

# **PRE-TRIAL STATEMENT**

## **FOR PARENTING TIME, LEGAL DECISION-MAKING, AND CHILD SUPPORT**

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

- You or the other party filed a Petition for parenting time, legal decision-making, and child support.
- The court scheduled a trial in your case.

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>Understand your deadlines</b>  There are a number of deadlines in these Instructions. If the judge ordered different deadlines, follow the deadlines the judge ordered. It can be helpful to organize all the deadlines on your calendar before starting so you're sure not to miss any.
<b>2</b>	<b>Read the Pre-Trial Orders you received with the court order scheduling your trial</b>  These list deadlines and requirements from the judge. There may be requirements in the Pre-Trial Orders in addition to what's in these Instructions.
<b>3</b>	<b>Make sure you have completed the Law Library packet called <i>Disclosure</i></b>
<b>4</b>	<b>Exchange copies of the following with each other</b>  [ ] Exhibits you want to have at the trial [ ] Reports of the expert witnesses you want to have at the trial  <b>Deadline:</b> Do this by 20 days before the trial. These days include weekends and holidays.

<p><b>5</b></p> <p><b>Deadline:</b></p>	<p><b>Fill out these forms and file them with the court</b></p> <p>The forms are in this packet.</p> <p><input type="checkbox"/> Affidavit of Financial Information  <input type="checkbox"/> Inventory of Property and Debts  <input type="checkbox"/> Decree of Parenting Time, Legal Decision-Making, and Child Support  <input type="checkbox"/> Notice of Issues</p> <p>Take or mail the original and two copies to the Clerk’s Office in the Coconino County Courthouse at 200 N. San Francisco St., Flagstaff, AZ 86001.</p> <p>The Clerk will stamp your copies with the filing date and return them to you for your records. If you file by mail, include a self-addressed, stamped envelope and a note asking the Clerk to return the date-stamped copies to you.</p> <p>Do this by 20 days before the trial. These days include weekends and holidays.</p>
<p><b>6</b></p>	<p><b>Deliver a copy of those forms to the other party</b></p> <p>Mail or hand-deliver the copies. You can email the copies if the other party agrees to that in writing or the judge orders that email is an option. If the other party has an attorney, deliver the copies to the attorney.</p>
<p><b>7</b></p>	<p><b>Decide if you and the other party will complete the Pre-Trial Statement together or separately</b></p> <p>The form is in this packet.</p> <p>You can complete one Pre-Trial Statement together, or you can each prepare your own Pre-Trial Statements.</p> <p><b>If you will prepare you own Pre-Trial Statement:</b> Complete the Pre-Trial Statement and skip to Step 10.</p> <p><b>If you will complete one Pre-Trial Statement together:</b> The Petitioner must take the lead on completing the form. Decide now who will file the form once it’s completed. Continue to Step 8.</p>

<p style="text-align: center;"><b>8</b></p> <p><b>Deadline:</b></p>	<p><b>The Petitioner must give the Respondent their outline for the Pre-Trial Statement</b></p> <p>This step applies if you're completing the Pre-Trial Statement together.</p> <p>Do this by 15 days before the trial. These days include weekends and holidays.</p>
<p style="text-align: center;"><b>9</b></p> <p><b>Deadline:</b></p>	<p><b>Then, exchange with each other the information needed to complete the Pre-Trial Statement</b></p> <p>This step applies if you're completing the Pre-Trial Statement together.</p> <p>Do this by 8 days before the trial. These days do not include weekends and holidays.</p>
<p style="text-align: center;"><b>10</b></p> <p><b>Deadline:</b></p>	<p><b>File the completed Pre-Trial Statement with the court</b></p> <p>Take or mail the original and two copies to the Clerk's Office in the Coconino County Courthouse at 200 N. San Francisco St., Flagstaff, AZ 86001.</p> <p>The Clerk will stamp your copies with the filing date and return them to you for your records. If you file by mail, include a self-addressed, stamped envelope and a note asking the Clerk to return the date-stamped copies to you.</p> <p>Do this by 5 days before the trial. These days do not include weekends and holidays.</p>
<p style="text-align: center;"><b>11</b></p>	<p><b>If you filled out the Pre-Trial Statement on your own, deliver a copy to the other party</b></p> <p>Mail or hand-deliver a copy. If the other party has an attorney, deliver the copy to the attorney.</p>

<p style="text-align: center;"><b>12</b></p> <p><b>Deadline:</b></p>	<p style="text-align: center;"><b>Deliver your exhibits to the judge’s assistant</b></p> <p>Use the Exhibits Cover Page form in this packet as a coversheet.</p> <p>Do this by 12:00 p.m. the day before the trial.</p>
<p style="text-align: center;"><b>13</b></p>	<p style="text-align: center;"><b>Go to the trial</b></p> <p>Bring your witnesses, three copies of your evidence, and a copy of every document you filed with the court in this case. Be prepared to tell the judge why you think the court should grant your requests.</p> <p>Before the trial, read the Law Library packet Representing Yourself in Court at <a href="https://coconino.az.gov/DocumentCenter/View/1879">https://coconino.az.gov/DocumentCenter/View/1879</a>.</p>

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

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

Petitioner's Name on the Petition that started this case: \_\_\_\_\_ Case Number: DO\_\_\_\_\_

**AFFIDAVIT OF FINANCIAL INFORMATION**

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

I am the  Petitioner or  Respondent

**INSTRUCTIONS:**

**DON'T LEAVE ANYTHING BLANK:** If a question doesn't apply, write "NA" for "not applicable". If you don't know the answer or are guessing, say that.

Round all amounts to the nearest dollar.

If there's not enough room for your answers, attach more paper.

After completing the form, **file the following with the court:**

- Affidavit of Financial Information
- Copies of your two most recent pay stubs
- If you're court-ordered to pay child support or arrears for children of other relationships: Proof of your payments over the last 12 months

And **give copies of the following to the other party:**

- Affidavit of Financial Information and any attachments
- Proof of your year-to-date income from all sources, including your two most recent pay stubs
- Complete copies of your federal income tax returns for the last three years with all schedules and attachments
- Your W-2 and 1099 forms from all sources of income for the last three years
- If you are 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 schedules and attachments

Are you sending copies of the items listed above to the other party?  Yes  No. If No, why not?  
\_\_\_\_\_

**OATH:**

I've read this Affidavit. The facts and financial information in it are true and correct. I understand that it might be perjury if I list false information. I understand that if I leave anything blank or list wrong information, the judge might order sanctions against me, including fees and expenses under Rule 31, Arizona Rules of Family Law Procedure.

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

**GENERAL INFORMATION:**

My Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Current Address: \_\_\_\_\_

Last date that I and the other party lived together: \_\_\_\_\_

*For married or divorced parties:*

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

Our divorce is  pending or  final. If final: Date of Divorce: \_\_\_\_\_

**Children:** These are all the children who are under 18 and are my and the other party's biological or adopted children:

Name	Birthdate	Last 4 Digits of Social Security Number

**Household:** These are all the people who live in my household:

Name	Relationship to Me	Birthdate	Gross Monthly Income

**Other People I Support:** These are all other people who I support and who are not already listed above:

Name	Relationship to Me	Age	Lives with Me? (Y/N)	I'm Court-Ordered to Support Them? (Y/N)

**Attorney's Fees:** Attorney's fees I've paid in this case: \$ \_\_\_\_\_

Where I got the money to pay those fees: \_\_\_\_\_

**Employment:**

My job/occupation/profession/title: \_\_\_\_\_

My current employer's name: \_\_\_\_\_

Current employer's address: \_\_\_\_\_

Date current employment began: \_\_\_\_\_

How often I'm paid:  Weekly  Every other week  Monthly  Twice a month

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

If I'm not working, it's because: \_\_\_\_\_

Previous employer's name: \_\_\_\_\_

Previous employer's address: \_\_\_\_\_

Previous job/occupation/profession/title: \_\_\_\_\_

Date previous job began: \_\_\_\_\_ Date previous job ended: \_\_\_\_\_

Why I left previous job: \_\_\_\_\_

Gross monthly pay at previous job: \$ \_\_\_\_\_

Total gross income from last three years' tax returns:

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

My total gross income from January 1 of this year to the date of this Affidavit: \$ \_\_\_\_\_

**Education/Training:**

	School Name	# of Years There	Last Year There	Degree Earned
High School				
College				
Post-Graduate				
Occupational Training				

**INCOME:**

**Gross Monthly Income:**

*What to list:* 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 payable jointly to you and your spouse.

*Monthly average:* Use a monthly average for items that change from month to month.

*Monthly total for weekly or biweekly income:* Multiply weekly income by 4.33 to get the monthly total. Multiply income received every other week by 2.165 to get the monthly total.

Gross monthly salary/wages ..... \$ \_\_\_\_\_  
 Rate of Pay: \$ \_\_\_\_\_ per [ ] hour [ ] week [ ] month [ ] year  
 Expenses my employer pays for:  
*Include all amounts your employer reimburses you for, including travel for work and to distant job sites, per diem, and living expenses for time spent at another job site.*  
 Automobile provision or allowance..... \$ \_\_\_\_\_  
 Auto expenses, such as gas, repairs, and insurance ..... \$ \_\_\_\_\_  
 Lodging ..... \$ \_\_\_\_\_  
 Other (explain): \_\_\_\_\_ \$ \_\_\_\_\_  
 Commissions/Bonuses ..... \$ \_\_\_\_\_  
 Tips ..... \$ \_\_\_\_\_  
 Self-employment income ..... \$ \_\_\_\_\_  
 Social Security benefits..... \$ \_\_\_\_\_  
 Worker's compensation and/or disability income ..... \$ \_\_\_\_\_  
 Unemployment compensation ..... \$ \_\_\_\_\_  
 Gifts/Prizes..... \$ \_\_\_\_\_  
 Spousal support (alimony) payments from a previous marriage ..... \$ \_\_\_\_\_  
 Rental income (net after expenses)..... \$ \_\_\_\_\_  
 Contributions to household living expenses by others ..... \$ \_\_\_\_\_  
 Other (explain): *Include dividends, pensions, interest, trust income, annuities, etc.* \_\_\_\_\_ \$ \_\_\_\_\_

**Total Gross Monthly Income: \$ \_\_\_\_\_**

Monthly child support I receive for my children from other relationships who live with me:  
 \$ \_\_\_\_\_

**Self-Employment:**

*Fill out this section if: Fill out this section only if you are self-employed, a member of a partnership, or a shareholder of a closely held corporation.*

Business name: \_\_\_\_\_  
 Business address: \_\_\_\_\_  
 Business phone number: \_\_\_\_\_  
 Type of business entity: \_\_\_\_\_  
 State and date of incorporation/formation: \_\_\_\_\_  
 Nature of my interest: \_\_\_\_\_  
 Nature of business: \_\_\_\_\_  
 Percent ownership: \_\_\_\_\_  
 Number of shares of stock: \_\_\_\_\_  
 Total issued and outstanding shares: \_\_\_\_\_  
 Gross sales/revenue over the last 12 months: \_\_\_\_\_

**EXPENSES:**

**Monthly Expenses for Children We Have in Common:**

*Fill out this section if: Fill out this section only if you and the other party have biological or adopted children together under age 18 or 18 and still in high school.*

*What to list: List only expenses that you pay yourself for those children.*

*Future expenses: If you list an expense you think you'll have in the future but don't have now, put an asterisk (\*) next to the amount.*

**Health Insurance:**

Total monthly cost ..... \$ \_\_\_\_\_

Premium cost to insure just me and not the children: \$ \_\_\_\_\_

Premium cost to insure just the children and not me: \$ \_\_\_\_\_

*You must list these premium costs. You can get them from your Human Resources Department.*

Names of all people covered by my insurance:

\_\_\_\_\_  
Name of insurance company and Policy/Group Number:

\_\_\_\_\_  
Do you have health insurance available to you?  Yes  No

If Yes, are you enrolled in that insurance?  Yes  No

**Dental/Vision Insurance:**

Total monthly cost ..... \$ \_\_\_\_\_

Premium cost to insure just me and not the children: \$ \_\_\_\_\_

Premium cost to insure just the children and not me: \$ \_\_\_\_\_

*You must list these premium costs. You can get them from your Human Resources Dept.*

Names of all people covered by my insurance:

\_\_\_\_\_  
Name of insurance company and Policy/Group Number:

**Unreimbursed Medical And Dental Expenses:**

*This is the cost to you that insurance doesn't reimburse.*

Co-payments ..... \$ \_\_\_\_\_  
Drugs and medical supplies ..... \$ \_\_\_\_\_  
Other (*explain*): \_\_\_\_\_ \$ \_\_\_\_\_

**Total A: Total Of Health Insurance, Dental/Vision Insurance, And Unreimbursed  
Medical And Dental Expenses: ..... \$ \_\_\_\_\_**

**Employer Pretax Program:**

Do you participate in an employer program for pretax payment of child care expenses ("Cafeteria Plan")?  Yes  No

**Child Care Costs:**

Total monthly child care costs (*do not include amounts that DES pays*) ..... \$ \_\_\_\_\_

Names of children receiving child care and cost per child:

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

Child care providers:

Name	Address

**Extraordinary Expenses:**

Monthly amount of extraordinary expenses for gifted or handicapped children (*explain*): \_\_\_\_\_ \$ \_\_\_\_\_

**Total B: Total Of Child Care Costs and Extraordinary Expenses ..... \$ \_\_\_\_\_**

**Monthly Expenses From Other Relationships:**

**Court-Ordered Support For Children Of Other Relationships:**

These are all the children under age 18, or 18 and still in high school, who I support or who live with me and who are not the other party's children:

Name	Relationship to Me

Monthly amount of child support I'm court-ordered to pay for children of other relationships ..... \$ \_\_\_\_\_

Monthly amount of arrears I'm court-ordered to pay for children of other relationships ..... \$ \_\_\_\_\_

Monthly amount of that child support and those arrears that I actually paid over the last 12 months: \$ \_\_\_\_\_

**Court-Ordered Spousal Support (Alimony) From Previous Marriages:**

Monthly amount of court-ordered spousal support I actually pay to spouses from previous marriages ..... \$ \_\_\_\_\_

<b>Total C: Total Of Expenses From Other Relationships ..... \$ _____</b>
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**My Monthly Expenses:**

**Fill out this section if:** Fill out the "My Monthly Expenses" section only if either party asked for any of the following:

- spousal support
- temporary division of bills
- attorney's fees and costs
- deviation from the child support guidelines
- enforcement of previous court orders

**What to list:** List your own expenses. Do not list expenses for the other party or for children who live with the other party unless you are paying those expenses yourself.

**Monthly average:** Use a monthly average for items that change from month to month.

*Future expenses: If you list an expense you think you'll have in the future but don't have now, put an asterisk (\*) next to the amount.*

**Housing:**

House payment:  
First mortgage ..... \$ \_\_\_\_\_  
Second mortgage..... \$ \_\_\_\_\_  
Homeowners association fee..... \$ \_\_\_\_\_  
Rent ..... \$ \_\_\_\_\_  
Repair and upkeep..... \$ \_\_\_\_\_  
Yard work/Pool/Pest control..... \$ \_\_\_\_\_  
Insurance and taxes not included in house payment..... \$ \_\_\_\_\_  
Other (*explain*): \_\_\_\_\_ \$ \_\_\_\_\_

**Total Housing Expenses: \$ \_\_\_\_\_**

**Utilities:**

Water, sewer, and garbage ..... \$ \_\_\_\_\_  
Electricity ..... \$ \_\_\_\_\_  
Gas ..... \$ \_\_\_\_\_  
Telephone..... \$ \_\_\_\_\_  
Mobile phone/pager ..... \$ \_\_\_\_\_  
Internet provider..... \$ \_\_\_\_\_  
Cable/Satellite television ..... \$ \_\_\_\_\_  
Other (*explain*): \_\_\_\_\_ \$ \_\_\_\_\_

**Total Utilities Expenses: \$ \_\_\_\_\_**

**Food:**

Food, milk, and household supplies..... \$ \_\_\_\_\_  
School lunches ..... \$ \_\_\_\_\_  
Meals outside the home ..... \$ \_\_\_\_\_

**Total Food Expenses: \$ \_\_\_\_\_**

**Clothing:**

Clothing for me..... \$ \_\_\_\_\_  
Uniforms or special work clothes ..... \$ \_\_\_\_\_  
Clothing for children living with me ..... \$ \_\_\_\_\_  
Laundry and dry-cleaning ..... \$ \_\_\_\_\_

**Total Clothing Expenses: \$ \_\_\_\_\_**

**Transportation:**

Car insurance ..... \$ \_\_\_\_\_  
These are all the cars and people covered by that insurance:  
\_\_\_\_\_  
\_\_\_\_\_  
Car payment ..... \$ \_\_\_\_\_  
Car repair and maintenance ..... \$ \_\_\_\_\_  
Gas and oil ..... \$ \_\_\_\_\_  
Bus fare/parking fees ..... \$ \_\_\_\_\_  
Other (*explain*): ..... \$ \_\_\_\_\_

**Total Transportation Expenses: \$ \_\_\_\_\_**

**Miscellaneous:**

School and school supplies ..... \$ \_\_\_\_\_  
School activities or fees ..... \$ \_\_\_\_\_  
Children's extracurricular activities..... \$ \_\_\_\_\_  
Church/contributions..... \$ \_\_\_\_\_  
Newspapers, magazines, and books..... \$ \_\_\_\_\_  
Barber and beauty shop..... \$ \_\_\_\_\_  
Life insurance (beneficiary's name: \_\_\_\_\_ ) \$ \_\_\_\_\_  
Disability insurance ..... \$ \_\_\_\_\_  
Recreation/entertainment ..... \$ \_\_\_\_\_  
Children's allowances ..... \$ \_\_\_\_\_  
Union/Professional dues ..... \$ \_\_\_\_\_  
Voluntary retirement contributions and savings deductions..... \$ \_\_\_\_\_  
Family gifts ..... \$ \_\_\_\_\_  
Pet expenses ..... \$ \_\_\_\_\_  
Cigarettes ..... \$ \_\_\_\_\_  
Alcohol..... \$ \_\_\_\_\_  
Extraordinary expenses for you (*list any unusual expenses for yourself that are unique to your family and not listed anywhere else on this form*): ..... \$ \_\_\_\_\_

**Total Miscellaneous Expenses: \$ \_\_\_\_\_**

<b>Total D: Total Of Housing, Utilities, Food, Clothing, Transportation, and Miscellaneous Expenses ..... \$ _____</b>
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**Other Debts:**

List all debts and installment payments you currently owe and are paying that are not already listed above.

Creditor Name	Purpose of Debt	Unpaid Balance	Amount of Last Payment	Date of Last Payment	Minimum Monthly Payment

<b>Total E: Total Of Minimum Monthly Payments for Other Debts .....</b>	<b>\$ _____</b>
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**Total of All Monthly Expenses** (Add together Totals A, B, C, D, and E, and enter the total here)..... **\$ \_\_\_\_\_**

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

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

Petitioner: \_\_\_\_\_ Case Number: DO \_\_\_\_\_

**INVENTORY OF PROPERTY AND DEBTS**

Petitioner  
 Respondent

Respondent: \_\_\_\_\_

**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 under "Contested Position". Value of the property is its current fair market value minus any encumbrances. If you need additional room, add a separate sheet of paper.

Description	Date Acquired	Value	Contested Position	Proposed allocation [H or W]
<b>A. Cash and Financial Institution Accounts: Savings, Checking, Money Market, etc. Include financial institution's name, branch, and account number.</b>				
1.				
2.				
3.				
4.				
5.				
<b>B. Investments: Stocks, Bonds, Notes, Certificates of Deposit, Mortgages, Deeds of Trust, etc.</b>				
6.				
7.				
8.				
9.				
10.				

C. Life Insurance: Company name, owner, policy number, insured, beneficiary death benefits, and cash surrender value (if any)				
11.				
12.				
13.				
14.				
15.				
D. Retirement Plans: Pension, profit-sharing, 401(k), Deferred Compensation				
16.				
17.				
18.				
19.				
20.				
E. Real Property				
21.				
22.				
23.				
24.				
25.				
F. Business Interests: Corporations, Partnerships, Limited Liability Corporations, Joint Ventures, Proprietorships				
26.				
27.				
28.				
29.				
30.				
G. Vehicles: Cars, Motorcycles, Motor Homes, Boats, Trailers, etc.				
31.				
32.				
33.				
34.				
35.				
H. Personal Property over \$100 in Value: Household goods, personal effects, antiques, objects of intrinsic value				
36.				
37.				
38.				
39.				
40.				
41.				
42.				
43.				
44.				
45.				
46.				
47.				

48.				
49.				
50.				
51.				
52.				
53.				
54.				
55.				
60.				
61.				
62.				
63.				
I. Miscellaneous Assets				
64.				
65.				
66.				
67.				
68.				
69.				
70.				
71.				
72.				
73.				

**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.						

Creditor Name	Purpose of Debt	Unpaid Balance	Min. Monthly Payment	Date of Last Payment	Contested Position	Proposed Allocation [H or W]
15.						
16.						
17.						
18.						
19.						
20.						

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Petitioner  Respondent

Attorney for  Petitioner  Respondent

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

COCONINO COUNTY SUPERIOR COURT

Petitioner: \_\_\_\_\_ Case Number: DO \_\_\_\_\_

**DECREE OF PARENTING TIME,  
LEGAL DECISION-MAKING AND  
CHILD SUPPORT**

**[ ] AND PATERNITY ORDER**

Respondent: \_\_\_\_\_ Atlas Number: \_\_\_\_\_

**THE COURT FINDS:**

This case has come before the court for a Decree of Parenting Time, Legal Decision-Making, and Child Support. The court has taken all testimony needed to enter a Decree. The court has jurisdiction over the parties under the law, and the provisions of this Decree are fair and reasonable under the circumstances. The conciliation provisions have been met or do not apply.

**Minor Children:**

The following children were born to Petitioner and Respondent when they were not married to each other.

CHILD'S NAME: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
CHILD'S NAME: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
CHILD'S NAME: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Parent Information Class:**

*Leave the Parent Information Class section blank.*

[ ] The parties have attended the Parent Information Class as evidenced by the Certificates of Completion in the court file, or attendance has been waived by the Court; OR

- Petitioner and/or  Respondent has not completed the parent information class. Until completion of the class, the court may deny relief in favor of that party, hold that party in contempt of court, or impose any other sanction reasonable in the circumstances, including but not limited to enforcing or modifying this Decree.

**THE COURT ORDERS:**

**Paternity:**

- Father is the children’s father. Father’s Name: \_\_\_\_\_

- Father’s name shall be added to each child’s birth certificate. If any of the children’s birth certificates list the name of a father other than Father, that name shall be changed as follows:

Child’s Name	Change This Father’s Name:	To This Father’s Name:
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Each child’s last name is changed to Father’s last name, and for each child a new birth certificate shall be issued showing the new name, as follows:

The Current Name	Is Changed to the New Name	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Petitioner or  Respondent shall pay the other party \$\_\_\_\_\_ for the cost of pregnancy, childbirth, and/or the children’s past medical expenses in the amount of \$\_\_\_\_\_ per month until paid in full. The first payment is due on the first day of \_\_\_\_\_.
- Respondent shall pay Petitioner \$\_\_\_\_\_ for Petitioner’s costs and expenses for this action in the amount of \$\_\_\_\_\_ per month until paid in full. The first payment is due on the first day of \_\_\_\_\_.

**Legal Decision-Making About the Children:**

- Joint Legal Decision-Making:** The parties are awarded joint legal decision-making about the children as set forth in the Joint Legal Decision-Making Agreement signed by the parties and filed with the Court. The Court adopts the terms of the Agreement. The Agreement has become part of the Decree and carries the same legal weight as the Decree. No significant domestic violence has occurred between the parties.

- Sole Legal Decision-Making:**  Petitioner or  Respondent is awarded sole legal decision-making about the children. Joint legal decision-making is not in the children’s best interest because *(you must fill in this blank if you ask for sole legal decision-making):*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Children's Primary Residence:**

- Children will live mostly with Petitioner.
- Children will live mostly with Respondent.
- Children will live equally with Petitioner and Respondent.

**Parenting Time:**

**The Court Orders This Parenting Time Plan:**

The children will be in Petitioner's care at these times:

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At the start of Petitioner's time with the children,  Respondent will drop them off or  
 Petitioner will pick them up at this time: \_\_\_\_\_  
 at this location: \_\_\_\_\_

The children will be in Respondent's care at these times:

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At the start of Respondent's time with the children,  Petitioner will drop them off or  
 Respondent will pick them up at this time: \_\_\_\_\_  
 at this location: \_\_\_\_\_

While the parties understand the court may enforce this drop-off and pick-up schedule, they will be reasonably flexible about it.

**Other scheduling arrangements:**

During Summer school breaks, parenting time will be:

- the same as always
- with  Petitioner or  Respondent
- at both households according to this schedule:

- We each are entitled to an annual \_\_\_\_\_-week vacation with the children. We will work out the details of the vacation at least \_\_\_\_\_ days in advance.
- Neither party will travel with the children outside Arizona for longer than \_\_\_\_\_ days without notifying the other party ahead of time.

We will inform each other of plans to travel out of the area with the children and of addresses and phone numbers where we and children can be reached during travel.

Holidays:

	Even Years		Odd Years	
	Petitioner	Respondent	Petitioner	Respondent
Spring Vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother's Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father's Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 <sup>th</sup> of July	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall Break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Halloween	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thanksgiving Weekend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hanukkah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter Break: Week 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter Break: Week 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Birthdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Each party will have the children on that party's birthday.

On three-day weekends, which include Martin Luther King Day, President's Day, Memorial Day, Labor Day, and Columbus Day, the children will remain in the care of the party who has them for the weekend.

Holiday times will begin and end as follows: \_\_\_\_\_

Phone access:

Each party may contact the children by phone during the children's normal waking hours.

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

Religion:

Each party may take the children to a place of worship of that party's choice while the children are in that party's care.

The children may be instructed in the following faith: \_\_\_\_\_

Religious arrangements do not apply to this Plan.

Communicating with each other: The parties will communicate with each other about the children  by phone  by email  by text  in person at least every \_\_\_\_\_ days.

The parties may change the parenting plan by written agreement only, except in an emergency.

Reviewing the plan: The parties will review this Plan every \_\_\_\_\_ months and ask the court for any necessary or desired changes.

Disagreements: If the parties have disagreements about this Parenting Plan in the future – such as about changes, violations, or moving with the children – they'll make their best effort to cooperate and come to agreements in the children's best interest. If they can't agree, they have

the option to ask for mediation through the court or a private mediator of their choice. While they're trying to come to an agreement, they will continue to follow this Parenting Plan.

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

**The Court Orders Supervised Parenting Time:**

Unsupervised parenting time would endanger the children's physical, mental, moral, or emotional health because:

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

Parenting time may take place only in the presence of another person, named as follows:

Other restrictions on parenting time:

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

The cost of supervised parenting time, if any, will be paid  by the party being supervised or  by the custodial party or  equally by both parties.

**The Court Orders No Parenting Time:**

Even supervised parenting time with the other party would endanger the children's physical, mental, moral, or emotional health because:

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

**Child Support:** Child support shall be paid as stated in the Child Support Order issued on or about this date: (*leave blank*) \_\_\_\_\_. The child support obligation shall continue until the children have reached age 18 and graduated from high school or have reached 19 and have not graduated from high school. The paying party must apply to the court to terminate child support payments.

**Children's Insurance and Health Care Expenses:** The party ordered to pay shall keep the other party informed of the insurance company name, address, and phone number and provide the other party with all documents necessary to submit insurance claims.

Petitioner is responsible for providing  medical  dental  vision care insurance.

Respondent is responsible for providing  medical  dental  vision care insurance.

Petitioner will pay \_\_\_\_\_% and Respondent will pay \_\_\_\_\_% of all reasonable un-reimbursed medical, dental, and health related expenses incurred for the children.

**Tax Exemptions:** The parties' income tax dependency exemptions are divided as follows. A party required to pay child support shall claim children as income tax dependency deductions only if the party has paid all child support due and owing. If there is unpaid child support owed at the end of the tax year, the non-paying party is entitled to claim all deductions for the tax year.

Party Entitled to Claim:

Petitioner	Respondent	Child's Name	Tax Years
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**Enforcement of Temporary Orders:** *(Leave this paragraph blank.)* For obligations ordered to be paid in the temporary orders dated \_\_\_\_\_:  they are satisfied in full or  judgment is awarded against the party with the obligation. The amount owing as of the date of this Decree is \$\_\_\_\_\_. At the legal rate of interest, the total amount currently owing is \$\_\_\_\_\_.

**Final Appealable Order:** No further matters remain pending and this judgment is entered under Rule 78(c).

**Other Orders:**

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Petitioner shall mail a copy of this decree to Respondent.

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

**APPROVED BY:**

I have read this Decree, the Child Support Order, and the Income Withholding Order and agree to be bound by their terms and conditions.

*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.*

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

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

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

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

My Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Representing Self \_\_\_\_\_

COCONINO COUNTY SUPERIOR COURT

Petitioner: \_\_\_\_\_ Case Number: DO \_\_\_\_\_

**NOTICE OF ISSUES**

Respondent: \_\_\_\_\_

I am  the Petitioner or  the Respondent.

I'm listing here all the issues that we still disagree on in this case and that I plan to present at the trial. I understand that on this form I'm just checking the boxes next to the topics we disagree on, and I'm not going into detail about *how* we disagree. The details about how we disagree are listed on the Pretrial Statement.

**I understand that if I don't check an issue here, I won't be able to present that issue at the trial.**

We disagree on these issues that I plan to present at the trial:

- Divorce:** We disagree on whether we should be divorced.
- Legal Separation:** We disagree on whether we should be legally separated.
- Paternity:** We disagree on whether the court should order paternity for the children.
- Legal Decision-Making:** We disagree on the legal decision-making for the children.
- Parenting Time:** We disagree on parenting time or related orders.
- Child Support:** We disagree on child support.
- Spousal Support:** We disagree on spousal support.
- Property and Debts:** We disagree on the division of property and debts.



**Fill Out This Form Together:** You're required to fill this out with the other party, unless there is domestic violence. If the other party won't fill this out with you, or if there's domestic violence, fill this out on your own to the best of your knowledge.

If you need more room, attach more paper.

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

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

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

Petitioner: \_\_\_\_\_ Case Number: DO \_\_\_\_\_

**PRE-TRIAL STATEMENT**

- Joint (we filled this out together)
- Separate (I filled this out on my own)
  
- Divorce
- Legal Separation
- Parenting Time and Legal Decision-Making  
**With Minor Children**

Respondent: \_\_\_\_\_

**MINOR CHILDREN:**

Name	Birthdate
_____	_____
_____	_____
_____	_____

**WITNESSES:**

*If a witness is not listed here, they won't be allowed at the trial.*

Each party signing this document reserves his or her right to call as a witness himself or herself and witnesses from the other party's witness list.

**Petitioner's Witnesses:**

Name	Phone	Address	Deposition Testimony Only (not in person)
_____	_____	_____	[ ]
_____	_____	_____	[ ]
_____	_____	_____	

**Respondent's Witnesses:**

Name	Phone	Address	Deposition Testimony Only (not in person)
_____	_____	_____	[ ]
_____	_____	_____	[ ]
_____	_____	_____	

**Objections to Witnesses:**

Petitioner objects to these witnesses:

Witness Name	Why I Object
_____	_____
_____	_____

Respondent objects to these witnesses:

Witness Name	Why I Object
_____	_____
_____	_____

**LENGTH OF TRIAL:**

How many witnesses are listed above? \_\_\_\_\_. The court should allow more than the time scheduled for trial if needed based on that number of witnesses.

**EXHIBITS:**

The court should admit the following exhibits into evidence:

Affidavit of Financial Information

Inventory of Property and Debts (if this is a divorce or legal separation)

Parent’s Worksheet for Child Support Amount

Exhibit Description	Petitioner or Respondent		Specific Reasons for the Objection
	Objects to This Exhibit		
	Pet.	Resp.	
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

**DISCOVERY AND DISCLOSURE:**

Each person signing this document has completed all pre-trial discovery and disclosure and delivered to the other party all exhibits and reports of expert witnesses who have been listed as witnesses.

**SETTLEMENT:**

*“Settlement” means that the parties come to agree on all the terms of the case without a trial.*

We have discussed settlement in good faith, or:

We have not discussed settlement because:

\_\_\_\_\_

**STIPULATIONS OR AGREEMENTS AND CONTESTED AND UNCONTESTED FACTS:**

**For Legal Separation:**

Respondent objects to a legal separation.

**For Divorce or Legal Separation:**

		As Listed in the Following Document: <i>for example: "Petition" or "Response"</i>	Date That Document Was Signed
We Agree on Petitioner Wants Respondent Wants	<b>Spousal Support</b>	_____	_____
		_____	_____
		_____	_____
We Agree on Petitioner Wants Respondent Wants	<b>Property and Debts</b>	_____	_____
		_____	_____
		_____	_____
We Agree on Petitioner Wants Respondent Wants	<b>Tax Status</b>	_____	_____
		_____	_____
		_____	_____

**For All Cases:**

		As Listed in the Following Document	Dated
We Agree on Petitioner Wants Respondent Wants	<b>Legal Decision- Making About the Children</b>	_____	_____
		_____	_____
		_____	_____
We Agree on Petitioner Wants Respondent Wants	<b>Children's Primary Residence</b>	_____	_____
		_____	_____
		_____	_____
We Agree on Petitioner Wants Respondent Wants	<b>Parenting Time</b>	_____	_____
		_____	_____
		_____	_____
We Agree on Petitioner Wants Respondent Wants	<b>Child Support*</b>	_____	_____
		_____	_____
		_____	_____

\*including Children's Insurance and Health Expenses, and Tax Exemptions

**For Divorce or Legal Separation:**

*“Contested Fact” means that the parties disagree whether something happened in a certain way or whether it is true. “Uncontested Fact” means that the parties agree that something happened or that it is true.*

	Detailed and Concise Statement of Contested Facts	Uncontested Facts
<b>Spousal Support</b>	_____	_____
	_____	_____
	_____	_____
	_____	_____
<b>Property and Debts</b>	_____	_____
	_____	_____
	_____	_____
	_____	_____
<b>Tax Status</b>	_____	_____
	_____	_____
	_____	_____
	_____	_____

**For All Cases:**

*“Contested Fact” means that the parties disagree whether something happened in a certain way or whether it is true. “Uncontested Fact” means that the parties agree that something happened or that it is true.*

	Detailed and Concise Statement of Contested Facts	Uncontested Facts
<b>Legal Decision-Making About the Children</b>	_____	_____
	_____	_____
	_____	_____
	_____	_____
<b>Children’s Primary Residence</b>	_____	_____
	_____	_____
	_____	_____
	_____	_____
<b>Parenting Time</b>	_____	_____
	_____	_____
	_____	_____

Detailed and Concise Statement of  
Contested Facts

Uncontested Facts

**Child Support\***

_____	_____
_____	_____
_____	_____
_____	_____

\*including Children's Insurance and Health Expenses, and Tax Exemptions

**Other Issues:** We stand as follows on any terms of this case not listed above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

