

Appendix

Name: _____
Mailing Address (unless protected): _____
City, State, Zip Code: _____
Daytime Phone Number: _____
Evening Phone Number: _____
Email Address: _____
Representing: [] Self [] Petitioner [] Respondent
State Bar Number: _____

ARIZONA SUPERIOR COURT, COUNTY OF _____

_____ Case No. _____
Petitioner

**GOOD FAITH CONSULTATION
CERTIFICATE**

_____ Name of Judge/Commissioner _____
Respondent

Pursuant to Rule 9(c) of the Arizona Rules of Family Law Procedure, the ___ Petitioner
OR ___ Respondent submits this Good Faith Consultation Certificate and states either:

(a) [] A good-faith attempt to resolve the issue was made with the opposing party,
or counsel if represented, and the consultation or attempted consultation was
made in person or by telephone and not merely by letter or email.

OR

(b) [] There is a current court order prohibiting contact between the parties and
neither party is represented by counsel, or a history of domestic violence
between self-represented parties, so the parties are not required to personally
meet or contact each other.

VERIFICATION

Under penalty of perjury, I state to the Court that the contents of this document are true and correct.

Date

Signature of Person Filing Document

CERTIFICATE OF SERVICE

- [] I filed the original of the attached document with the Clerk of the Superior Court in the county listed above on _____.
Month Date Year

- [] I mailed or delivered a copy of the attached document to the judicial officer (judge or commissioner) assigned to this case on _____.
Month Date Year

- [] I mailed or delivered a copy of the attached document to the Office of the Attorney General for the State of Arizona (if applicable) on _____.
Month Date Year

- [] I mailed or delivered a copy of the attached document to the opposing party or the opposing party's attorney, if represented by counsel, on _____.
Month Date Year

Name of Opposing Party

Name of Opposing Party's Attorney

Address of Opposing Party

Address of Opposing Party's Attorney

City, State, Zip Code

City, State, Zip Code

Date

Signature