

# ASKING FOR FAMILY COURT SERVICES

**YOU WANT TO ASK FOR ONE OR MORE OF THESE SERVICES:**

## **Reconciliation/Separation Counseling**

before or during a divorce or legal separation

## **Family Mediation**

before, during, or after a court case involving children

## **Family Evaluation**

during a court case involving children or after filing to change custody

## **Property or Support Mediation**

during or after a divorce or legal separation

(To schedule property or support mediation before a divorce or legal separation is started, call the Alternative Dispute Resolution Director at 679-7508.)

Before signing a court document or getting involved with a court case, it's important to see an attorney to make sure you understand your legal rights and responsibilities. The Self-Help Center has information on finding an attorney.

# INSTRUCTIONS

<b>1.</b>	<b>Fill out these forms in this packet</b> <ul style="list-style-type: none"><li>• Petition for Family Court Services</li><li>• Order for Family Court Services</li></ul>
<b>2.</b>	<b>Look at what you checked for “My Case Status” on page 1 of the Petition</b>
<b>3.</b>	<b>If you checked “pre-filing” there, also fill out these forms in this packet</b> <p>Otherwise, skip these forms.</p> <ul style="list-style-type: none"><li>• Domestic Relations Cover Sheet</li><li>• Confidential Sensitive Data Form</li></ul>
<b>4.</b>	<b>File the forms with the Court</b> <p>File the original and two copies, all single-sided. The Clerk will give you back your copies with the filing date stamped on them.</p> <p>File in person or by mail. If you file by mail, include a self-addressed stamped envelope.</p> <p>Clerk of Superior Court 200 N. San Francisco St. Flagstaff, AZ 86001</p>
<b>5.</b>	<b>Deliver a copy to the other party</b> <p>Do this on the day you file.</p> <p>Mail or hand-deliver the copies.</p> <p>If the other party has an attorney, deliver them to the attorney.</p>
<b>6.</b>	<b>The court will mail you a signed Order</b>

<b>7.</b>	<b>If the court orders services, you'll be contacted to schedule the services</b>
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Petitioner's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Representing Self

COCONINO COUNTY SUPERIOR COURT

Petitioner's Name on the Petition that started this case (if no case has been started, enter your name):

\_\_\_\_\_

Case Number (if you have one): DO \_\_\_\_\_

**PETITION FOR FAMILY COURT SERVICES:**

(check all that apply)

- Reconciliation/Separation Counseling**  
before or during a divorce or legal separation
- Family Mediation**  
before, during, or after a court case involving children
- Family Evaluation**  
during a court case involving children or after filing to change custody
- Property or Support Mediation**  
during or after a divorce or legal separation

Respondent's Name:

\_\_\_\_\_

**NOTICE TO THE OTHER PARTY:** If you do not agree with this Petition, you have 10 days, not including weekends and holidays, starting the day after you received this Petition, to file a Response with the court. If you do not file a Response, the court might make a decision about this Petition without your input.

**My Case Status:**

- Pre-Filing:** Before a divorce, legal separation, or custody case has been started.
- Pre-Decree:** I or the other party started a divorce, legal separation, or custody case, and the court has not signed a Decree yet. I am the  Petitioner or  Respondent.
- Post-Decree:** I and the other party have a family law Decree signed by the court. I was the  Petitioner or  Respondent. Has either party filed to change custody?  Yes  No.

**Our Children:** *(if there are children in your case)*

These children are under 18 and are my and the other party's biological or adopted children.

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_

**The Other Party:**

Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**Domestic Violence:**

Has there ever been domestic violence between you and the other party?  Yes  No.  
If yes, give details:

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

Is there an Order of Protection between you and the other party right now?  Yes  No  
Was there an Order of Protection between you and the other party in the past?  Yes  No  
Have you or the other party ever been arrested for domestic violence?  Yes  No

**I Ask for These Services:**

**Reconciliation/Separation Counseling.** *(only available Pre-Filing or Pre-Decree)*

**Family Mediation:** I want a mediator to help me and the other parent come to agreements about legal decision-making or parenting time. I want mediation because:

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

I understand that if our case is Post-Decree, family mediation costs \$100 per party.  
Have you and the other party been to mediation before through the court?  Yes  No

**Family Evaluation:** *(only available Pre-Decree or after filing to change custody)* I want a mental health professional to evaluate the family and to recommend a  legal decision-making and/or  parenting time arrangement to the court. I understand that if our case is Post-Decree, there will be a fee for the evaluation, set by the evaluator.

**Property or Support Mediation:** (*only available Pre-Decree or Post-Decree*) I want mediation to help me and the other party come to agreements about (*check all that apply*):  child support  spousal support  dividing property and debts  enforcement issues  other:

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I understand that property or support mediation costs \$270 per party.

**Certificate of Service:**

I will  mail  hand-deliver  email a copy of this document on the day I file it to the other party/the other party's attorney at this address:

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Date: \_\_\_\_\_ Signature of Person Filing: \_\_\_\_\_

Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self

**COCONINO COUNTY SUPERIOR COURT**

Petitioner's Name on the Petition that started this case (if no case has been started, enter your name):

\_\_\_\_\_

Case Number (if you have one): DO \_\_\_\_\_

**ORDER FOR FAMILY COURT SERVICES:**

(check all that apply)

- Reconciliation/Separation Counseling**  
before or during a divorce or legal separation
- Family Mediation**  
before, during, or after a court case involving children
- Family Evaluation**  
during a court case involving children or after filing to change custody
- Property or Support Mediation**  
during or after a divorce or legal separation

The Other Party's Name:

\_\_\_\_\_

*Fill this out for the judge to sign.*

**Case Status:**

Pre-Filing    Pre-Decree    Post-Decree

**The Court Orders These Services:**

- Reconciliation/Separation Counseling:** The case is transferred to Conciliation Court.
- Family Mediation:** The case is transferred to Conciliation Court.
- Family Mediation, Post-Decree**
- Family Evaluation:** The case is transferred to Conciliation Court.

**Property or Support Mediation** about  child support  spousal support  dividing property and debts  enforcement issues  other: \_\_\_\_\_

If this mediation is about child support, both parties must bring proof of income and proof of any expenses related to the children.

If this mediation is about dividing property and debts, both parties must bring proof of the following: debts, bank accounts, employment benefits, and property ownership and value.

**Stay on the Case:**

*Leave this unchecked. This is for the judge to check.*

There is a stay (pause) on this case, and the parties may not ask for any court orders (except for in an emergency\*) until 1) the parties receive a court order terminating the case from Conciliation Court or 2) 60 days have passed, whichever happens sooner.

**Your Safety:**

If you think these services would endanger you because of domestic violence, you can tell the court by using the self-help packet called *Telling the Court That Conciliation Court Services Could Endanger You*, available at the Law Library in the Coconino County Courthouse or online at <http://coconino.az.gov/lawlibrary>.

**Scheduling Your Services:**

The Court will contact you to schedule your services.

*Do not sign. This is for the judge to sign.*

Date: \_\_\_\_\_ Superior Court Judge: \_\_\_\_\_

cc: Person Filing/Attorney, The Other Party/Attorney, Sid Buckman, Division \_\_\_\_\_

\*Emergencies: During the stay, the parties may still ask the court for an Order of Protection, for orders based on an emergency the party can prove to the court, or to enforce a court order for parenting time.



# SUPERIOR COURT OF COCONINO COUNTY, ARIZONA

## DOMESTIC RELATIONS COVER SHEET - CASE NUMBER DO \_\_\_\_\_

Please print or type the following information

### TYPE OF ACTION: (Check One)

Dissolution:  With Children /  Without Children  
 Separation:  With Children /  Without Children  
 Move a Case to This Court From Another State

Annulment  Custody (Unmarried Parents)  
 Paternity/Maternity  Order of Protection

### PETITIONER

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_  
Gross Monthly Income: \_\_\_\_\_  
Date of Birth \_\_\_\_\_  Male  Female  
 White  Hispanic  Black  Native American  
 Native Hawaiian/Pacific Islander  Asian  Other

### RESPONDENT

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_  
Gross Monthly Income: \_\_\_\_\_  
Date of Birth \_\_\_\_\_  Male  Female  
 White  Hispanic  Black  Native American  
 Native Hawaiian/Pacific Islander  Asian  Other

### PETITIONER'S ATTORNEY

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

### RESPONDENT'S ATTORNEY

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

### MINOR CHILDREN

Name \_\_\_\_\_  
Name \_\_\_\_\_  
Name \_\_\_\_\_  
Name \_\_\_\_\_

DOB \_\_\_\_\_  
DOB \_\_\_\_\_  
DOB \_\_\_\_\_  
DOB \_\_\_\_\_

Names and DOB of any OTHER minor children of the petitioner and/or respondent, who are not involved in this case.

Are any of the children named above parties in a  Juvenile Delinquency,  Dependency or  Guardianship?

Have there been any other cases (excluding minor traffic offenses) in any court involving members of this family? If so, provide the case number. Please ask the Clerk to look up the case number for you if you do not know it.

Has anyone listed on this cover sheet been named in a Order of Protection or Injunction Against Harassment? If yes, please identify.

What Court granted the Protection Order?

Where did you get the forms you are filing today?  Self -Help Center  Online  Attorney  Bookstore  
 Other: \_\_\_\_\_

FLAP Attorney Initials \_\_\_\_\_

Name of Person Filing: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Representing Self \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO**

\_\_\_\_\_ Case Number (*leave blank*): DO \_\_\_\_\_  
 Petitioner's Name

**CONFIDENTIAL SENSITIVE DATA**  
**FORM**

\_\_\_\_\_ Respondent's Name  
**NOT FOR PUBLIC RECORD**  
 (OMIT SOCIAL SECURITY DATA ON OTHER FORMS)

A. Personal Information:

	<b>Name</b>	<b>Date of Birth</b>	<b>Social Security Number</b>
Petitioner:	_____	_____	_____
Respondent:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____

**OPTIONAL**

B. Financial Account Numbers (including credit cards, financial institution records, investments, debts):

Financial Institution	Type of Account	Name(s) on Account	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Pension and Retirement Accounts (including IRAs, 401Ks):

Financial Institution	Type of Account	Name(s) on Account	Account #
_____	_____	_____	_____
_____	_____	_____	_____

D. Life Insurance Policies:

Financial Institution	Type of Account	Name(s) on Account	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____