been conceived.
- SEXUAL INTERCOURSE:** Plaintiff and Defendant were not living together but had sexual intercourse at the probable date of conception of the child(ren). The mother of the children did not have sexual intercourse with anyone else during the periods which the child(ren) could have been conceived.
- OTHER (explain):**

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

- Mother was not married at the time the child(ren) were born or conceived or at least 10 months before child(ren) were born or conceived, OR**

- Mother was married when child(ren) were born or conceived or at least 10 months before child(ren) were born or conceived, but husband is not father of child(ren).**
- Husband is a party to this court case because of marriage.**

7. OTHER STATEMENTS MADE TO THE COURT:

- MEDICAL EXPENSES:** THERE ARE THERE ARE NOT 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 against PLAINTIFF DEFENDANT.
- OTHER EXPENSES:** The parties should be ordered to divide between them any uninsured medical, dental, or health expenses, reasonably **incurred for the minor child(ren)**, in proportion to their respective incomes.
- DOMESTIC VIOLENCE:** (if you are asking for joint custody, check one)
 - Domestic Violence **has not** occurred between the parties. OR
 - 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 custody) to a parent who has committed domestic violence because: (EXPLAIN)

- 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 drug or alcohol in the last twelve (12) months.
 - Mother and/or** **Father 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 minor children. _____

8. REQUESTS I MAKE TO THE COURT:

- PATERNITY:** Order that _____ is the natural father of the minor child(ren).
- BIRTH CERTIFICATE:** Order that the name of _____ be added to each child's birth certificate.
- LAST NAME:** Order that each child's last name be changed to _____.
- CHILD CUSTODY AND PARENTING TIME:** Award custody and parenting time of the children common to the parties and less than 18 years old as follows:
 - SOLE CUSTODY** of the minor child(ren) awarded to Plaintiff OR Defendant, subject to parenting time as follows:
 - Reasonable parenting time to the parent not having custody, according to the terms of the Parenting Plan attached to this Petition

OR
 - Supervised parenting time between the child(ren) and the Plaintiff OR Defendant is in the best interest of the child(ren) because _____. The cost of supervised parenting time will be paid by the parent being supervised; the parent having custody; shared equally by the parties.

OR
 - No parenting time to the parent not having custody is in the best interest of the child(ren) because _____.
 - JOINT CUSTODY:** Plaintiff and Defendant agree to act as joint custodians of the child(ren) as set forth in the Joint Custody Agreement or Parenting Plan signed by the parties, and attached to this Complaint.
- CHILD SUPPORT:** Order that child support shall be paid by:
 - Plaintiff Defendant to Plaintiff Defendant

In an amount as determined by the court (Child Support Order to be attached to the Paternity Order). Support payments to begin on the first day of the month after the Judge signs the Paternity Order or on the first day of the month after service of the Petition with all payments to be paid through the Clerk of the Court from 8:00 A.M. — 5:00 P.M. if by mail, envelope addressed to Gila River Indian Community Court P.O. Box 368 Sacaton, Arizona 85147 OR West End Judicial Center 4751 W. Pecos Rd. Laveen, Arizona 85339

EXPENSES OF MOTHER: Order that Plaintiff Defendant pay a reasonable amount to cover unreimbursed expenses incurred by the mother related to the birth of each child(ren).

INSURANCE AND HEALTH CARE EXPENSES FOR CHILDREN: Order that Plaintiff Defendant shall pay for medical, dental, and vision care insurance coverage for the child(ren) common to the parties and less than the age of 18 years old. Plaintiff and Defendant will pay for all reasonable unreimbursed medical, dental, vision, and health – related expenses incurred for the child(ren) in proportion to their respective incomes as described on the Parents' Worksheet, which shall be submitted with the Paternity Order.

TAX EXEMPTION: The parties shall claim as income tax dependency exemptions on federal and state income tax returns as follows:

Parent entitled to claim	Name of Child	Current tax year	Later tax years
<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	_____	_____	_____
<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	_____	_____	_____
<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	_____	_____	_____
<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	_____	_____	_____

TESTING and COSTS: Order that if paternity is contested, Plaintiff and Defendant be ordered to submit to such blood and tissue tests as may be necessary by this court to establish paternity, AND that Defendant must pay all costs and expenses of this lawsuit if he/she unsuccessfully contests these proceedings, including the costs of the blood tests or other genetic testing; filing each child's birth certificate, attorney's fees and court costs.

OTHER ORDERS THAT I AM REQUESTING: (explain request here)

OATH AND VERIFICATION OF PLAINTIFF:

STATE OF ARIZONA)
)SS.
 COUNTY OF _____)

_____ Being sworn upon oath, deposes and says:

I am the petitioner in the above entitled action, I have read the foregoing Petition and knows the contents to be true except as to those matter stated therein on information and belief and as to those I believe them to be true.

SUBSCRIBED AND SWORN to me this _____ Day of _____, 20____.

 Plaintiff/Petitioner

 Clerk of the Court/Notary Public

My Commission Expires: _____