

# **DIVORCE WITHOUT CHILDREN**

## **STARTING A CASE**

### **THE OTHER PARTY WON'T SIGN**

#### **YOU CAN USE THIS PACKET IF ALL THIS IS TRUE:**

- You want a divorce.
- The other party will not sign the forms.
- You do not have a covenant marriage.
- You and/or your spouse will have lived in Arizona, or you will have been a member of the armed forces stationed in Arizona, for at least the 90 days before the date you file your court papers.
- You and your spouse do not have children under age 18, and the wife is not pregnant by the husband.
- Your spouse is not on active duty with the military.

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

**Protecting Your Address:** If the other party has committed or threatened to commit physical violence against you or your children, and you do not want the other party to know your address: 1) use a post office box on all your court forms or 2) see Rule 7, Arizona Rules of Family Law Procedure, about how to protect your address. See the Self-Help Center packet *Order of Protection* if you need a court to order the other party to stay away from you.

**STEP 1: READ THE FAMILY COURT SERVICES INFORMATION SHEET**

**STEP 2: READ THIS INFORMATION ABOUT GROUP HEALTH BENEFITS**

**Continuing group health benefits:** In many cases, federal law lets an employee's spouse and children temporarily continue group health benefits under the employer's plan after the employee and spouse are legally separated or divorced. To qualify for this extension, you or your spouse must notify the employer of your separation or divorce within 60 days of the court's signing the Decree that ends your case. The beneficiary must pay the entire premium of the continued coverage; the employer makes no contribution.

**STEP 3: READ THE NOTICE OF RIGHT TO CONVERT HEALTH INSURANCE**

**STEP 4: READ THE NOTICE REGARDING COMMUNITY DEBTS**

**STEP 5: DECIDE HOW TO DIVIDE PROPERTY AND DEBTS**

You will enter this information on the Petition later in these instructions.

**Community Property:** Community property is property (other than a gift or inheritance) that you and your spouse acquire after you were married and before one spouse serves divorce papers on the other. See the Petition for a list of types of community property. One type of community property is retirement benefits (pension/retirement fund/profit sharing/stock plans/401k). Division of retirement benefits is a complicated area of the law. You may want to see an attorney or accountant before deciding how to divide retirement benefits. After the judge divides the retirement benefits, you will have to contact an attorney, accountant, or company representative to get the documents needed to access the retirement monies.

**Community Debts:** Community debts are debts you and your spouse acquire after you were married and before one spouse serves divorce papers on the other, no matter who spent the money. Generally, the court will order a fair division and will not give most or all of the property or debts to one spouse. If you and/or your spouse still owe money on a piece of property, the court will probably give that debt to the same spouse who gets that property. You may ask that real property be sold and the proceeds divided between you and your spouse. Community property and debts you fail to list on the Petition will be considered still owned or owed by both you and your spouse. If you have questions, or have a lot of community property or debts, you should speak with an attorney.

**Separate Property:** Separate property is property you or your spouse acquire before you were married, after one spouse serves divorce papers on the other, or as an inheritance or gift.

**Separate Debts:** In general, separate debts are debts you or your spouse acquire before you were married or after one spouse serves divorce papers on the other.

Generally, the court will confirm that your separate property and debts are yours and your spouse's separate property and debts are your spouse's.

**STEP 6: FILL OUT THE DOMESTIC RELATIONS COVER SHEET**

You are the Petitioner. Your spouse is the Respondent. Fill in as much information as you know.

**STEP 7: FILL OUT THE FOLLOWING FORMS**

- Confidential Sensitive Data Form
- Petition For Divorce Without Children
- Summons
- Preliminary Injunction

**STEP 8: SCHEDULE A PRE-FILING MEETING**

YOU MUST READ AND FOLLOW ALL OF THE INSTRUCTIONS BEFORE THIS STEP BEFORE YOU SCHEDULE YOUR PRE-FILING MEETING.

At this free court service, an attorney will meet with you one-on-one to do the following:

- Make sure you have everything you need to start your case
- Explain what steps you need to take after you start your case
- Help you prepare child support forms, if you have children

Call 928-679-7544 to schedule your Pre-Filing Meeting.

**STEP 9: GO TO THE PRE-FILING MEETING**

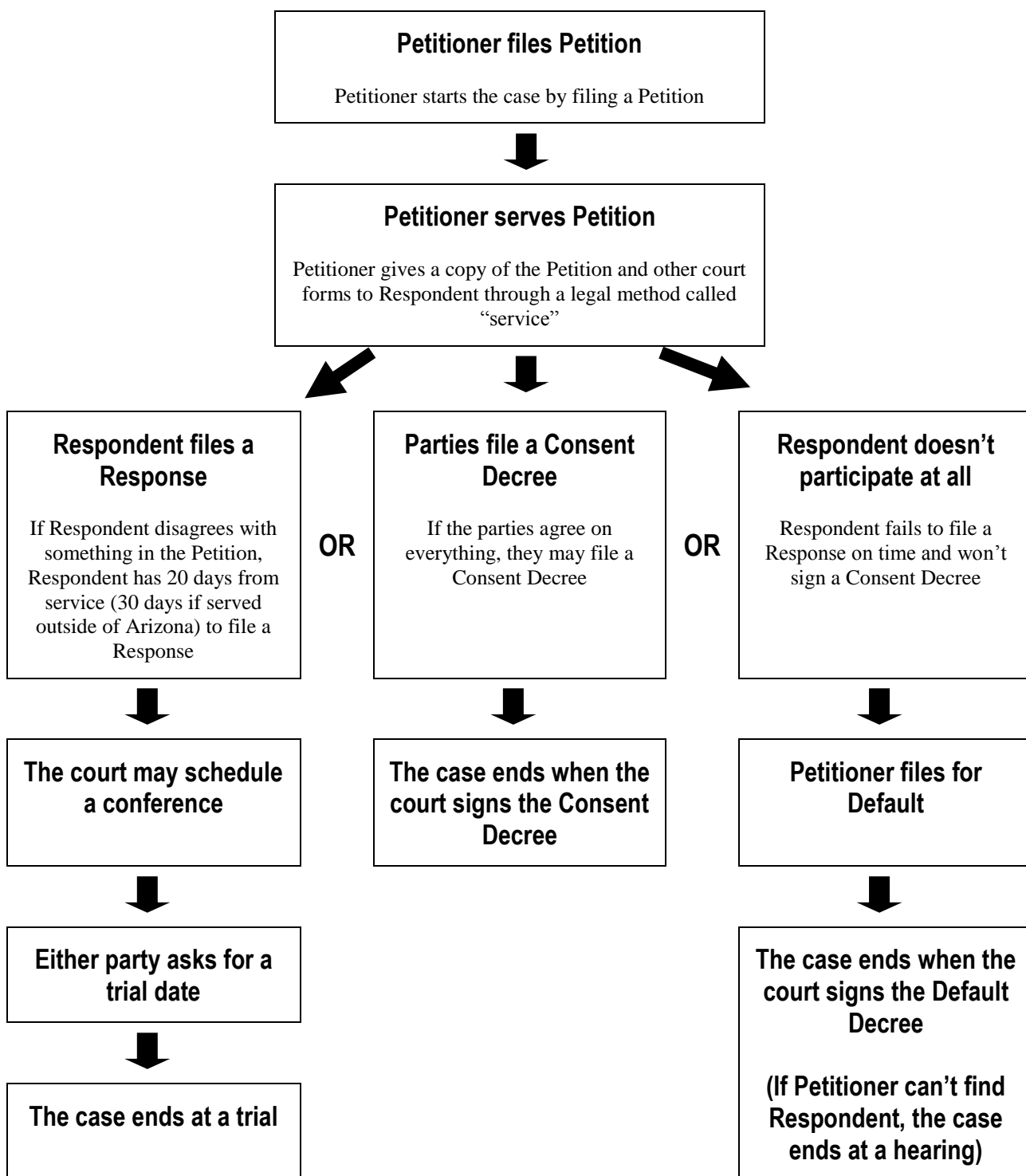
Bring the following, completed according to the instructions:

- Domestic Relations Cover Sheet
- Confidential Sensitive Data Form
- Petition for Divorce without Children
- Summons
- Preliminary Injunction
- Notice of Right to Convert Health Insurance
- Notice Regarding Community Debts (blank)

If you want to start your case immediately after your Pre-Filing Meeting, also bring the following:

- [ ] Money to make copies. The Law Library copy machine takes change and \$1 bills.
- [ ] The filing fee of \$319 (The Clerk's Office accepts cash, money orders, and cashier's checks payable to "Clerk of Superior Court". If you can't afford the fee, see the Self-Help Center packet *Getting Help With a Filing Fee.*)

## Flowchart of the Court Process



**How Long Does It Take?** Divorce or Legal Separation: at least 60 days. Unmarried parents: at least 30 days.

**Where Can I Find Forms?** The Law Library has forms for all of these steps.

928-679-7540, 877-806-3187, [www.coconino.az.gov/lawlibrary](http://www.coconino.az.gov/lawlibrary)

## FAMILY COURT SERVICES

Service	When Can I Ask for It?	How Much Does it Cost?	How Do I Ask for It?
<p><b>Reconciliation/Separation Counseling</b></p>	<p>Before or during a divorce or legal separation</p>	<ul style="list-style-type: none"> <li>• 1<sup>st</sup> session free</li> <li>• 2 more sessions at \$32 per session for a couple or \$24 per session for an individual</li> </ul>	<p>See the Law Library packet <i>Asking for Family Court Services</i></p>
<p><b>Family Mediation</b></p> <p>The parties meet with a neutral mediator to come to agreements about legal decision-making and parenting time.</p>	<p>Before or during a court case involving children</p>	<p>Free</p>	
	<p>After a court case involving children</p>	<p>\$100 per party</p>	
<p><b>Family Evaluation</b></p> <p>A mental health professional evaluates the family and recommends a legal decision-making and parenting time arrangement to the court.</p>	<p>During a court case involving children</p>	<p>Free</p>	
	<p>After a court case involving children</p>	<p>Fee set by the evaluator</p>	
<p><b>Property or Support Mediation</b></p> <p>The parties meet with a neutral mediator to come to agreements about child support, spousal support, or dividing property and debt.</p>	<p>Before a divorce or legal separation</p>	<p>\$270 per party</p>	<p>Call the Alternative Dispute Resolution Coordinator at 928-679-7508.</p>
	<p>During or after a divorce or legal separation</p>		<p>See the Law Library packet <i>Asking for Family Court Services</i></p>

Service	When Can I Ask for It?	How Much Does it Cost?	How Do I Ask for It?
<p><b>Cooperative Parenting</b></p> <p>The parties attend 8 classes over 8 weeks to gain insight, skills, and techniques to help their children’s long-term recovery from the disruption of family changes. The parties attend separate classes.</p>	<p>During a court case involving children</p>	<p>Free</p>	<p>Call the Law Library at 928-679-7540.</p>
<p><b>Rollercoasters</b></p> <p>Kids attend a 6-week therapeutic peer group to help them understand their parents’ divorce, separation, or other family changes. There are two peer groups: one for 5-8 year olds and one for 9-13 year olds.</p>	<p>During or after a court case involving children</p>		
<p><b>Best Interests Attorney</b></p> <p>The court appoints a qualified attorney to represent a child in a case involving children.</p>	<p>During a court case involving children</p>		

**Questions?** Call the Law Library at 679-7540 or 877-806-3187.

Case Number: \_\_\_\_\_

## **NOTICE OF RIGHT TO CONVERT HEALTH INSURANCE (ARS 20-1377 and 20-1408)**

**Important information if you are on your spouse's insurance plan:** When a Petition for Dissolution of Marriage (papers for a divorce decree) is filed, you or your children may continue to be covered under your spouse's health insurance policy, but you must take some steps to protect your rights.

**What insurance coverage applies to you and how to get it:** If you're covered by your spouse's health insurance and want coverage to continue after the divorce, you must contact the insurance company as soon as possible and start paying the monthly insurance premium within 31 days of the date the insurance would otherwise stop. The insurer can choose whether to continue coverage under the current policy or change it to your name. If the policy is changed to your name, it's called a "converted" policy. If the insurer converts the policy, the insurer must give you the same or the most similar level of coverage available, unless you ask for a lower level.

**What coverage applies to your children:** If you choose to continue coverage as a dependent spouse, you can also choose to continue coverage for your dependent children if you are responsible for their care or support.

**Pre-existing conditions or exclusions from insurance coverage:** Whether the insurance is continued or converted, the insurance must be provided to you without proof of insurability and without exclusions for coverage other than what was previously excluded before the insurance was continued or converted.

**Limits on rights to insurance coverage for you and your children:** You might not be entitled to continued or converted coverage if you're eligible for Medicare or coverage by similar insurance that, together with the continued coverage, would over-insure you. However, dependent children of a person eligible for Medicare may be covered by a continuance or conversion. If you have questions about coverage, check with the insurer and/or the spouse's employer.



Case Number: \_\_\_\_\_

**NOTICE REGARDING COMMUNITY DEBTS (ARS 25-318)**

In your property settlement agreement or decree of dissolution or legal separation, the court may assign responsibility for certain community debts to one spouse or the other. Please be aware that a court order that does this is binding on the spouses only and does not necessarily relieve either of you from your responsibility for these community debts. These debts are matters of contract between both of you and your creditors (such as banks, credit unions, credit card issuers, finance companies, utility companies, medical providers and retailers).

Since your creditors are not parties to this court case, they are not bound by court orders or any agreements you and your spouse reach in this case. On request, the court may impose a lien against the separate property of a spouse to secure payment of debts that the court orders that spouse to pay.

You may want to contact your creditors to discuss your debts as well as the possible effects of your court case on your debts. To assist you in identifying your creditors, you may obtain a copy of your spouse's credit report by making a written request to the court for an order requiring a credit reporting agency to release the report to you. Within thirty days after receipt of a request from a spouse who is a party to a dissolution of marriage or legal separation action, which includes the court and case number of the action, creditors are required by law to provide information as to the balance and account status of any debts for which the requesting spouse may be liable to the creditor. You may wish to use the following form, or one that is similar, to contact your creditors:

**CREDITOR NOTIFICATION**

Date: \_\_\_\_\_

Creditor's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

To whom it may concern:

I am a party to Case Number DO \_\_\_\_\_ in the Coconino  
County Superior Court.

Within thirty days after receipt of this notice, you are requested to provide the balance and  
account status of any debt identified by account number for which the requesting party may be  
liable to you.

Your Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Your Signature

# 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 _____	DOB _____
Name _____	DOB _____
Name _____	DOB _____
Name _____	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  
 (OMIT SOCIAL SECURITY DATA ON OTHER FORMS)

**NOT FOR PUBLIC RECORD**

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 #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

COCONINO COUNTY SUPERIOR COURT

In re the marriage of \_\_\_\_\_ Case Number (*leave blank*): DO \_\_\_\_\_

\_\_\_\_\_  
Petitioner (Me)

**PETITION FOR DIVORCE WITHOUT  
CHILDREN**

\_\_\_\_\_  
Respondent (My spouse)

**I STATE THE FOLLOWING UNDER OATH:**

**My Name:** \_\_\_\_\_

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

Birthdate: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Job title: \_\_\_\_\_

Number of months/years in a row to date I have lived in Arizona: \_\_\_\_\_

If not living in Arizona now, I  lived  did not live in Arizona at some point during our marriage.

**My Spouse's Name:** \_\_\_\_\_

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

Birthdate: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Job title: \_\_\_\_\_

Number of months/years in a row to date my spouse has lived in Arizona: \_\_\_\_\_

If not living in Arizona now, my spouse  lived  did not live in Arizona at some point during our marriage.

**The Marriage:** Date of Marriage: \_\_\_\_\_

City and state or country where we were married: \_\_\_\_\_

Our marriage is irretrievably broken. The conciliation provisions have been met or do not apply. We do not have a covenant marriage.

**Military Service:** My spouse is not in military service.

**Residency:** I and/or my spouse will have lived in Arizona, or I will have been stationed in Arizona while a member of the Armed Forces, for at least the 90 days before the date I file this Petition.

**Minor Children:** We have no biological or adopted children together, and the wife is not pregnant by the husband.

**I ASK THE COURT TO ORDER THE FOLLOWING:**

**Divorce:** Order that my spouse and I are divorced.

**Spousal Support:**

- Neither party is entitled to spousal support.
- Award  Petitioner or  Respondent \$\_\_\_\_\_ per month in spousal support from the other party beginning the first day of the month after the Decree is signed because they:
  - Lack sufficient property, including property apportioned to them, to provide for their needs
  - Lack earning ability in the labor market that is adequate to be self-sufficient
  - Are the parent of a child whose age or condition is such that the parent should not be required to seek employment outside the home
  - Have made a significant financial or other contribution to their spouse’s education, training, vocational skills, career, or earning ability, or has significantly reduced their income or career opportunities for their spouse’s benefit
  - Had a marriage of long duration and is of an age that may preclude the possibility of gaining employment adequate to be self-sufficient

Order that payments be made by the first day of each month thereafter and continue until the receiving party is remarried or deceased or until \_\_\_\_\_. Order that payments be made through the Support Payment Clearinghouse by automatic wage assignment. If there are temporary spousal maintenance orders, order a judgment for arrearages when the judge signs the Decree.

**Property and Debts:**

***WARNING: If you own any property or owe any debts, or if your spouse does, you must list them. See the Instructions in this packet for details.***

Order our community property and debts divided and our separate property and debts confirmed as follows.

**Community Property:**

	Value	Petitioner	Respondent
<u>Real Estate:</u>			
Address: _____	\$_____	<input type="checkbox"/>	<input type="checkbox"/>
Legal Description: _____			
Address: _____	\$_____	<input type="checkbox"/>	<input type="checkbox"/>
Legal Description: _____			
<u>Bank Accounts:</u>			
<i>Enter the name on the account and the account description (for example, “savings”).</i>			
_____	\$_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$_____	<input type="checkbox"/>	<input type="checkbox"/>

	Value	Petitioner	Respondent
_____	\$ _____	[ ]	[ ]
_____	\$ _____	[ ]	[ ]
<b>Motor Vehicles:</b>			
Make: _____	\$ _____	[ ]	[ ]
Model: _____			
Lienholder: _____			
Last Four Digits of VIN: _____			
Make: _____	\$ _____	[ ]	[ ]
Model: _____			
Lienholder: _____			
Last Four Digits of VIN: _____			
<b>Employment Benefits:</b>			
<i>Examples: 401K, retirement accounts, pensions.</i>			
<i>Enter name on the account and the fund name.</i>			
_____	\$ _____	[ ]	[ ]
_____	\$ _____	[ ]	[ ]
_____	\$ _____	[ ]	[ ]
_____	\$ _____	[ ]	[ ]

**Other Community Property:**

My spouse and I have already divided all remaining property, and I ask the court to confirm that division, except as follows.

	Value	Petitioner	Respondent
<b>Household Furniture and Appliances:</b>			
_____	\$ _____	[ ]	[ ]
_____	\$ _____	[ ]	[ ]
_____	\$ _____	[ ]	[ ]
_____	\$ _____	[ ]	[ ]
<b>Other:</b>			
_____	\$ _____	[ ]	[ ]
_____	\$ _____	[ ]	[ ]
_____	\$ _____	[ ]	[ ]
_____	\$ _____	[ ]	[ ]

**Community Debts:**

*Enter the name on the account, creditor, and description (for example, "credit card").*

_____	\$ _____	[ ]	[ ]
_____	\$ _____	[ ]	[ ]
_____	\$ _____	[ ]	[ ]
_____	\$ _____	[ ]	[ ]

<b>Separate Property:</b>	Value	Petitioner	Respondent
_____	\$ _____	[ ]	[ ]
_____	\$ _____	[ ]	[ ]
_____	\$ _____	[ ]	[ ]
_____	\$ _____	[ ]	[ ]

<b>Separate Debts:</b>			
_____	\$ _____	[ ]	[ ]
_____	\$ _____	[ ]	[ ]
_____	\$ _____	[ ]	[ ]
_____	\$ _____	[ ]	[ ]

**Name Change:** Restore my former name of: \_\_\_\_\_

**I Request the Following Other Orders:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I request any other orders that the court deems appropriate.

**OATH AND VERIFICATION:**

I have read this Petition. It is true and complete to the best of my knowledge.

*Sign in front of a notary. Notaries are at the Self-Help Center in the Courthouse and at most banks or listed in the Yellow Pages. The person signing must bring photo ID. Notaries usually charge a fee.*

My Signature: \_\_\_\_\_

State of Arizona )  
 )  
 County of \_\_\_\_\_ )

Subscribed and sworn before me this date: \_\_\_\_\_ by: \_\_\_\_\_

Seal: Notary Public: \_\_\_\_\_  
 Notary Expiration Date: \_\_\_\_\_



Petitioner's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self

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

Petitioner's Name: \_\_\_\_\_ Case Number: DO \_\_\_\_\_

**SUMMONS**

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

THE STATE OF ARIZONA TO (*enter Respondent's name*): \_\_\_\_\_

YOU ARE SUMMONED and required to appear and defend within the time applicable in this action in this court. If served in Arizona, you shall appear and defend within 20 days of service on you of the Summons and Petition, excluding the day of service. If served outside of Arizona, you shall appear and defend within 30 days of service on you of the Summons and Petition, excluding the day of service. Direct service is complete when made. Service by publication is complete 30 days after the first publication.

If you fail to appear and defend within the time applicable, judgment by default may be rendered against you for the relief demanded in the Petition.

In order to appear and defend, you must file a Response in writing with the clerk of this court, accompanied by the necessary filing fee, within the time required, and you must serve a copy of any Response on the Petitioner.

A copy of the pleading being served may be obtained from the Clerk of Superior Court, Coconino County Courthouse, 200 N. San Francisco St., Flagstaff, AZ 86001.

Requests for reasonable accommodation for persons with disabilities must be made to the court by parties at least three (3) working days in advance of a scheduled court proceeding.

If this is an annulment, divorce, or legal separation, either party can ask the court for counseling or mediation to try to reconcile or to come to agreements about the case outside of court. You can find a form at the Law Library.

*Leave this blank. This is for the court to fill in.*

SIGNED AND SEALED this date: \_\_\_\_\_

Clerk of Superior Court

By Deputy Clerk: \_\_\_\_\_

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

COCONINO COUNTY SUPERIOR COURT

Petitioner's Name: \_\_\_\_\_ Case Number: DO \_\_\_\_\_

**PRELIMINARY INJUNCTION**

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

**THIS ORDER AFFECTS YOUR RIGHTS. Read it immediately and carefully.** Your spouse has filed a Petition for divorce, annulment, or legal separation with the Court. This Preliminary Injunction Order is made at the direction of the Presiding Judge of the Coconino County Superior Court. It has the same force and effect as an order signed by the judge.

**Obey This Order:** Warning: This is an official court order. If you disobey this order the court may find you in contempt of court. You may also be arrested and prosecuted for the crime of interfering with judicial proceedings and any other crime you may have committed in disobeying this order.

**Effective Date of This Order:** This order is effective against the Petitioner when the Petition was filed with the court. It is effective against the other party when it is served on the other party. This court order is effective until a final decree of dissolution, legal separation or annulment is filed or the action is dismissed.

**Serving This Order:** The Petitioner shall serve a copy of this order on Respondent with a copy of the Petition, the Summons, and other required court papers.

**Actions That Are Forbidden While This Order is in Effect:** Arizona law (A.R.S. 25-315(A)) says that while this order is in effect, neither party shall:

- Hide earnings or community property from your spouse.
- Sell the community property or give it away to someone, unless you have your spouse's or the court's written permission. The law allows for situations in which you may need to transfer joint or community property as part of the everyday running of a business; or in which the sale of community property is necessary to meet the necessities of life, such as food, shelter, or clothing; or to pay court fees and attorney fees associated with this action. If this applies to you, you should see a lawyer for help.
- Transfer, encumber, use as collateral on a loan, conceal, sell, or otherwise dispose of any of the parties' joint, common, or community property, unless related to the usual course of business, the

necessities of life, or court fees and reasonable attorney fees associated with an action filed under this article, without the parties' written consent or the court's permission.

- Harass or bother your spouse or the children.
- Physically abuse or threaten your spouse or the children.
- Molest, harass, disturb the peace of, or commit assault or battery on the other party's person or the parties' natural or adopted children.
- Take children common to your marriage out of Arizona for any reason unless you and your spouse have a written agreement or court order beforehand.
- Remove or cause to be removed the other party or the parties' children from any existing insurance coverage, including medical, hospital, dental, automobile, and disability insurance. Both parties shall maintain all insurance coverage in full force and effect.

**Filing with Law Enforcement:** You or your spouse may file a certified copy of this order with your local law enforcement agency. A certified copy may be obtained from the clerk of the court that issued this order. If you are the person that brought this action, you must also file evidence with the law enforcement agency that this order was served on your spouse. If any changes are made to this order and you have filed a certified copy with your local law enforcement agency, you must notify them of the changes.

**Description of the Parties:**

Petitioner:

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

Gender:  Male  Female

Last Four Digits of Driver's License #: \_\_\_\_\_

Weight: \_\_\_\_\_

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

Height: \_\_\_\_\_

Respondent:

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

Gender:  Male  Female

Last Four Digits of Driver's License #: \_\_\_\_\_

Weight: \_\_\_\_\_

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

Height: \_\_\_\_\_

*Leave this blank. This is for the court to fill in.*

GIVEN UNDER MY HAND AND THE SEAL OF THE COURT this date: \_\_\_\_\_

Clerk of Superior Court

By Deputy Clerk: \_\_\_\_\_