

## XIV. FAMILY LAW FORMS

### Rule 97. Family Law Forms ~~and Appendix~~

#### ~~A. Family Law Forms~~

The forms listed and included in this rule are the preferred forms and meet the requirements of these rules. Whenever these rules require use of a form that is “substantially similar” to a form contained in this rule, such language means that the content of these forms may be adapted to minimize or delete information that does not apply to a particular case, ~~and to facilitate the use of automated or prompted computer forms programs to prepare streamlined and concise forms,~~ provided that all information contained in the preferred form and applicable to the case is included. The deletion of information ~~required by a form contained in the preferred form~~ or the failure to complete a portion of ~~a~~ the preferred form is a representation to the court and to all adverse parties that the question(s) or item(s) are not applicable. Any such form may be modified for submission at times and under circumstances provided for by an Administrative Order entered by the presiding judge of the county or the presiding judge’s designee. These forms and other family law forms are available at the ~~C~~court’s ~~S~~self-~~S~~ services-~~C~~ centers, if any, or at the Supreme Court of Arizona’s website: <http://www.supreme.state.az.us/nav2/selfserv.htm>. These forms may be modified ~~from time to time~~ by Administrative Order of the Supreme Court of Arizona, and the modified most current forms will also be available at this website and court self-service centers.

### COMMITTEE COMMENT

This rule is based on Rule 84, *Arizona Rules of Civil Procedure*.

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FORM 1: NOTICE OF LIMITED SCOPE REPRESENTATION

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_  
Evening Phone Number: \_\_\_\_\_  
Representing: [ ] Self [ ] Petitioner [ ] Respondent  
State Bar Number: \_\_\_\_\_

ARIZONA SUPERIOR COURT, COUNTY OF \_\_\_\_\_

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

\_\_\_\_\_  
Petitioner/~~Plaintiff~~

ATLAS No. \_\_\_\_\_

\_\_\_\_\_  
Respondent/~~Defendant~~

NOTICE OF LIMITED SCOPE  
REPRESENTATION

~~COMES NOW~~ **I** the undersigned attorney ~~and~~ enters a Notice of Limited Appearance for [ ] Petitioner [ ] Respondent \_\_\_\_\_, pursuant to ~~ARFLP~~ **Rule 27 9(B)**.

1. Counsel's appearance in this matter shall be limited in scope to the following matter(s): (Select all that are applicable, and provide detailed description of services, including any scheduled appearances, as needed.)

- [ ] Protective Orders
  - [ ] Order of Protection
  - [ ] Injunction Against Harassment
  - [ ] Injunction Against Workplace Harassment
- [ ] Voluntary acknowledgment of paternity
- [ ] Establishment of Child Support (IV-D)
- [ ] Rule ~~38(b)~~ **32** motion (specify) \_\_\_\_\_
- [ ] \_\_\_\_\_
- [ ] U.C.C.J.E.A. Hearing \_\_\_\_\_
- [ ] \_\_\_\_\_
- [ ] Temporary Orders (Pre-Decree) (specify any limitations) \_\_\_\_\_
- [ ] \_\_\_\_\_
- [ ] Accelerated or Expedited Petition (Pre-Decree) \_\_\_\_\_
- [ ] \_\_\_\_\_
- [ ] Resolution Management Conference
- [ ] Arbitration
- [ ] Mediation
- [ ] Other ADR Process (specify) \_\_\_\_\_

- Settlement Conference
- Expedited Services Conference (specify type, e.g. child support establishment, enforcement, or modifications; custody or parenting time enforcement or modification; or other) \_\_\_\_\_
- Enforcement of Decree or Order (specify, as follows):
  - Child support \_\_\_\_\_
  - Custody & parenting time \_\_\_\_\_
  - \_\_\_\_\_
  - Spousal maintenance \_\_\_\_\_
  - Property/debt issues \_\_\_\_\_
  - Other: \_\_\_\_\_
  - \_\_\_\_\_
- Modification of Decree or Order (specify as follows):
  - Child support \_\_\_\_\_
  - Custody & parenting time \_\_\_\_\_
  - \_\_\_\_\_
  - Spousal maintenance \_\_\_\_\_
  - Other: \_\_\_\_\_
  - \_\_\_\_\_
- Emergency Petition (Post-Decree) \_\_\_\_\_
- Qualified Domestic Relations Order \_\_\_\_\_
- Filing of Foreign Decree \_\_\_\_\_
- Warrant to take Physical Custody \_\_\_\_\_
- Child Custody or Parenting Time by a Non-parent \_\_\_\_\_
- Other motion and hearing thereon, specifically: \_\_\_\_\_
- Attend Deposition(s) of (names) \_\_\_\_\_
- Conduct the following discovery: \_\_\_\_\_
- \_\_\_\_\_
- Other: \_\_\_\_\_

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

- 2. Counsel named above is attorney of record and ~~available for service of process in accordance with Rule 27, ARFLP.~~ ~~S~~ service of process on counsel shall be valid, to the extent permitted by statute and Rule 43(C), in all matters in the case but shall not extend the counsel's responsibility for representation of the client beyond the specific matter for which the attorney has appeared. For service directly upon the party, the party's name, address and phone number are listed below.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

- 3. The opposing party, or his/her counsel [ ] may [ ] may not directly contact the party represented by the undersigned attorney regarding matters outside the scope of this limited representation without first consulting the undersigned attorney.
- 4. Counsel's representation of client will terminate at the conclusion of the hearing noted above, if shown, or at the conclusion of the matter noted above, upon the filing of a Notice of Withdrawal of Attorney, pursuant to Rule 9(B)(2) 27, ARFLP.
- 5. This accurately sets forth the terms of the written agreement between counsel and the party for limited scope legal representation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney

I have read and approve of this notice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client

ORIGINAL of the foregoing filed with the Clerk of the Superior Court;  
COPIES of the foregoing mailed/delivered this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, to:

The Honorable \_\_\_\_\_

By: \_\_\_\_\_

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

Attorney for \_\_\_\_\_

FORM 2: AFFIDAVIT OF FINANCIAL INFORMATION

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_  
Evening Phone Number: \_\_\_\_\_  
Representing: [ ] Self [ ] Petitioner [ ] Respondent  
State Bar Number: \_\_\_\_\_

ARIZONA SUPERIOR COURT, COUNTY OF \_\_\_\_\_

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

\_\_\_\_\_  
Petitioner/~~Plaintiff~~

ATLAS No. \_\_\_\_\_

**AFFIDAVIT OF FINANCIAL INFORMATION**

\_\_\_\_\_  
Respondent

Affidavit of \_\_\_\_\_  
(Name of Person Whose Information is on this Affidavit)

**IMPORTANT INFORMATION ABOUT THIS DOCUMENT**

WARNING TO ~~BOTH~~ PARTIES: This Affidavit is an important document. You must fill out this Affidavit completely, and provide accurate information. You must provide copies of this Affidavit and all other required documents to the other party and to the judge. ~~If you do not do this, the court may order you to pay a fine.~~

I have read the following document and know of my own knowledge that the facts and financial information stated below are true and correct, and that any false information may constitute perjury by me. I also understand that, if I fail to provide the required information or give misinformation, the judge may order sanctions against me, including assessment of fees ~~for fines and expenses~~ under Rule 31, ~~Arizona Rules of Family Law Procedure.~~

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Making Affidavit

**INSTRUCTIONS**

1. **Complete the entire Affidavit in black ink.** If the spaces provided on this form are inadequate, use separate sheets of paper to complete the answers and attach them to the Affidavit. Answer every question completely! You must complete every blank. If you do not know the answer to a question or are guessing, please state that. If a question does not apply, write "NA" for "not applicable" to indicate you read the question. Round all amounts of money to the nearest dollar.
  
2. ~~Answer the following statements YES or NO. If you mark NO, explain your answer on a separate piece of paper and attach the explanation to the Affidavit.~~ You must provide the other party with copies of the following:
  - A. Proof of your year to date income from all sources, including your two most recent pay stubs.
  - B. Complete copies of your federal income tax returns for the last three years with all schedules and attachments.
  - C. All W-2 and 1099 forms from all sources of income for the last three years.
  - D. If self-employed, a member of a partnership, or a shareholder of a closely held corporation, complete copies of the business federal income tax returns for the last three years with all schedule and attachments.

YES  NO I have provided the other party with copies of the documents described above. If no, explain your answer.

\_\_\_\_\_

**1. GENERAL INFORMATION:**

- A. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- B. Current Address: \_\_\_\_\_
- C. Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_
- D. Last date when you and the other party lived together: \_\_\_\_\_
- E. Full name(s) of child(ren) common to the parties (in this case), ~~their~~ date(s) of birth, and Social Security Number(s) (last 4 digits only):

Name	Date of Birth	<u>Last Four Digits of Social Security Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. The name, date of birth, relationship to you, and gross monthly income for each individual who lives in your household:

Name	Date of Birth	Relationship to you	Income
_____	_____	_____	_____
_____	_____	_____	_____

G. Any other person for whom you contribute support:

Name	Age	Relationship to You	Reside With You (Y/N)	Court Order to Support (Y/N)
_____	_____	_____	_____	_____

H. Attorney's Fees paid in this matter \$ \_\_\_\_\_. Source of funds \_\_\_\_\_

**2. EMPLOYMENT INFORMATION:**

A. Your job/occupation/profession/title: \_\_\_\_\_  
 Name and address of current employer: \_\_\_\_\_

Date employment began: \_\_\_\_\_  
 How often are you paid:  Weekly  Every other week  Monthly  Twice a month  
 Other \_\_\_\_\_

B. If you are not working, why not? \_\_\_\_\_

C. Previous employer name and address: \_\_\_\_\_

Previous job/occupation/profession/title: \_\_\_\_\_  
 Date previous job began: \_\_\_\_\_ Date previous job ended: \_\_\_\_\_  
 Reason you left job: \_\_\_\_\_  
 Gross monthly pay at previous job: \$ \_\_\_\_\_

D. Total gross income from last three (3) years' tax returns. (~~attach copies of pages 1 and 2 of your federal income tax returns for the last three (3) years~~):

Year 20 \$ \_\_\_\_\_ Year 20 \$ \_\_\_\_\_ Year 20 \$ \_\_\_\_\_

E. Your total gross income from January 1 of this year to the date of this Affidavit (year-to-date income): \$ \_\_\_\_\_

**3. YOUR EDUCATION/TRAINING:** List name of school, length of time there, year of last attendance, and degree earned:

- A. High School: \_\_\_\_\_
- B. College: \_\_\_\_\_
- C. Post-Graduate: \_\_\_\_\_
- D. Occupational Training: \_\_\_\_\_

**4. YOUR GROSS MONTHLY INCOME:**

- List **all** income you receive from **any** source, whether private or governmental, taxable or not.
- List all income payable to you individually and all non-wage income ~~or~~ payable jointly to you and your spouse.
- Use a monthly average for items that vary from month to month.
- Multiply weekly income ~~and deductions~~ by 4.33 to arrive at the monthly total. Multiply biweekly income by 2.165 to arrive at the ~~total amount for the~~ monthly total.

A. Gross salary/wages per month \$ \_\_\_\_\_

- **Attach copies of your two most recent pay stubs.**

Rate of **P** pay \$ \_\_\_\_\_ per  hour  week  month  year

- B. Expenses paid for by your employer:
    - 1. Automobile provision or allowance \$ \_\_\_\_\_
    - 2. Auto expenses, such as gas, repairs, insurance \$ \_\_\_\_\_
    - 3. Lodging \$ \_\_\_\_\_
    - 4. Other (~~E~~ explain) \_\_\_\_\_ \$ \_\_\_\_\_
  - C. Commissions/~~B~~ bonuses \$ \_\_\_\_\_
  - D. Tips \$ \_\_\_\_\_
  - E. Self-employment ~~I~~ income (~~S~~ see below) \$ \_\_\_\_\_
  - F. Social Security benefits \$ \_\_\_\_\_
  - G. Worker's compensation and/or disability income \$ \_\_\_\_\_
  - H. Unemployment compensation \$ \_\_\_\_\_
  - I. Gifts/~~P~~ prizes \$ \_\_\_\_\_
  - J. Payments from prior spouse \$ \_\_\_\_\_
  - K. Rental income (net after expenses) \$ \_\_\_\_\_
  - L. Contributions to household living expense by others \$ \_\_\_\_\_
  - M. Other (~~E~~ explain) : \_\_\_\_\_ \$ \_\_\_\_\_  
 (Include dividends, pensions, interest, trust income, annuities or royalties.)
- TOTAL:** \$ \_\_\_\_\_

**5. SELF-EMPLOYMENT INCOME (if applicable):**

~~If you are self-employed, attach a copy of the Schedule C for your business from your last tax return and the most recent income/expense statement from your business.~~

**If you are self-employed, a member of a partnership, or a shareholder of a closely held corporation, provide the following information:**

- Name, address and telephone no. of business: \_\_\_\_\_
- \_\_\_\_\_
- Type of business entity: \_\_\_\_\_
- State and ~~D~~ date of incorporation/formation: \_\_\_\_\_
- Nature of your interest: \_\_\_\_\_
- Nature of business: \_\_\_\_\_
- Percent ownership: \_\_\_\_\_
- Number of shares of stock: \_\_\_\_\_
- Total issued and outstanding shares: \_\_\_\_\_
- Gross sales/revenue last 12 months: \_\_\_\_\_

**INSTRUCTIONS**

Both parties must answer item 6 if either party asks for child support. These expenses include only those expenses for children who are common to the parties, which means one party is the birth/adoptive mother and the other is the birth/adoptive father of the children.

**6. SCHEDULE OF ALL MONTHLY EXPENSES FOR CHILDREN:**

- **DO NOT LIST** any expenses for the other party, or child(ren) who live(s) with the other party, **unless** you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (\*) next to the estimated amount.

**A. HEALTH INSURANCE:**

1. Total monthly cost \$ \_\_\_\_\_
2. Premium cost to insure you alone \$ \_\_\_\_\_
3. Premium cost to insure child(ren) common to the parties \$ \_\_\_\_\_
4. List all people covered by your insurance coverage:  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Name of insurance company and ~~P~~policy/~~G~~group ~~N~~number:  
 \_\_\_\_\_

**B. DENTAL/VISION INSURANCE**

1. Total monthly cost \$ \_\_\_\_\_
2. Premium cost to insure you alone \$ \_\_\_\_\_
3. Premium cost to insure child(ren) common to the parties \$ \_\_\_\_\_
4. List all people covered by your insurance coverage:  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Name of insurance company and ~~P~~ policy/~~G~~ group ~~N~~ number:  
 \_\_\_\_\_

**C. UNREIMBURSED MEDICAL AND DENTAL EXPENSES:**

(~~C~~ost to you after, or in addition to, any insurance reimbursement)

1. Drugs and medical supplies \$ \_\_\_\_\_
2. Other \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL:**

\$ \_\_\_\_\_

**D. CHILD CARE COSTS:**

1. Total monthly child care costs \$ \_\_\_\_\_

(~~D~~o not include amounts paid by D.E.S.)

2. Name(s) of child(ren) cared for and amount per child:  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

3. Name(s) and address(es) of child care provider(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

**E. EMPLOYER PRETAX PROGRAM:**

Do you participate in an employer program for pretax payment of child care expenses (Cafeteria Plan)? [ ] YES [ ] NO

**F. COURT ORDERED CHILD SUPPORT:**

1. Court ordered current child support for child(ren)

- not common to the parties** \$ \_\_\_\_\_
- 2. Amount of any arrears payment \$ \_\_\_\_\_
- 3. Amount per month actually paid in last 12 months. \$ \_\_\_\_\_
  - **Attach proof that you are paying**
- 4. Name(s) and relationship of minor child(ren) who you support or who live with you, but are **not** common to the parties: \_\_\_\_\_

**G. COURT ORDERED SPOUSAL MAINTENANCE/SUPPORT (Alimony):**

- 1. Court ordered spousal maintenance/support you actually pay to previous spouse: \$ \_\_\_\_\_

**H. EXTRAORDINARY EXPENSES:**

- 1. For **Children** (~~E~~ducational ~~E~~xpense/~~S~~pecial ~~N~~needs/~~O~~ther): \$ \_\_\_\_\_  
 Explain: \_\_\_\_\_
- 2. For **Self**: \$ \_\_\_\_\_  
 Explain: \_\_\_\_\_

**INSTRUCTIONS**

~~Both parties~~ You must answer items 7 and 8 if either party is requesting:

- Spousal maintenance
- Division of expenses
- Attorneys' fees and costs
- Adjustment or deviation from the child support amount
- Enforcement of prior orders

**7. SCHEDULE OF ALL MONTHLY EXPENSES:**

- Do NOT list any expenses for the other party, or children who live with the other party unless you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (\*) next to the estimated amount.

**A. HOUSING EXPENSES:**

- 1. House payment:
    - a. First ~~M~~mortgage \$ \_\_\_\_\_
    - b. Second ~~M~~mortgage \$ \_\_\_\_\_
    - c. Homeowners' ~~A~~ association ~~F~~fee \$ \_\_\_\_\_
    - d. Rent \$ \_\_\_\_\_
  - 2. Repair & upkeep \$ \_\_\_\_\_
  - 3. Yard work/~~P~~pool/~~P~~pest ~~C~~ontrol \$ \_\_\_\_\_
  - 4. Insurance & taxes not included in house payment \$ \_\_\_\_\_
  - 5. Other (~~E~~xplain) \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**B. UTILITIES:**

- 1. Water, sewer, and garbage \$ \_\_\_\_\_
  - 2. Electricity \$ \_\_\_\_\_
  - 3. Gas \$ \_\_\_\_\_
  - 4. Telephone \$ \_\_\_\_\_
  
  - 5. Mobile phone/pager \$ \_\_\_\_\_
  - 6. Internet Pprovider \$ \_\_\_\_\_
  - 7. Cable/Ssatellite television \$ \_\_\_\_\_
  - 8. Other (Eexplain:) \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**C. FOOD:**

- 1. Food, milk, and household supplies \$ \_\_\_\_\_
  - 2. School lunches \$ \_\_\_\_\_
  - 3. Meals outside home \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**D. CLOTHING:**

- 1. Clothing for you \$ \_\_\_\_\_
  - 2. Uniforms or special work clothes \$ \_\_\_\_\_
  - 3. Clothing for children living with you \$ \_\_\_\_\_
  - 4. Laundry and dry-cleaning \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**E. TRANSPORTATION OR AUTOMOBILE EXPENSES:**

- 1. Car insurance \$ \_\_\_\_\_
  
  - 2. List all cars and individuals covered:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - 3. Car payment, if any \$ \_\_\_\_\_
  - 4. Car repair and maintenance \$ \_\_\_\_\_
  - 5. Gas and oil \$ \_\_\_\_\_
  - 6. Bus fare/parking fees \$ \_\_\_\_\_
  - 7. Other (explain): \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**F. MISCELLANEOUS:**

- 1. School tuition \$ \_\_\_\_\_
- 2. School supplies \$ \_\_\_\_\_
- 3. School activities or fees \$ \_\_\_\_\_
- 4. Extracurricular activities of child(ren) \$ \_\_\_\_\_
- 5. Church/contributions \$ \_\_\_\_\_
- 6. Newspapers, magazines and books \$ \_\_\_\_\_
- 7. Barber and beauty shop \$ \_\_\_\_\_
- 8. Life insurance (beneficiary: \_\_\_\_\_) \$ \_\_\_\_\_
- 9. Disability insurance \$ \_\_\_\_\_

- 10. Recreation/entertainment \$ \_\_\_\_\_
  - 11. Child(ren)'s allowance(s) \$ \_\_\_\_\_
  - 12. Union/Professional dues \$ \_\_\_\_\_
  - 13. Voluntary retirement contributions and savings deductions \$ \_\_\_\_\_
  - 14. Family gifts \$ \_\_\_\_\_
  - 15. Pet Expenses \$ \_\_\_\_\_
  - 16. Cigarettes \$ \_\_\_\_\_
  - 17. Alcohol \$ \_\_\_\_\_
  - 18. Other (explain): \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**8. G. OUTSTANDING OTHER DEBTS AND ACCOUNTS:** List all debts and installment payments you currently owe that are but do not include items listed above. in Item 8-7 "Monthly Schedule of Expenses". Follow the format below. Use additional paper if necessary.

Creditor Name	Purpose of Debt	Unpaid Balance	<u>Minimum Monthly Payment</u>	Date of Your Last Payment	<u>Amount of Last Monthly Payment</u>
<u>TOTAL OF LAST MONTHLY PAYMENTS:</u>					\$ _____

**8. TOTAL OF ALL MONTHLY EXPENSES FROM ITEMS 6 & 7 ABOVE:** \_\_\_\_\_ \$ \_\_\_\_\_

FORM 3: CONFIDENTIAL SENSITIVE DATA FORM

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Daytime Phone Number: \_\_\_\_\_  
 Evening Phone Number: \_\_\_\_\_  
 Representing:  Self  Petitioner  Respondent  
 State Bar Number: \_\_\_\_\_

ARIZONA SUPERIOR COURT, COUNTY OF \_\_\_\_\_

\_\_\_\_\_ Case No. \_\_\_\_\_  
 Petitioner \_\_\_\_\_  
 \_\_\_\_\_ ATLAS No. \_\_\_\_\_

\_\_\_\_\_ CONFIDENTIAL SENSITIVE DATA FORM  
 Respondent \_\_\_\_\_

A. Personal Information:

Name	Date of Birth	Social Security Number
Petitioner: _____	_____	_____
Respondent: _____	_____	_____
Child: _____	_____	_____
Child: _____	_____	_____
Child: _____	_____	_____
Child: _____	_____	_____

B. Financial ~~A~~ account ~~N~~ numbers (including credit cards, financial institution accounts, investments, debts):

Financial Institution	Type of Account	Name(s) <del>of</del> <u>on</u> Account <del>O</del> wner	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Pension and ~~R~~ retirement ~~A~~ accounts (including IRA's, 401~~K~~ (k)'s):

Financial Institution	Type of Account	Name(s) <del>of</del> <u>on</u> Account <del>O</del> wner	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. Life ~~I~~ insurance ~~P~~ policies:

Insurance Company	Type of Policy	Name(s) <del>of</del> <u>on</u> Policy <del>O</del> wner	Policy #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FORM 4: PROPOSED DISSOLUTION RESOLUTION STATEMENT

Name: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
City, State, Zip Code: \_\_\_\_\_
Daytime Phone Number: \_\_\_\_\_
Evening Phone Number: \_\_\_\_\_
Representing: [ ] Self [ ] Petitioner [ ] Respondent
State Bar Number: \_\_\_\_\_

ARIZONA SUPERIOR COURT, COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Petitioner/~~Plaintiff~~

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

ATLAS No. \_\_\_\_\_

\_\_\_\_\_  
Respondent/~~Defendant~~

PROPOSED RESOLUTION STATEMENT  
OF:

[ ] HUSBAND

[ ] WIFE

Date of Marriage: \_\_\_\_\_

The undersigned party provides the following ~~specific~~ positions on each of the issues in this case. ~~(BE SPECIFIC.)~~

1. IV-D Case:

[ ] I receive or have received public assistance which may include AFDC, TANF, or AHCCCS for my child(ren) or me.

[ ] I have a case with the Division of Child Support Enforcement.

2. Custody: The parties have the following natural or adopted child(ren) in common. (If there are no minor or disabled child(ren) common to the parties, skip to paragraph 3)

Table with 3 columns: Child(ren)'s Name(s), Date(s) of Birth, Age(s). Includes four rows of blank lines for data entry.

The child(ren) should live primarily with [ ] Mother [ ] Father and have parenting time with [ ] Mother [ ] Father as follows (check all that apply):

[ ] Generally in accordance with \_\_\_\_\_ County Guidelines for reasonable parenting time.

[ ] Model Parenting Time Plans (describe plan) \_\_\_\_\_.

[ ] Every other weekend from \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.

[ ] One-half of the holidays on an alternating basis.

[ ] For \_\_\_\_\_ weeks in the summer from \_\_\_\_\_ to \_\_\_\_\_ (inclusive).

[ ] Spring Break from school.

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~This should be a  sole custody  joint custody arrangement.~~

~~Mother  Father  Both parents should make decisions about the child(ren), such as schools, doctors, etc.~~

~~Mother or  Father should have sole legal custody.~~

~~OR~~

~~Mother and Father should have joint legal custody.~~

3. Child Support: ~~(If there are no minor or disabled children common to the parties and were no minor or disabled children from the date the parties separated, skip to paragraph 5.) My position on the~~ The financial factors necessary to calculate child support under the statewide child support guidelines Arizona Child Support Guidelines ~~is are~~ as follows (complete in full): ~~(If there are no minor or disabled children common to the parties and were no minor or disabled children from the date the parties separated, skip to paragraph 5.)~~

Father's Gross Monthly Income: \$ \_\_\_\_\_

Mother's Gross Monthly Income: \$ \_\_\_\_\_

Father has \_\_\_ other child(ren) not listed above whom he is supporting who live(s) in his household.

Father has \_\_\_ other child(ren) not listed above for whom he pays court-ordered child support in the amount of \$\_\_\_\_\_ per month.

Mother has \_\_\_ other child(ren) not listed above whom she is supporting live(s) in her household.

Mother has \_\_\_ other child(ren) not listed above for whom she pays court-ordered child support in the amount of \$\_\_\_\_\_ per month.

Medical/~~D~~dental/~~V~~ision ~~I~~nsurance should be paid by  Mother  Father. ~~What if one parent is paying medical and the other dental? The m~~ Monthly cost for the child(ren) in this case is \$ \_\_\_\_\_

~~Dental insurance should be paid by  Mother  Father. Monthly cost for the child(ren) in this case is \$ \_\_\_\_\_~~

~~Vision insurance should be paid by  Mother  Father. Monthly cost for the child(ren) in this case is \$ \_\_\_\_\_~~

Monthly ~~C~~child ~~C~~are ~~C~~osts for \_\_\_ child(ren) in this case ~~is are~~ \$ \_\_\_\_\_.

Extra ~~E~~ducation ~~E~~xpenses or ~~E~~xtraordinary ~~C~~child ~~A~~adjustments - I believe the court should add the following to the child support calculation (leave blank if none claimed):

Description <u>of expense</u>	Monthly Amount
_____	_____
_____	_____

Uninsured ~~M~~medical/~~D~~dental/~~V~~ision ~~E~~xpenses should be paid:

Pro rata based upon each party's income, as provided in the gGuidelines; or

Other: \_\_\_\_\_ % paid d by Father and \_\_\_\_\_ % paid by Mother.

Tax ~~E~~xemptions for the child(ren) should be divided:

Pro rata based upon each party's income, as provided in the gGuidelines; or

Other: \_\_\_\_\_

4. Past \$ support should be paid by  Mother  Father for the period of \_\_\_\_\_ through \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.

5. Spousal Maintenance: My position on spousal maintenance is:  
 No spousal maintenance need be paid by either me or my spouse.  
 I should pay my spouse \$ \_\_\_\_\_ per month for \_\_\_\_\_ months.  
 I should receive from my spouse \$ \_\_\_\_\_ per month for \_\_\_\_\_ months.  
 ~~I pay spousal maintenance ordered for another marriage.~~

6. Separate Property: I believe the following property is my sole and separate property (describe):  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Community Liens on Separate Property: I believe I have a community interest in the following sole and separate property of my spouse:  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Community Property. I want to divide all of the community property (except tangible personal property) as follows:

Directions:

Column 1: List short description of each item or real and personal property.

Column 2: List your estimate of the fair market value of each item of property. List the loan or encumbrance amount(s) on the line directly below its value.

Column 3: List the amount of net value of each item you propose for Husband.

Column 4: List the amount of net value of each item you propose for Wife.

1. <del>Real Property</del> Property Description	2. Fair Market Value ( <del>Less minus</del> Encumbrances)	3. Proposed for Husband	4. Proposed for Wife
<u>Real Property</u>	\$	\$	\$
Personal Property <del>Property Description</del> (e.g. stocks, bonds, life insurance, etc.)			



Each of us should pay the following debts and amounts:

Amount To Be Paid By Husband	Amount To Be Paid By Wife	Creditor	Total Amount
\$	\$		\$
\$	\$		\$
\$	\$		\$
\$	\$		\$
\$	\$		\$

11. Attorney's Fees: If the case is settled today, I want the court to order (choose one):

- Each of us is to pay his/her own attorney's fees and costs.
- My spouse should pay \$ \_\_\_\_\_ of my attorney's fees and costs within \_\_\_\_ days.
- I should pay \$ \_\_\_\_\_ to my spouse for attorney's fees and costs within \_\_\_\_ days.

12. Name Change: I want ~~to be restored to~~ my ~~former~~ name changed to of (~~List full name you want restored~~):

\_\_\_\_\_

13. Other Issues: Briefly state the other issues that you believe must be resolved to fully settle this case:

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

14. Settlement: I understand that I am required to personally meet and confer with the opposing party and their counsel at least five court days before my court date to resolve as many issues as possible unless there is a current court order prohibiting contact or a significant history of domestic violence between us. I verify that the above statements are true ~~upon~~ based on my best information and belief, and I am willing to settle and resolve this case based upon ~~the information~~ my positions as provided above. I will be prepared to show documentation to support my positions at the time of the conference or hearing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of  Husband  Wife  
 Attorney for  Husband  Wife

FORM 5: PROPOSED PATERNITY RESOLUTION STATEMENT

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Daytime Phone Number: \_\_\_\_\_  
 Evening Phone Number: \_\_\_\_\_  
 Representing:  Self  Petitioner  Respondent  
 State Bar Number: \_\_\_\_\_

ARIZONA SUPERIOR COURT, COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
 Petitioner/~~Plaintiff~~

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

\_\_\_\_\_  
 Respondent/~~Defendant~~

ATLAS No. \_\_\_\_\_

PROPOSED PATERNITY RESOLUTION  
 STATEMENT OF:

FATHER

MOTHER

The undersigned party provides the following **specific** positions on each of the issues in this case (~~BE SPECIFIC~~):

- IV-D Case:  
 I receive or have received public assistance that may include AFDC, TANF, or AHCCCS for my children or me.  
 I have a case with the Division of Child Support Enforcement.

- Custody: The other parent and I have the following natural or adopted children in common:

Child(ren)'s Name(s)	Date(s) of Birth	Age(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

~~I want the child[ren] to~~ The child(ren) should live primarily with  Mother  Father and have parenting time with  Mother  Father as follows (check all that apply):

- In accordance with \_\_\_\_\_ County Guidelines for reasonable parenting time.  
 Model Parenting Time Plans (describe plan)  
 Every other weekend from: \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.  
 One-half of the holidays on an alternating basis.  
 For \_\_\_ weeks in the summer from \_\_\_\_\_ to \_\_\_\_\_ (inclusive).  
 Spring Break from school.  
 Other: \_\_\_\_\_

~~Mother  Father  Both parents should make the decisions about the child(ren), such as schools, doctors, etc.~~

~~This should be a  sole custody  joint custody arrangement.~~

Mother or  Father should have sole legal custody,

OR

Mother and Father should have joint legal custody.

3. Child Support: ~~My position on~~ The financial factors necessary to calculate child support under the ~~statewide child support guidelines~~ Arizona Child Support Guidelines ~~is are~~ as follows (complete in full):

Father's ~~G~~ gross ~~M~~ monthly ~~I~~ income: \$ \_\_\_\_\_

Mother's ~~G~~ gross ~~M~~ monthly ~~I~~ income: \$ \_\_\_\_\_

Father has \_\_\_ other child(ren) not listed above who live(s) in his household.

Father has \_\_\_ other child(ren) not listed above for whom he pays court-ordered child support in the amount of \$ \_\_\_\_\_ per month.

Mother has \_\_\_ other child(ren) not listed above who live(s) in her household.

Mother has \_\_\_ other child(ren) not listed above for whom she pays court-ordered child support in the amount of \$ \_\_\_\_\_ per month.

Medical ~~I~~nsurance should be paid by  Mother  Father. ~~The m~~ Monthly cost for the child(ren) is \$ \_\_\_\_\_.

Dental insurance should be paid by  Mother  Father. Monthly cost for the child(ren) is \$ \_\_\_\_\_.

Vision insurance should be paid by  Mother  Father. Monthly cost for the child(ren) is \$ \_\_\_\_\_.

Monthly ~~C~~hild ~~C~~are ~~C~~osts for \_\_\_ child[ren] is \$ \_\_\_\_\_.

Extra ~~E~~ducation ~~E~~xpenses or ~~E~~xtraordinary ~~C~~hild ~~A~~adjustments: I believe the court should add the following to the child support calculation (leave blank if none claimed):

Description <u>of expense</u>	Monthly Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Uninsured ~~M~~edical/dental/vision ~~E~~xpenses should be paid:

Pro rata based upon each party's income as provided in the guidelines; or

Other: \_\_\_\_\_% paid by Father and \_\_\_\_\_% paid by Mother.

Tax Exemptions for the child(ren) should be divided (check one):

Pro rata based upon each party's income as provided in the guidelines; or

Other: \_\_\_\_\_

Past ~~S~~upport should be paid by  Mother  Father for the period of \_\_\_\_\_ through \_\_\_\_\_ in the amount of \$\_\_\_\_\_.

Direct payments for support have been  received by me  paid by me for the period of \_\_\_\_\_ through \_\_\_\_\_ in the amount of \$\_\_\_\_\_.

Past **M**edical **E**xpenses have been incurred by me (and not reimbursed by insurance) for the period of \_\_\_\_\_ through \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ and the other parent should be ordered to reimburse me for \_\_\_\_\_% of those expenses.

Expenses for pregnancy, childbirth, and genetic testing have been incurred by me (and not reimbursed by insurance) in the amount of \$ \_\_\_\_\_ and the other parent should be ordered to reimburse me for \_\_\_\_\_% of those expenses.

4. Attorneys' Fees: If the case is settled today, I want the court to order (choose one):

Each party to pay his or her own attorneys' fees and costs.

Mother to pay \$ \_\_\_\_\_ of my attorneys' fees and costs within \_\_\_\_ days.

Father to pay \$ \_\_\_\_\_ to other party for attorneys' fees and costs within \_\_\_\_ days.

5. Name Change: I want the child(ren)'s name(s) to be changed as follows:

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

6. Other Issues: Briefly state the other issues that you believe must be resolved to fully settle this case:

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

7. Settlement: **I understand that I am required to personally meet and confer with the opposing party and their counsel at least five court days before my court date to resolve as many issues as possible unless there is a current court order prohibiting contact or a significant history of domestic violence between us.** I verify that the above statements are true ~~upon~~ **based on** my best information and belief, and I am willing to settle and resolve this case based upon ~~the information~~ **my positions as** provided above. I will be prepared to show documentation to support my positions at the time of the conference or hearing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of  Mother  Father

FORM 6: JOINT ALTERNATIVE DISPUTE RESOLUTION STATEMENT TO THE COURT

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_  
Evening Phone Number: \_\_\_\_\_  
Representing: [ ] Self [ ] Petitioner [ ] Respondent  
State Bar Number: \_\_\_\_\_

ARIZONA SUPERIOR COURT, COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Petitioner/~~Plaintiff~~

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

ATLAS No. \_\_\_\_\_

\_\_\_\_\_  
Respondent/~~Defendant~~

JOINT ALTERNATIVE DISPUTE  
RESOLUTION STATEMENT TO THE  
COURT

Pursuant to Rule 66, ~~the Arizona Rules of Family Law Procedure~~, we hereby state the following, under penalty of perjury:

1. [ ] The parties agree to participate in ~~the following~~ Alternative Dispute Resolution (ADR) ~~process~~ and ~~have selected the following ADR process:~~  
  - ~~a. have selected the following ADR process:~~
    - [ ] Arbitration
    - [ ] Mediation
    - [ ] Settlement Conference
    - [ ] Other: \_\_\_\_\_
  - ~~b.a.~~ [ ] The parties will use a private provider OR
  - [ ] The parties request a program provided through the court.
  - ~~e.b.~~ The person or company providing the ADR service is: \_\_\_\_\_
  - ~~d.c.~~ The parties expect to complete the ADR process by \_\_\_\_\_, \_\_\_\_\_.
2. [ ] The parties have been unable to agree on an ADR process.
  - a. [ ] The [ ] Petitioner [ ] Respondent believe(s) that the following ADR process would be appropriate: \_\_\_\_\_
  - b. [ ] The [ ] Petitioner [ ] Respondent request(s) a conference to discuss ADR.
  - c. [ ] The [ ] Petitioner [ ] Respondent believe(s) that an ADR process would not be appropriate for the following reason: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Respondent

FORM 7: UNIFORM FAMILY LAW INTERROGATORIES  
UNIFORM FAMILY LAW INTERROGATORIES

**BACKGROUND AND PERSONAL HISTORY**

1. NAME AND CONTACT INFORMATION

State your full name, current residence, telephone number, social security number, and date of birth; any names by which you have been known in the past; and, for any other person residing in your household, the full name, current residence, telephone number, social security number, date of birth, and any names by which that person has been known in the past.

2. EDUCATION AND TRAINING

Please provide the extent of your education, course of study, degrees obtained, and when obtained.

3. EMPLOYMENT

- a. State the name and address of each employer you have had during the last 3 years, and list your job title at each such employment. If you have been self-employed at any time during those 3 years, so state and give months and years.
- b. State the gross monthly income from each employer or source of income named in paragraph a.
- c. State the monthly net take home from your current employment.
- d. Have you engaged in any part-time employment in addition to your regular occupation within the past 3 years? (Y/N) \_\_\_\_\_. If ~~so~~ yes, please state whether you are still engaged in this part-time employment and state your monthly income from this employment.
- e. Have you received overtime pay, commissions or bonuses within the last 3 years? (Y/N) \_\_\_\_\_. If yes, please state below the monthly gross amount you have earned from overtime pay and the dollar amount of each commission and/or bonus received.
- f. Attach your 6 most recent payroll stubs and your contract of employment.

4. DEFERRED COMPENSATION AND RETIREMENT BENEFITS

Are you or have you ever been a participant in a retirement plan (such as a pension, deferred compensation, profit-sharing, stock, investment, thrift savings, § 401(K), OR military retirement plan), hereinafter referred to as “plan” or are you receiving or have you ever received disability pay? (Y/N) \_\_\_\_\_. If yes:

- a. Describe the nature of each plan.
- b. Indicate whether each plan is qualified with the IRS.
- c. State the name of the plan and the name and address of the trustee and the plan administrator.

- d. State the date you began the employment that permitted you to participate in the plan and the number of years and months in which you have participated and are entitled to credit.
- e. State the value of your interest as of the last valuation date and state that date.
- f. Attach a copy of your current plan and your most recent plan statement.
- g. State whether there is a survivor benefit available on the plan. If ~~so~~ yes, state who is named the survivor of the plan.

5. HEALTH INSURANCE

a. Do you have health insurance through your present employer? (Y/N) \_\_\_\_\_. If ~~so~~ yes, indicate what conversion benefits are available to your spouse at the time of the dissolution of marriage, and indicate the persons presently covered and the cost for dependent coverage, if any. ~~Attach a copy of your current health plan.~~

a. Attach a copy of your current health plan.

b. Provide documentation from your employer that sets forth the following:

- 1. Cost to insure yourself only, if there is a cost;
- 2. Cost to insure your spouse; and
- 3. Cost to insure your child(ren) ~~or children~~.

6. OTHER INCOME

Do you have any sources of income other than as described in Interrogatory No. 3? (Y/N) \_\_\_\_\_. If ~~so~~ yes, state each source of income and the amount received from each source in this year and in each of the last 3 calendar years. Attach a copy of each document showing each additional source of income.

7. LIFE INSURANCE

Do you presently own or have an interest in any life insurance or annuity policy? (Y/N) \_\_\_\_\_. If ~~so~~ yes, for each policy, please state:

- a. The name and address of the insurance company.
- b. The type of policy, i.e., term, straight life, universal, whole life, tax deferred annuity or other.
- c. Whether that insurance is connected with your employment.
- d. The amount and date of ~~each~~ any loan(s) taken on the policy.
- e. The present cash surrender value of the policy, if any.
- f. Cost to you, if any, on an annual basis.

- g. The name of each beneficiary.
- h. Attach a copy of each insurance policy.
- i. Attach a copy of any beneficiary designation change made by you within the last 12 months.

8. EMPLOYMENT BENEFITS

~~Do you receive or do you expect to receive or~~ In the past calendar year have you received, ~~in the past calendar year or do you expect to receive~~, any employment related benefits, such as a vehicle or vehicle allowance, stock options, pension or profit-sharing payments, vacation pay or expense account payments or reimbursements? (Y/N) \_\_\_\_\_. If ~~so~~ yes, specify the benefits you ~~receive, or~~ received or expect to receive.

9. CHILD CUSTODY

- a. Do you believe that you and your spouse can reach an agreement concerning custody and parenting time without the intervention of the court or conciliation services? (Y/N) \_\_\_\_\_.
- b. How do you want to share parenting time between parents?
  - 1. How do you want to divide the week?
  - 2. How do you want to divide holidays?
  - 3. How do you want to divide summer or other school recesses?
- c. How do you propose making the following decisions regarding your child(ren)?
  - 1. Physical/ ~~M~~medical matters.
  - 2. Psychological/ ~~P~~psychiatric matters.
  - 3. Legal matters.
  - 4. Religious matters.
  - 5. Educational matters.
  - 6. Activities and/or sports.
- d. Is there a child of the marital relationship with special needs, disabilities, psychological, psychiatric or other developmental handicaps? (Y/N) \_\_\_\_\_. If yes, state:
  - 1. What are the child's special needs?
  - 2. What are the extraordinary expenses associated with caring for this child?
  - 3. Is this child over the age of 18?

- e. What, if any, concerns do you have about the other parent's parenting skills?
- f. For each answer you provided above, list each and every fact supporting your position.

10. CHILD PROTECTIVE SERVICES

Have you or has any person residing in your household ever been investigated by any agency in any state for any reason related to abuse or neglect of children? (Y/N) \_\_\_\_\_. If yes, ~~identify the following state:~~

- a. State and agency investigating;
- b. Date of investigation;
- c. Reason for investigation; and
- d. Outcome/findings.

11. PERSONAL LIMITATIONS

Do you have any mental or physical limitations that would affect your ability to care for your minor ~~child~~/child(ren)? (Y/N) \_\_\_\_\_. If yes, identify the limitations in detail.

12. DRIVING HISTORY

a. Has any jurisdiction ever revoked or suspended your driver's license or placed you on probation? If yes, ~~please explain and give information regarding the following state:~~

- 1. Jurisdiction;
- 2. Approximate date(s); and
- 3. The reason for the revocation, suspension, or probation.

b. Have you had any moving violations in the last 3 years? (Y/N) \_\_\_\_\_. If yes, ~~identify the following state:~~

- 1. Jurisdiction;
- 2. Approximate date(s); and
- 3. Nature of the M-moving violations.

13. EMPLOYMENT HISTORY

Have you ever been the subject of disciplinary complaints at any place of employment? If yes, ~~discuss the situation~~ provide explanation and details.

14. CRIMINAL HISTORY

Have you or has any person residing in your household ever been investigated or arrested for any criminal behavior? (Y/N) \_\_\_\_\_. If yes, ~~identify the following state:~~

a. The individual.

b.a. Jurisdiction. Name and location of investigating and/or arresting agency.

c.b. Approximate date. and

d.e. The alleged criminal behavior.

e. Disposition.

15. DOMESTIC VIOLENCE

a. Have you, your spouse, or any person residing in your household been investigated, arrested or a party to any litigation, in any court of this state or any other state in the United States, which relates to domestic violence? (Y/N) \_\_\_\_\_. If yes, state:

i. The individual.

ii. Name and location of investigating and/or arresting agency.

iii. Name and location of the court where the action was filed.

iv. Nature of the complaint.

v. Disposition.

vi. Expiration date of any resultant order.

~~b. If so, please provide the location of the court where the action was filed; the nature of the complaint; the disposition thereof; and the expiration date of any resultant order.~~

~~b.e.~~ Have you, your spouse, or any person residing in your household been subject to an order of any court of this state or any other state in the United States which limits or prohibits conduct or actions because of violence or physical abuse? (Y/N) \_\_\_\_\_. If yes, provide details regarding the order, including specific dates, names of the person subject to such order, other person(s) involved and any conditions, limitations or prohibitions contained in the order.

~~c.d.~~ Have there ever been allegations of child abuse, neglect, abandonment or incorrigibility filed against you, your spouse, or any person residing in your household through child protective services or a similar agency, by any law enforcement agency or by any juvenile courts in any state of the United States? (Y/N) \_\_\_\_\_. If yes, provide details regarding the nature and disposition of said allegations or investigations, including specific dates, names of investigators and other person(s) involved.

~~e.~~ Please provide sufficient details regarding disposition of said allegations or investigation, including specific dates, names of investigators and other persons involved.

~~f.~~ Have you, your spouse, or any person residing in your household ever been arrested or investigated by a law enforcement agency regarding domestic violence? If so, state when, where, by what agency and the nature of the investigation.

16. RESIDENCE AND REAL ESTATE

Please complete the attached Real Estate Chart for each piece of real estate in which you have an interest.

17. SOLE AND SEPARATE PROPERTY

Do you own any property that you believe is your sole and separate property? (Y/N) \_\_\_\_\_. If yes: ~~please:~~

- a. Describe the property;
- b. State the present location of the property;
- c. State the value of your interest in the property on the date of marriage;
- d. State the facts that support your belief that it is sole and separate property; and
- e. Identify and attach every document in your custody, possession or control which supports your claim that the property is separate property.
- f. ~~State whether you h~~ Have you used any community funds to improve, protect, pay for or maintain the separate property? (Y/N) \_\_\_\_\_. ~~If so~~ yes, identify dates, source and amounts of funds expended and identify and attach any documents that show the expenditures.

18. FINANCIAL INSTITUTIONS

- a. If you have had funds on deposit in any financial institution ~~account~~ and/or if you have owned any securities this year or within the past 3 years, ~~please~~ complete the attached Financial Institution Accounts and Securities Charts.

b. Do you have any money on deposit in any account, in any name other than your own? (Y/N) \_\_\_\_\_. If ~~so~~ yes, for each account, ~~please~~ state:

1. Where the account is maintained. ~~and~~
2. The name under which the account is maintained.
3. The account number.

c. Within the past 12 months, have you transferred any assets to a third party or parties or institution, to be held for your benefit? (Y/N) \_\_\_\_\_. If ~~so~~ yes, for each account, ~~please~~ state

1. Where the account is maintained. ~~and~~
2. The name under which the account is maintained.
3. The account number.

d. Attach the financial institution statements and a copy of each check register for each account in which you have or had funds or to which you have transferred funds to be held for your benefit for the past 12 months.

e. Attach any statements showing any securities you own or have owned for the past 12 months.

19. SAFE DEPOSIT BOXES

~~a.~~ Within the last 3 years, have you had access to any safe deposit box, safe or vault or other place of safekeeping (hereinafter "depository")?(Y/N) \_\_\_\_\_. If ~~so~~ yes, for each depository, ~~please~~ state:

- ~~a.~~ † The name of the financial institution or branch or other location where the depository is located.
- b. State whether each depository is open or closed as of the date of your answers to these interrogatories.
- c. List present contents of each depository and identify any items removed within the last 3 years.

20. BUSINESS ENTITIES: CORPORATIONS, PARTNERSHIPS, AND SOLE PROPRIETORSHIPS

- a. Identify every business entity (hereinafter "business") in which you have any interest, whether equitable or legal, and identify the type of business (corporation, general partnership, limited partnership, joint venture, sole proprietorship).
- b. With respect to each business listed, describe the type of records maintained in the last 5 years; e.g., general ledger, general journal, cash disbursements journal, etc.
- c. Indicate the name, address, telephone number, and employee title of each individual or business that has possession, custody or control of the records above described.

- d. Provide the name, address and telephone number of each individual or business that has possession, custody or control of the tax returns for each business listed for the last 3 years.
- e. Provide the current "net worth" of each business listed and the date that "net worth" was derived. "Net worth" means total assets minus total liabilities. If you have an opinion, please provide the fair market value of the business as of this date.
- f. With respect to each business listed, indicate your and your spouse's interest in the business and the name and address of every other person or entity(ies) having an interest in any such business you have listed.
- g. Attach a copy of the most recent federal income tax return ~~filed~~ for each business listed, with all relevant schedules.

21. LAW SUITS

During the last 3 years have either you or your spouse suffered an injury for which you believe you may receive compensation or have you been a party to any lawsuit? (Y/N) \_\_\_\_\_. If ~~so~~ yes, ~~please~~ give details below.

22. TAX RETURNS

Did you file federal and state income tax returns for the last 5 tax years? (Y/N) \_\_\_\_\_. If ~~so~~ yes, ~~state~~ as to each tax year state:

- a. Whether it was a joint or separate return.
- b. Who currently has a copy of that return~~?~~.
- c. Who prepared the return~~?~~.
- d. Attach a copy of your 5 most recent personal federal and state income tax returns with all relevant schedules, including all W-2 forms and 1099 forms.

23. FINANCIAL STATEMENTS

Has any financial statement, loan application, and/or credit application been prepared for you or by you or for any business entity listed in your answer to Interrogatory No. 20 within the past 3 years? (Y/N) \_\_\_\_\_. If ~~so~~ yes, ~~please~~ state:

- a. The name and address of each person, firm, corporation, partnership, mercantile or trade agency, or other organization to whom they were ~~issued~~ submitted.
- b. The date of each and every financial statement(s), loan application(s) and/or credit application(s).
- c. Attach a copy of each financial statement or application.

24. ATTORNEYS' FEES AND COSTS

State the terms and conditions of the employment of your attorney in this case, including the hourly rate or other basis for fees. Give full details of any agreement or understanding between you and your attorney in this case concerning fees and expenses, including information and specific amounts of any payments made to your attorney, the method of payment(s) and the source of the payment(s) in connection with this case. Attach the retainer agreement memorializing the employment of your attorney.

25. WITNESSES AND EXHIBITS

a. Do you intend to offer any documents into evidence at the time of hearing/trial of this case ~~any documents~~? (Y/N) \_\_\_\_\_. If yes, ~~please~~ state ~~in complete detail~~:

1. The description, subject matter, form, name and number of each and every document;
2. The relevancy, in your opinion, of each and every document to the issues before the court.

b. Unless already disclosed pursuant to Rule ~~53 or 85~~ 49 or 91 of these rules, list each witness you intend to call at the hearing/trial ~~of this case~~, and as to each such person:

1. State that person's name, address, telephone number and the relevance of the expected testimony to the case;
2. Give the nature and substance of each such person's expected testimony.

c. Have you employed or do you intend to employ any expert witness for purposes of supporting any of your allegations in this litigation and/or for purposes of testifying at the trial of this action? (Y/N) \_\_\_\_\_. If ~~so~~ yes, unless already disclosed pursuant to Rule ~~53 or 85~~ 49 or 91 of these rules, ~~please~~ state, for each such ~~technician or~~ expert, ~~the following~~:

1. The expert's name, or other means of identification, last known complete address and telephone number;
2. The expert's profession, job title, or occupation and the field in which that person is an expert;
3. Whether you intend to call the expert as a witness during the hearing/trial of this action;
4. At what address the expert is presently employed;
5. Attach a copy of each expert's resume or curriculum vitae.

6. Attach a copy of any reports prepared by each expert.

26. ~~SPOUSAL~~-AFFIDAVITS AND INVENTORY~~IES~~

a. If there are minor children common to the parties and/or if either party is asking for spousal maintenance, attorney's fees or costs, or for temporary orders to exclude a party from a residence, to divide community property or to order payment of debt, expenses or attorney's fees, ~~please~~ complete and attach Form 2, ~~Child Support~~ Affidavit of Financial Information.

~~If either party is asking for spousal maintenance, attorneys' fees or costs, or for temporary orders to exclude a party from a residence, to divide community property or to order payment of debt, expenses or attorneys' fees, please complete Form 3 (Comprehensive Affidavit).~~

b. ~~Please e~~ Complete the attached List of Personal Property ~~inventory of securities and personal property~~, including vehicles, and other personal property having a value greater than \$100.00, owned by you.

**REAL ESTATE CHART**

Please complete the following real estate chart for each parcel of real property in which you or your spouse claims an interest:

<b>Property No. 1 (address)</b>
Legal Description
Type of Property
Date Acquired
Purchase Price
Down Payment
Original Loan Amount
Present Payoff
Additional Liens or loans
Date incurred
Original amount
Current Balance
Purpose of loan
How title is held
Your opinion of current Market Value

<b>Property No. 2 (address)</b>
Legal Description
Type of Property
Date Acquired
Purchase Price
Down Payment
Original Loan Amount
Present Payoff
Additional Liens or loans
Date incurred
Original amount
Current Balance
Purpose of loan
How title is held
Your opinion of current Market Value

<b>Property No. 3 (address)</b>
Legal Description
Type of Property
Date Acquired
Purchase Price
Down Payment
Original Loan Amount
Present Payoff
Additional Liens or loans
Date incurred

Original amount
Current Balance
Purpose of loan
How title is held
Your opinion of current Market Value

<b>Property No. 4 (address)</b>
Legal Description
Type of Property
Date Acquired
Purchase Price
Down Payment
Original Loan Amount
Present Payoff
Additional Liens or loans
Date incurred
Original amount
Current Balance
Purpose of loan
How title is held
Your opinion of current Market Value

**FINANCIAL INSTITUTION ACCOUNT CHART**

<b>Financial institution Name &amp; Address</b>	<b><u>Account No./</u> Name(s) in which account is held</b>	<b>Date opened</b>	<b>Who can sign on account</b>	<b>Balance as of most recent statement</b>

**SECURITIES CHART**

<b>Describe Security</b>	<b>Date Acquired</b>	<b>Purchase Price</b>	<b>Present Value</b>



FORM 8: CONSENT DECREE OF DISSOLUTION OF MARRIAGE (DIVORCE) WITH CHILDREN

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_  
Evening Phone Number: \_\_\_\_\_  
Representing: [ ] Self [ ] Petitioner [ ] Respondent  
State Bar Number: \_\_\_\_\_

ARIZONA SUPERIOR COURT, COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Petitioner/~~Plaintiff~~

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

ATLAS No. \_\_\_\_\_

\_\_\_\_\_  
Respondent/~~Defendant~~

CONSENT DECREE OF DISSOLUTION OF MARRIAGE (DIVORCE) WITH CHILDREN

**THE COURT FINDS:**

1. This case has come before this court for a final Decree of Dissolution of Marriage. The court has taken all testimony needed to enter a Decree, or the court has determined testimony is not needed to enter the Decree.
2. This court has jurisdiction over the parties under the law, the provisions of this Decree are fair and reasonable under the circumstances and in the best interests of the minor child(ren) as to custody, parenting time (visitation) and support, and the division of property and debt is fair and equitable.

**THE COURT FURTHER FINDS THAT:**

3. **90 Day Requirement.** At the time this action was filed, the Petitioner or the Respondent had lived in Arizona for more than 90 days, or had lived in Arizona while a member of the United States Armed Forces for more than 90 days.
4. **Conciliation Court.** The provisions relating to the Conciliation Court either do not apply or have been met.
5. **Irretrievably Broken.** The marriage is irretrievably broken. This marriage is not a covenant marriage.
6. **Custody, Support, Spousal Maintenance/Support, Division of Property and Debt.** Where it has the legal power and where it is applicable to the facts of this case, this court has considered, approved, and made orders relating to issues of child custody, parenting time (visitation), child support, spousal maintenance/support (alimony), and the division of property and/or debts.

7. **Protective Orders.** Following is the effect, if any, of this Consent Decree on any existing protective orders: \_\_\_\_\_.

8. **Community Property and Debt.** (Select one.)

- The parties did not acquire any community property or debt during the marriage, **OR**
- The parties have agreed to a division of community property and/or debt as evidenced by their signatures on “Exhibit A” attached to and incorporated into this Decree.

9. **Pregnancy.** (Select one.)

- Wife is not pregnant, **OR**
- Wife is pregnant, and the husband  IS **OR**  IS NOT the father of the child.

10. **Spousal Maintenance/Support.** (Select one.)

- A party is entitled to an award of Spousal Maintenance/Support for the reason that  Petitioner, **OR**  Respondent lacks enough property, including property given to him or her as part of this divorce, to provide for his or her reasonable needs, and is unable to support himself or herself through an appropriate job, or he or she is providing the primary care to a child(ren) of young age or is of a condition that they should not be required to look for work outside the home, or lacks earning ability necessary to support himself or herself, or contributed significantly to the educational opportunities of the other spouse, or had a marriage that lasted a long time and is of an age that may severely limit the possibility of getting a job to support himself or herself, **OR**
- Neither party is entitled to an award of Spousal Maintenance/Support.

**If spousal maintenance is to be awarded, the parties further agree: (Select one.)**

- Spousal maintenance award shall be modifiable in accordance with Arizona law, **OR**
- The parties acknowledge that the circumstances of their futures are unknown, but each desires that this maintenance award, so awarded by their agreement, not be modifiable in the future for any reason. Therefore, it is at this time ordered that this spousal maintenance award shall NOT be modifiable for any reason.

11. **Parent Information Program.**

- a.  Petitioner has attended the Parent Information Program class as evidenced by the “Certificate of Completion” in the court file. **OR**
- Petitioner has not attended the Parent Information Program class and  shall be denied any requested relief to enforce or modify the provisions of this decree which address custody or parenting time until Petitioner has completed the class.
- b.  Respondent has attended the Parent Information Program class as evidenced by the “Certificate of Completion” in the court file. **OR**
- Respondent has not attended the Parent Information Program class and  shall be denied any requested relief to enforce or modify the provisions of this decree

which address custody or parenting time until Respondent has completed the class.

12. **Child Support. (Select any that apply.)**

a. Child support has been determined in accordance with the Arizona Child Support Guidelines. **OR**

b. Application of the Arizona Child Support Guidelines in this case is inappropriate or unjust. The Court has considered the best interests of the child(ren) in determining that a deviation is appropriate and makes the following findings:

The child support amount before deviation is \$ \_\_\_\_\_

The child support amount after deviation is: \$ \_\_\_\_\_

The Court finds the guidelines amount is inappropriate or unjust because: \_\_\_\_\_

Attached written agreement incorporated AND

All parties have signed the agreement free of duress and coercion.

Other: \_\_\_\_\_

c. Physical Custody Adjustment, Court Approved Discretionary Parenting Time Adjustment or other Adjustments. (The court must make written findings if any of these adjustments are made.) : \_\_\_\_\_

d. Ability to Pay. The Court finds that the person responsible for paying child support has the ability to pay child support:

In the amount entered on Line 34 of the Worksheet of \$ \_\_\_\_\_ OR

In an adjusted amount calculated using the self-support reserve on the Parent's Worksheet for Child Support Amount of \$ \_\_\_\_\_.

13. **Custody of Minor Child(ren). (Select any that apply.)**

a. Joint Custody. If joint custody is awarded the court makes the following findings: The custody order or agreement is in the best interests of the child(ren) for the following reasons: (List the reasons.) \_\_\_\_\_

Domestic Violence.

Domestic violence has not occurred during this marriage, **OR**

Domestic violence has occurred, but the domestic violence has not been significant. Explain why joint custody is in the best interest of the child(ren) even though domestic violence has occurred: \_\_\_\_\_

b. Supervised or No Parenting Time. (Check and complete only if supervised visitation or no visitation is ordered.)

Supervised Parenting Time between the children and  Petitioner **OR**  Respondent, is in the best interests of the child(ren), for the following reasons: (Explain the reasons) OR

\_\_\_\_\_

No Parenting Time by  Petitioner **OR**  Respondent, is in the best interests of the child(ren), for the following reasons: (Explain the reasons).

\_\_\_\_\_

\_\_\_\_\_

**THE COURT ORDERS:**

1. **MARRIAGE IS DISSOLVED:** The marriage of the parties is dissolved and the parties are restored to the legal status of single persons.

2. **NAMES:**

Wife's name is restored to \_\_\_\_\_. (Put only the last name here.)

Husband's name is restored to \_\_\_\_\_. (Put only the last name here.)

3. **ENFORCEMENT OF TEMPORARY ORDERS:**

All obligations ordered to be paid by the parties in Temporary Orders dated (fill in dates of ALL temporary orders here) \_\_\_\_\_

\_\_\_\_\_ are satisfied in full. **OR**

Judgment is awarded against the party with the obligation up to the amount due and owing as of the date of this Decree, with the highest legal interest allowed by law, for the total amount of \$ \_\_\_\_\_.

4. **CHILD CUSTODY, PARENTING TIME, AND CHILD SUPPORT:**

a. **PREGNANCY** **(Complete this section only if Wife is pregnant; otherwise go to section 4(b)):**

A child who is common to the parties is expected to be born this date: \_\_\_\_\_

All orders below as to custody, parenting time, support, and medical insurance/expenses include this child and all other children named below. **OR**

The orders below as to custody, parenting time, support, and medical insurance/expenses do not include this child; the court reserves jurisdiction to address these issues regarding this child when the child is born.

b. **CHILDREN:** This Decree includes all minor children common to the parties as follows:

NAME(S) OF CHILD(REN)	Date of Birth	<u>Last four digits of</u> Social Security Number(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

c. **CHILD CUSTODY:** (Select one.)

- (1)  **SOLE CUSTODY:** Sole custody of the minor child(ren) is awarded to:  
 Petitioner, **OR**  Respondent, subject to parenting time as follows:  
 Parenting Time to the parent not having custody, according to the terms of the Parenting Plan attached as Exhibit B and made a part of this Decree. **OR,**  
 Supervised parenting time to  Petitioner **OR**  Respondent according to the terms of the Parenting Plan attached as Exhibit B. Parenting Time may only take place in the presence of another person, named below or otherwise approved by the court.  
Name of supervisor: \_\_\_\_\_  
Restrictions on parenting time: \_\_\_\_\_

The cost of supervised visitation will be paid by

- Petitioner  
 Respondent  
 Shared equally by the parties. **OR**  
 No parenting time rights to  Petitioner **OR**  Respondent. **OR,**
- (2)  **JOINT CUSTODY:** Petitioner and Respondent agree to act as joint custodians of the child(ren), as set forth in the Joint Custody Agreement/Parenting Plan by the parties, signed by both parties and attached to this Decree as "Exhibit B." The court adopts the terms of the Joint Custody Agreement/Parenting Plan describing the custody and parenting time agreement between the parties. By attaching the Joint Custody Agreement/Parenting Plan to the Decree, the Agreement becomes part of the Decree and carries the same legal weight as the Decree.

- d. **CHILD SUPPORT:**  Petitioner, **OR**  Respondent shall pay child support to the other party in the amount of \$ \_\_\_\_\_ per month, beginning THE FIRST DAY OF THE MONTH following the date this Decree is signed by the judge until further order of the court. Child Support is based on the information in the Parent's Worksheet for Child Support Amount attached hereto and incorporated by reference. All child support payments shall be made by wage assignment (if applicable) through the Clerk of the Court/Clearinghouse, and must include the statutory fee by the Order of Assignment signed this date. Payments will be in equal installments made on the 1st and 15th of each month.

e. **MEDICAL AND DENTAL INSURANCE, PAYMENTS, AND EXPENSES:**

- (1) **Insurance.**  Petitioner, **OR**  Respondent is ordered to provide medical and dental insurance for the minor child(ren). Medical and dental insurance, payments and expenses are based on the information in the Parent's Worksheet for Child Support Amount attached hereto and incorporated by reference. The party ordered to pay must keep the other party informed of the insurance company name, address and telephone number, and must give the other party the documents necessary to submit insurance claims.
- (2) **Non-Covered Expenses.** Petitioner is ordered to pay \_\_\_\_\_ %, AND Respondent is ordered to pay \_\_\_\_\_ % of all reasonable uncovered and/or uninsured medical, dental, prescription, and other health care charges for the minor child(ren), including co-payments.

**5. SPOUSAL MAINTENANCE/SUPPORT:**

- a.  Neither party shall pay spousal maintenance/support (alimony) to the other party, OR
- b.  Petitioner **OR**  Respondent is ordered to pay to  Respondent or  Petitioner the sum of \$ \_\_\_\_\_ per month in spousal maintenance/support BEGINNING THE FIRST DAY OF THE MONTH after this Decree is signed. Each payment shall be made by the first day of each month after that and shall continue until  the receiving party is remarried or deceased **OR**  until (date) \_\_\_\_\_. All payments shall be made through the Clerk of the Court by wage assignment, until all required payments have been made under this Decree. Payments made shall be included in receiving spouse's taxable income and is tax deductible from the paying spouse's income as required by law. Spousal maintenance/support payments end if the receiving party is remarried or deceased.
- c. In accordance with the parties' agreements,
  - The spousal maintenance award shall be modifiable in accordance with Arizona law, OR
  - The spousal maintenance award shall NOT be modifiable for any reason.

**6. PROPERTY, DEBTS AND TAX RETURNS: (Select any that apply.)**

- a.  Petitioner is ordered to pay all debts unknown to Respondent, AND  
 Respondent is ordered to pay all debts unknown to Petitioner, AND  
 Each party is ordered to pay his or her debts from the following date: \_\_\_\_\_
- b.  Other orders and relief relating to property or debt are contained in Exhibit A, which is attached and incorporated into this Decree.
- c.  Each party is assigned his or her separate property and Petitioner must pay his/her separate debt, and Respondent must pay his/her separate debt.
- d.  This Decree can be used as a transfer of title and can be recorded. Parties shall sign all documents necessary to complete all transfer of title ordered in this Decree, such as motor vehicles, houses, and financial institution accounts. The parties shall transfer all real and personal property as described in Exhibit A to the other party on or before \_\_\_\_\_ by 5:00 p.m.

If the party required to transfer the property has not transferred the property to the party entitled to receive the property on or before the date and time listed above, the party entitled to receive the property is entitled upon application to a Writ of Assistance or Writ of Execution to be issued by the Clerk of the Court commanding the sheriff to put him or her in possession of the property.

- e.  For previous calendar years, pursuant to IRS rules and regulations, the parties will file:
  - joint federal and state income tax returns and hold each other harmless from half of all additional income taxes if any and other costs, and each will share equally in any refunds, OR
  - separate federal and state income tax returns. AND,
- This calendar year and continuing thereafter, each party will file separate federal and state income tax returns. AND,

Each party shall give the other party all necessary documentation to file all tax returns.

7. **FINANCIAL INFORMATION EXCHANGES:** In cases in which child support or spousal maintenance are ordered, then until such time as those would end under the orders in this Consent Decree, the parties shall exchange financial information (tax returns, spousal affidavits, earning statements and/or other related financial statements) every 24 months.

8. **TAX EXEMPTION:** The parties shall claim as income tax dependency exemptions on federal and state tax returns as follows. A party required to pay child support is only entitled to claim (a) child(ren) as an income tax dependency exemption if that parent has paid all of the child support due and owing for the year that party is entitled to the exemption:

Parent entitled to claim	Name of child	Tax year
<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	_____	_____
<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	_____	_____
<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	_____	_____
<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	_____	_____

9. **CHILDREN TO WHOM THIS DECREE DOES NOT APPLY:** It is ordered that  Petitioner, **OR**  Respondent has no legal obligation or right to the child(ren) born during the marriage but not common to the marriage. These children include: (Use additional paper if necessary)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child expected to be born this date: \_\_\_\_\_

10. **QUALIFIED DOMESTIC RELATIONS ORDER (QDRO).**

- A QDRO is not necessary;
- A QDRO is submitted herewith, **OR**
- A QDRO will be submitted to the court as soon as practicable or not later than \_\_\_\_\_.

The court shall retain jurisdiction over the subject matter of the QDRO.

11. **FINAL APPEALABLE ORDER.** Pursuant to Rule 89, Arizona Rules of Family Law Procedure, this final judgment/decree is settled, approved and signed by the court and shall be entered by the clerk.

12. **OTHER ORDERS.** (List any other orders.)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judicial Officer

~~IMPORTANT. READ THIS NOTICE. Arizona law (A.R.S. § 25-503(I)) states that, with certain exceptions, an unpaid child support order that became a judgment by operation of law (this means that it became a judgment when it was due and unpaid) expires 3 years after the emancipation of the last remaining un-emancipated child who was included in the court order unless it is reduced to a formal written judgment by the court. The person who is owed child support must apply in writing to the court to obtain a formal written judgment.~~

By signing this ~~Exhibit~~ document and subscribing and swearing to same (or affirming to same) before a Notary Public, both parties affirm that the information is true and correct, including the following:

1. ~~NON-COVENANT MARRIAGE.~~ We do not have a covenant marriage.
2. ~~RIGHT TO TRIAL IS WAIVED.~~ I understand that by signing this Consent Decree, I am waiving my right to a trial before a judge.
3. ~~NO DURESS OR COERCION. COMPLETE AGREEMENT.~~ I am not under any force, threats, duress, coercion, or undue influence from anyone, including the other party, to sign this Consent Decree. This Decree with attachments, if any, that I have signed is our full agreement. I have not agreed to something different from what is stated in writing in the Decree.
4. ~~LEGAL ADVICE.~~ I understand that even if I am representing myself without an attorney, I have the right to be represented by an attorney. I have the right to call an attorney and get legal advice before I sign this Consent Decree.
5. ~~IRRETRIEVABLY BROKEN MARRIAGE.~~ I agree that our marriage is irretrievably broken. There is no reasonable prospect of reconciliation [*or we desire to live separate and apart if this is a Legal Separation case*].
6. ~~DIVISION OF PROPERTY.~~ The agreement about division of property and debts is fair and equitable.

~~APPROVED BY:~~

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner

State of Arizona )  
)ss.

Sworn to or affirmed before me on:

County of \_\_\_\_\_)

\_\_\_\_\_

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

\_\_\_\_\_  
Notary Public or Clerk of the Superior Court

If you are filing a Consent Decree, the Respondent must sign:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Respondent

State of Arizona )  
 )ss.  
County of \_\_\_\_\_)

Sworn to or affirmed before me on:  
\_\_\_\_\_

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

\_\_\_\_\_  
Notary Public or Clerk of the Superior Court

If either party is represented by an attorney, the attorney must sign:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Respondent's Attorney

If the Attorney General is involved in this case, the Attorney General must approve the child support amount by signing below:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child Support Amount Approved by Attorney General



Each party is awarded his or her interest in any retirement benefits, pension plans, or other deferred compensation described as:

Petitioner's: \_\_\_\_\_

Respondent's: \_\_\_\_\_

OR

The Plan Administrator and the parties have approved the Qualified Domestic Relations Order (QDRO) attached as Exhibit(s) \_\_\_\_\_. Do not check this box without first seeking the help of an attorney.

OR

Each party WAIVES AND GIVES UP his or her interest in any retirement benefits, pension plan, or other deferred compensation of the other party:

Signature of Petitioner: \_\_\_\_\_

Signature of Respondent: \_\_\_\_\_

OR

Neither party has a retirement, pension, deferred compensation, § 401K Plan and/or benefits.

OR

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

1d. DIVISION OF REAL PROPERTY. Section A is for one piece of property. Section B is for another piece of property. If you own more than 2 pieces of property, check the box below and attach another sheet of paper with the information requested in A and B.

More than 2 pieces of property are involved. See attached sheet listing the same information as in A and B.

A. Real property located at (address) \_\_\_\_\_ which is legally described as: (You must provide the legal description. The legal description can be found on the deed to the property. If you do not provide the legal description, you may have to come back to court to amend the Decree to include the legal description.)

LEGAL DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

The real property as described above is:

Awarded to  Petitioner  Respondent as his or her sole and separate property.

OR

Shall be sold and the proceeds divided as follows:

\_\_\_\_\_ % or \$ \_\_\_\_\_ to Petitioner.

\_\_\_\_\_ % or \$ \_\_\_\_\_ to Respondent.

This Decree can be used as a transfer of title and can be recorded. Parties shall sign all documents necessary to complete all transfer of titles ordered in this Decree, such as motor vehicles, houses, and financial institution accounts.

\_\_\_\_\_ is appointed real estate commissioner to sell this real property.

B. Real property at (address) \_\_\_\_\_ which is legally described as: (You must provide the legal description. The legal description can be found on the deed to the property. If you do not provide the legal description, you may have to come back to court to amend the Decree to include the legal description.)

LEGAL DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The real property as described above is:

Awarded to  Petitioner  Respondent as his or her sole and separate property.

OR

Shall be sold and the proceeds divided as follows:

\_\_\_\_\_ % or \$ \_\_\_\_\_ to Petitioner.

\_\_\_\_\_ % or \$ \_\_\_\_\_ to Respondent.

This Decree can be used as a transfer of title and can be recorded. Parties shall sign all documents necessary to complete all transfer of titles ordered in this Decree, such as motor vehicles, houses, and financial institution accounts.

\_\_\_\_\_ is appointed real estate commissioner to sell this real property.

1e. DIVISION OF COMMUNITY DEBTS.  The following community debts shall be divided as follows:

Creditor	Amount To Be Paid By Wife	Amount To Be Paid By Husband	Total Amount
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Continued on reverse side or attached list.

[ ] Any debts or obligations incurred by either party before the Respondent was served with the Petition for Dissolution that are not identified in the list above or attached shall be paid by the party who incurred the debt or obligation and that party shall indemnify and hold the other party harmless from such debts.

2a. SEPARATE PROPERTY. The following separate property is awarded as follows: (Be specific)

Description of Property. (Be specific)	Confirm to Petitioner	Confirm to Respondent

2b. SEPARATE DEBT. The parties are each ordered to pay his or her separate debt as follows:

Creditor	Amount To Be Paid By Wife	Amount To Be Paid By Husband	Total Amount
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

~~By signing this Exhibit and subscribing and swearing to same (or affirming to same) before a Notary Public, both parties affirm that the information is true and correct, including the following:~~

- ~~1. NON COVENANT MARRIAGE. We do not have a covenant marriage.~~
- ~~2. RIGHT TO TRIAL IS WAIVED. I understand that by signing this Consent Decree, I am waiving my right to a trial before a judge.~~
- ~~3. NO DURESS OR COERCION. COMPLETE AGREEMENT. I am not under any force, threats, duress, coercion, or undue influence from anyone, including the other party, to sign this Consent Decree. This Decree with attachments, if any, that I have signed is our full agreement. I have not agreed to something different from what is stated in writing in the Decree.~~
- ~~4. LEGAL ADVICE. I understand that even if I am representing myself without an attorney, I have the right to be represented by an attorney. I have the right to call an attorney and get legal advice before I sign this Consent Decree.~~
- ~~5. IRRETRIEVABLY BROKEN MARRIAGE. I agree that our marriage is irretrievably broken. There is no reasonable prospect of reconciliation [or we desire to live separate and apart if this is a Legal Separation case].~~

~~6. DIVISION OF PROPERTY. The agreement about division of property and debts is fair and equitable.~~

SIGNATURES

SIGNATURE BY PETITIONER: Everything stated by me in this document is true and correct to the best of my knowledge, information and belief.

_____	_____
Date	Petitioner
State of Arizona )	Sworn to or affirmed before me on:
)ss.	_____
County of _____)	_____
My Commission Expires: _____	_____
	Notary Public or Clerk of the Superior Court

SIGNATURE BY RESPONDENT: Everything stated by me in this Stipulation is true and correct to the best of my knowledge, information and belief.

_____	_____
Date	Respondent
State of Arizona )	Sworn to or affirmed before me on:
)ss.	_____
County of _____)	_____
My Commission Expires: _____	_____
	Notary Public or Clerk of the Superior Court

If either party is represented by an attorney, the attorney must sign:

_____	_____
Date	Approved by Petitioner's Attorney
_____	_____
Date	Approved by Respondent's Attorney

~~If the Attorney General is involved in this case, the Attorney General must approve the child support amount only and sign below:~~

_____	_____
Date	Child Support Amount Approved by Attorney General

FORM 9: PARENTING COORDINATOR'S REPORT AND RECOMMENDATIONS

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_  
State Bar Number (if applicable): \_\_\_\_\_

ARIZONA SUPERIOR COURT, COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Petitioner

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

\_\_\_\_\_  
Respondent

PARENTING COORDINATOR'S REPORT  
AND RECOMMENDATIONS

ISSUE(S):

POSITION(S) OF THE PARTIES:

OTHER INFORMATION CONSIDERED:

AGREEMENTS OF THE PARTIES:

FINDINGS:

RECOMMENDATIONS:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parenting Coordinator

ORIGINAL and a copy of the foregoing mailed/delivered/transmitted on: \_\_\_\_\_ (date), to:

The Honorable \_\_\_\_\_ (the assigned judicial officer) filed with the Clerk of the Superior Court;

COPIES of the foregoing mailed/delivered/transmitted on: \_\_\_\_\_ (date), to: \_\_\_\_\_

Petitioner/Attorney for Petitioner/Respondent/Attorney for Respondent

The Honorable \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attorney for Petitioner

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

FORM 9: PARENTING COORDINATOR'S REPORT AND RECOMMENDATIONS

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

Attorney for Respondent

By: \_\_\_\_\_

FORM 10: ORDER REGARDING PARENTING COORDINATOR'S REPORT AND RECOMMENDATIONS

ARIZONA SUPERIOR COURT, COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Petitioner

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

\_\_\_\_\_  
Respondent

ORDER REGARDING PARENTING  
COORDINATOR'S REPORT AND  
RECOMMENDATIONS

Based on the Report and Recommendations of the Parenting Coordinator dated \_\_\_\_\_,  
and good cause appearing,

Objection filed by \_\_\_\_\_

Objection not filed.

IT IS ORDERED:

The recommendations of the Parenting Coordinator are approved and adopted as an order of the court.

The recommendations of the Parenting Coordinator are modified as follows or as set forth in a separate order.

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

The recommendations of the Parenting Coordinator are rejected and the current court order is affirmed, subject to either party requesting a hearing.

A hearing is set on \_\_\_\_\_, at \_\_\_\_\_ a.m./p.m. for \_\_\_\_\_ minutes regarding the recommendations of the Parenting Coordinator, before \_\_\_\_\_.

IT IS FURTHER ORDERED:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judicial Officer

**PARENT INFORMATION REGARDING THE USE OF  
PARENTING COORDINATORS**

Using a Parenting Coordinator to help make recommendations to the court about your children can be a useful alternative to repeatedly going to court.

A Parenting Coordinator is a professional appointed by the court to assist parents in resolving disputes about parenting their children and to make recommendations to the court for orders if the parents are unable reach a resolution.

Parents may want to hire a Parenting Coordinator when other avenues of problem resolution have not resulted in an ability to make recommendations to the court about their children and there are continued disagreements about such issues as schedules, overnight parenting time, choice of schools, extracurricular activities, exchanging the children, holiday scheduling, the handling of the children's behavior, religious training, health issues, and problematic behaviors on the part of one or both parents. Many times, the family has already participated in a custody/access evaluation.

Parents may agree to use a Parenting Coordinator and agree to a specific person or the Court may appoint a Parenting Coordinator and appoint a specific person to be Parenting Coordinator of the Court's own choosing.

The amount of time required with the Parenting Coordinator or the number of meetings with the Parenting Coordinator will be determined by the conduct of the parties. The Parenting Coordinator will determine the actual number of meetings that are necessary for any specific issue/issues.

When a dispute is presented to the Parenting Coordinator, the coordinator may try to assist parents in reaching a resolution. The Parenting Coordinator might want to get other information such as the children's opinion, information from doctors, therapists, schools or other caretakers. If the parties cannot come to an agreement, the Parenting Coordinator then makes a recommendation to the court for an order.

If one parent is opposed to the recommendation, he or she can file an objection within 10 days and the court can review the recommendations. The Court may accept, modify or reject the recommendations of the Parenting Coordinator. The Court may also set the matter for hearing. In a time-sensitive situation, a recommendation of the Parenting Coordinator may be effective immediately pending approval by the court and without prejudice to the parties.

Hiring a Parenting Coordinator is a serious matter. A parenting coordinator is especially helpful for families who continue to have disagreements. Parenting Coordinators are also useful for families where parents have concerns about drugs, alcohol, abuse or the stability of the other parent. A Parenting Coordinator may be appointed for a specific term. If the Parenting Coordinator feels that he or she cannot be helpful to the family, the Parenting Coordinator can resign. If one parent is unhappy with the Parenting Coordinator, that parent cannot alone discharge the Parenting Coordinator. If the Parenting Coordinator acts in a manner that seems unprofessional, the parent should first talk with the Parenting Coordinator about that parent's concerns. If the parent is still unsatisfied, that parent should submit a written statement of that parent's concern to the two attorneys (if represented), the Parenting

Coordinator, the child's attorney (if there is one) and to the other parent. A conference may be set to resolve the concerns. If the concern is still not resolved after that meeting, the parent can ask the court to have the Parenting Coordinator removed. The judge will then review the complaint and make a decision. If the Coordinator is removed, a new Parenting Coordinator may be appointed.

The Parenting Coordinator's goals are somewhat different than those of a judge. A judge's job is to make orders that are based on the law, including the best interests of the children. A Parenting Coordinator's job is to assist parents in making parenting decisions in the best interests of the children and in accordance with the parenting plan, as set forth in their decree or the current court order. Whenever possible, a major goal is to help families develop their skills so they do not need a Parenting Coordinator. If this can be accomplished, the power to make decisions about their children is back in the hands of the parents.

The parents pay the fees for the services of a Parenting Coordinator as ordered by the court. Many Parenting Coordinators request a retainer before they begin their work with a family. Before a Parenting Coordinator is appointed, the judge will decide what portion of the fee each parent will pay.

Using a Parenting Coordinator will usually reduce the need to go to court, and, therefore, should be cost effective. In addition, the family will usually be seen sooner by the Parenting Coordinator than the Court, resulting in quicker decisions.

FORM 12: INVENTORY OF PROPERTY AND DEBTS

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Daytime Phone Number: \_\_\_\_\_  
 Evening Phone Number: \_\_\_\_\_  
 Representing:  Self  Petitioner  Respondent  
 State Bar Number: \_\_\_\_\_

ARIZONA SUPERIOR COURT, COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
 Petitioner/~~Plaintiff~~ Case No. \_\_\_\_\_

ATLAS No. \_\_\_\_\_

\_\_\_\_\_  
 Respondent/~~Defendant~~ INVENTORY OF PROPERTY AND DEBTS  
 HUSBAND  
 WIFE

I. PROPERTY

List all property acquired during your marriage in which you or your spouse claims to have a community interest. If there is a dispute as to whether there is a community interest or obligation, indicate in under "Contested Column Position." Value of the property is the its current fair market value. M minus any liens encumbrances. If you need Use additional room, add a separate sheet of paper if necessary.

Description	Date Acquired	Value	Contested Position	Proposed allocation [H or W]
<b>A. <u>Cash and Financial i</u> <u>Institution Accounts</u>: <del>Cash and deposit accounts</del>: <u>S</u> savings, <u>C</u> checking, <del>Credit Union</del>, <u>M</u> money <u>M</u> market, etc. Include financial institution's name, branch and account number.</b>				
1.				
2.				
3.				
4.				
5.				
<b>B. <u>Investments</u>: <u>S</u> stocks, <u>B</u> bonds, <u>N</u> notes, <u>C</u> certificates of <u>D</u> deposit, <u>M</u> mortgages, <u>D</u> deeds of <u>T</u> trust, etc.</b>				
6.				
7.				
8.				

Description	Date Acquired	Value	Contested Position	Proposed allocation [H or W]
<b>C. Life Insurance:</b> <u>C</u> company name, owner, policy number, insured, <del>face amount and</del> beneficiary, <del>death benefits and cash surrender value (if any)</del>				
9.				
10.				
11.				
12.				
13.				
<b>D. Retirement Plans:</b> <u>P</u> pension, profit-sharing, 401(k), <del>D</del> deferred <u>C</u> compensation				
14.				
15.				
16.				
17.				
18.				
19.				
<b>E. Real Property:</b>				
20.				
21.				
22.				
23.				
<b>F. Business Interests:</b> <u>C</u> corporations, <u>P</u> partnerships, <u>L</u> limited <u>L</u> liability <u>C</u> corporations, <u>J</u> joint <u>V</u> ventures, <u>P</u> proprietorships				
24.				
25.				
26.				
27.				
<b>G. Vehicles:</b> <u>C</u> cars, <u>M</u> motorcycles, <u>M</u> motor <u>H</u> homes, <u>B</u> boats, <u>T</u> trailers, etc.				
28.				
29.				
30.				

Description	Date Acquired	Value	Contested Position	Proposed allocation [H or W]
31.				
32.				
33.				
<b>H. Personal Property over \$100 in Value: H</b> household goods, personal effects, antiques, objects of intrinsic value				
34.				
35.				
36.				
37.				
38.				
39.				
40.				
41.				
42.				
43.				
44.				
45.				
46.				
47.				
48.				
49.				
50.				
51.				
52.				
53.				
54.				

Description	Date Acquired	Value	Contested Position	Proposed allocation [H or W]
55.				
56.				
57.				
58.				
59.				
60.				
61.				
<b>I. Miscellaneous Assets:</b>				
62.				
63.				
64.				
65.				
66.				
67.				
68.				
69.				
70.				
71.				

## II. DEBTS

List all debts and installment payments you currently owe. **Follow the format below.**  
Use additional paper if necessary.

Creditor Name	Purpose of Debt	Unpaid Balance	Min. Monthly Payment	Date of last Payment	Contested Position	Proposed Allocation [H or W]
1.						
2.						

3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of ~~Party or Attorney~~  
 Husband  Wife  
 Attorney for  Husband  Wife

FORM 13: ORDER TO APPEAR; PRE-JUDGMENT/DECREE

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_  
Evening Phone Number: \_\_\_\_\_  
Representing: [ ] Self [ ] Petitioner [ ] Respondent  
State Bar Number: \_\_\_\_\_

ARIZONA SUPERIOR COURT, COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Petitioner/~~Plaintiff~~

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

ATLAS No. \_\_\_\_\_

\_\_\_\_\_  
Respondent/~~Defendant~~

ORDER TO APPEAR  
PRE-JUDGMENT/DECREE  
(INCLUDING TEMPORARY ORDERS)

**READ THIS ORDER CAREFULLY. ME:** This is an important ~~C~~ court ~~O~~ rder that affects your rights. ~~Read this Order carefully.~~ If you do not understand this Order, contact a lawyer for help.

All parties, whether represented by attorneys or not, must be present. If there is a failure to appear, the court may make such orders as are just, including granting the relief requested by the party who does appear.

**FAILURE TO APPEAR AT THE HEARING MAY RESULT IN THE COURT ISSUING A CIVIL ARREST WARRANT, OR WHERE APPLICABLE, A CHILD SUPPORT ARREST WARRANT, FOR YOUR ARREST. IF YOU ARE ARRESTED, YOU MAY BE HELD IN JAIL FOR NO MORE THAN 24 HOURS BEFORE A HEARING IS HELD.**

Based on documents filed and pursuant to Arizona Law,

IT IS ORDERED THAT YOU \_\_\_\_\_ appear at the time and place stated below so the court can determine whether the relief asked for in the Petition or Motion should be granted.

INFORMATION ABOUT COURT HEARING TO BE HELD:

NAME OF JUDICIAL OFFICER: \_\_\_\_\_

DATE AND TIME OF HEARING: \_\_\_\_\_

PLACE OF HEARING: \_\_\_\_\_

TYPE OF HEARING: [ ] Resolution Management Conference  
[ ] Evidentiary Hearing  
[ ] Other (specify): \_\_\_\_\_

TIME ALLOTTED FOR HEARING: \_\_\_\_\_

EVIDENCE [ ] WILL or [ ] WILL NOT be presented at the hearing.

IT IS FURTHER ORDERED that a true copy of this “Order to Appear - Temporary Orders” and a true copy of the documents filed with the Petition shall be served by the moving party on the parties who are required to appear and a true copy of these documents shall be mailed immediately to parties who have appeared in this action, in accordance with Arizona Rules of Family Law Procedure, Rule 43.

IT IS FURTHER ORDERED that the parties and counsel shall meet and confer, comply with the disclosure requirements of Rule 49, and submit a written Resolution Statement that substantially complies with as prescribed by Rule 98 Form 4 or 5 as applicable, not less than five days prior to the date set for the Resolution Management Conference or evidentiary hearing. At least three days prior to an evidentiary hearing, the parties shall exchange any exhibits to be offered at the hearing, and a list of the names, addresses and telephone numbers of all witnesses who may testify.

Requests for reasonable accommodation for persons with disabilities must be made to the office of the ~~Judge or Commissioner~~ assigned judicial officer ~~scheduled to hear this case~~ five days before your scheduled court date.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judicial Officer

FORM 14: ORDER TO APPEAR POST JUDGMENT/DECREE

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_  
Evening Phone Number: \_\_\_\_\_  
Representing: [ ] Self [ ] Petitioner [ ] Respondent  
State Bar Number: \_\_\_\_\_

ARIZONA SUPERIOR COURT, COUNTY OF \_\_\_\_\_

\_\_\_\_\_ Case No. \_\_\_\_\_  
Petitioner/~~Plaintiff~~

ATLAS No. \_\_\_\_\_

\_\_\_\_\_ ORDER TO APPEAR  
Respondent/~~Defendant~~ POST JUDGMENT/DECREE

**READ THIS NOTICE ORDER CAREFULLY.:** This is an important **C**ourt **O**rder that affects your rights. ~~Read this Order carefully.~~ If you do not understand this Order, contact a lawyer for help.

All parties, whether represented by attorneys or not, must be present. If there is a failure to appear, the court may make such orders as are just, including granting the relief requested by the party who does appear.

**FAILURE TO APPEAR AT THE HEARING MAY RESULT IN THE COURT ISSUING A CIVIL ARREST WARRANT, OR WHERE APPLICABLE, A CHILD SUPPORT ARREST WARRANT, FOR YOUR ARREST. IF YOU ARE ARRESTED, YOU MAY BE HELD IN JAIL FOR NO MORE THAN 24 HOURS BEFORE A HEARING IS HELD.**

Based on documents filed and pursuant to Arizona Law,

IT IS ORDERED THAT YOU \_\_\_\_\_ appear at the time and place stated below so the court can determine whether the relief asked for in the Petition should be granted.

INFORMATION ABOUT COURT HEARING TO BE HELD:

NAME OF JUDICIAL OFFICER: \_\_\_\_\_

DATE AND TIME OF HEARING: \_\_\_\_\_

PLACE OF HEARING: \_\_\_\_\_

TYPE OF HEARING: [ ] return hearing [ ] evidentiary hearing  
[ ] oral argument [ ] post-decree or post-judgment conference  
~~[ ] mediation~~  
[ ] other (specify): \_\_\_\_\_

TIME ALLOTTED FOR HEARING: \_\_\_\_\_

EVIDENCE [ ] WILL or [ ] WILL NOT be presented at the hearing.

IT IS FURTHER ORDERED that a true copy of this “Order to Appear – Post Judgment/Decree” and a true copy of the documents filed with the Petition shall be served by the moving party on the parties who are required to appear and a true copy of these documents shall be mailed immediately to parties who have appeared in this action, in accordance with Rules 40, 41, 42 and or 43, as applicable Arizona Rules of Family Law Procedure, Rules 40, 41, 42 and 43.

IT IS FURTHER ORDERED that the parties and counsel file and exchange all documents and disclosure as prescribed required by Rule 921, within the time specified therein. Failure to comply may result in the imposition of sanctions as set forth in Rule 912(M-Q).

Requests for reasonable accommodation for persons with disabilities must be made to the office of the Judge or Commissioner assigned judicial officer scheduled to hear this case five days before your scheduled court date.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judicial Officer

FORM 15: REQUEST AND ORDER FOR PROTECTED ADDRESS

Name: \_\_\_\_\_  
[ ] Petitioner [ ] Respondent

ADDRESS PROTECTED

ARIZONA SUPERIOR COURT, COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Petitioner/~~Plaintiff~~

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

ATLAS No. \_\_\_\_\_

\_\_\_\_\_  
Respondent/~~Defendant~~

REQUEST FOR PROTECTED ADDRESS

~~I request the court to order that my address be protected from public disclosure, including disclosure to the opposing party(ies) in this case.~~

I reasonably believe that physical or emotional harm may result to me or my minor child(ren) if the my address is not protected from disclosure and request that the court to order that my address be protected from public disclosure; for the following reasons:

[ ] I have a valid Order of Protection ~~in place~~ against a party in this case issued by the following court (a copy is attached if available): \_\_\_\_\_

~~[ ] I have a valid Order of Protection against a party in this case issued by this court:~~ \_\_\_\_\_

~~[ ] I have a valid Order of Protection against a person not involved in this case issued by the following court (a copy is attached if available):~~ \_\_\_\_\_

~~OR~~

~~[ ] I do not have a valid Order of Protection, but want my address protected for the following reasons: Other reasons briefly described below:~~ \_\_\_\_\_

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

My address is currently unknown to the other party. I have listed my address on a separate sheet of paper for court use.

I understand that I have a continuing duty to provide the clerk of the court with a current and correct mailing address where I can be served with process until one of the following events stated in Rule 7(D), *Arizona Rules of Family Law Procedure*, occurs.

FORM 15: REQUEST AND ORDER FOR PROTECTED ADDRESS

\_\_\_\_\_  
Date

\_\_\_\_\_  
Requester's Signature

PERSON WHOSE ADDRESS IS PROTECTED:

\_\_\_\_\_  
 Petitioner  Respondent

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

**ADDRESS TO BE PROTECTED:**

Street: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

FORM 15: REQUEST AND ORDER FOR PROTECTED ADDRESS

ARIZONA SUPERIOR COURT, COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Petitioner/~~Plaintiff~~

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

ATLAS No. \_\_\_\_\_

\_\_\_\_\_  
Respondent/~~Defendant~~

ORDER FOR PROTECTED ADDRESS

Upon Request of [ ] Petitioner [ ] Respondent, and good cause appearing,

IT IS ORDERED that:

The address of [ ] Petitioner [ ] Respondent shall be protected from public disclosure until further order of this court.

The Clerk of the Court shall protect the address of [ ] Petitioner [ ] Respondent from public disclosure until further order of this court.

The Clerk and the parties hereto shall comply with the requirements of Rule 7, ~~A.R.C.P.~~ Arizona Rules of Family Law Procedure, as follows:

~~[Alternative language (quoting Rule 7):~~ Any person required under these rules to serve a response or other document upon a person whose address is ordered protected from disclosure under this rule may serve the same by delivering true and correct copies of the documents to be served, together with the proper fee established by administrative order to cover the cost of service, to the clerk of the court. The clerk shall promptly mail the documents by regular first-class mail to the most recent protected address provided to the clerk, and service shall be deemed complete upon mailing. The clerk shall promptly file a written statement verifying the documents that were mailed and the date of mailing to the protected address signed by the clerk or deputy clerk who mailed the documents. All documents mailed to a protected address shall bear the clerk’s return address, and a notation of any process returned as undelivered shall be made in the court file.]

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judicial Officer