

Name of Person Filing: _____
Mailing Address (if not protected): _____
City, State, Zip Code: _____
Phone Number(s): _____
Email Address: _____
AZCARES Number (if applicable): _____
Attorney Bar Number (if applicable): _____
Representing Self OR
Attorney for Plaintiff OR Defendant

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

Petitioner

Case Number: _____

**MOTION for IN-CAMERA INTERVIEW of
Minor CHILD(REN)**

Respondent

Petitioner/Respondent (circle one) requests that the Court enter an order authorizing the actions listed below related to the following minor child(ren):

_____	DOB: _____	AGE: _____
_____	DOB: _____	AGE: _____
_____	DOB: _____	AGE: _____
_____	DOB: _____	AGE: _____
_____	DOB: _____	AGE: _____

1. Minor child(ren),

be brought to court to testify in chambers as to their wishes regarding legal decision making and parenting time.

2. This request is pursuant to A.R.S. § 25-405(A).

Case Number: _____

3. The Court should do this because the minor child(ren) has/have first hand information pertaining to this case and has/have a reasonable amount of information and evidence to present to the Court.
4. Petitioner/Respondent (circle one) allege the child(ren) are of suitable age and maturity to express a rational and mature wish as to legal decision making and parenting time as described here:

I certify that a copy of this document was hand-delivered/mailed (circle one) to the person(s) listed below on (date) _____ at the following address:

Case Number: _____

STATE OF _____)

County of _____) ss.

_____, being first duly sworn, deposes and says:
contents thereof and that the same is true of his/her own personal knowledge.

DATED this _____ day of _____, 202__

Signature of Petitioner/Respondent (circle one)

SUBSCRIBED AND SWORN to before me on this date: _____

My Commission Expires

NOTARY PUBLIC OR DEPUTY CLERK