

PRE-TRIAL STATEMENT FOR CASES WITHOUT CHILDREN

YOU CAN USE THIS PACKET IF ALL THIS IS TRUE:

- The court scheduled a trial in your divorce or legal separation.
- Your case does not involve children.

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

1	Understand your deadlines 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.
2	Read the Pre-Trial Orders you received with the court order scheduling your trial 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.
3	Make sure you have completed the Law Library packet called <i>Disclosure</i>
4	Exchange copies of the following with each other <input type="checkbox"/> Exhibits you want to have at the trial <input type="checkbox"/> Reports of the expert witnesses you want to have at the trial Deadline: Do this by 20 days before the trial. These days include weekends and holidays.

<p style="text-align: center;">5</p> <p>Deadline:</p>	<p>Fill out these forms and file them with the court</p> <p>The forms are in this packet.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Affidavit of Financial Information <input type="checkbox"/> Inventory of Property and Debts <input type="checkbox"/> Decree of Divorce or Legal Separation Without Children <input type="checkbox"/> Notice of Issues <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 style="text-align: center;">6</p>	<p>Deliver a copy of those forms to the other party</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 style="text-align: center;">7</p>	<p>Decide if you and the other party will complete the Pre-Trial Statement together or separately</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>If you will prepare you own Pre-Trial Statement: Complete the Pre-Trial Statement and skip to Step 10.</p> <p>If you will complete one Pre-Trial Statement together: 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;">8</p> <p>Deadline:</p>	<p>The Petitioner must give the Respondent their outline for the Pre-Trial Statement</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;">9</p> <p>Deadline:</p>	<p>Then, exchange with each other the information needed to complete the Pre-Trial Statement</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;">10</p> <p>Deadline:</p>	<p>File the completed Pre-Trial Statement with the court</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;">11</p>	<p>If you filled out the Pre-Trial Statement on your own, deliver a copy to the other party</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;">12</p> <p>Deadline:</p>	<p style="text-align: center;">Deliver your exhibits to the judge’s assistant</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;">13</p>	<p style="text-align: center;">Go to the trial</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 https://coconino.az.gov/DocumentCenter/View/1879.</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 \$ _____

Total C: Total Of Expenses From Other Relationships \$ _____

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: \$ _____

Total D: Total Of Housing, Utilities, Food, Clothing, Transportation, and Miscellaneous Expenses \$ _____
--

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

Total E: Total Of Minimum Monthly Payments for Other Debts \$ _____

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]
A. Cash and Financial Institution Accounts: Savings, Checking, Money Market, etc. Include financial institution's name, branch, and account number.				
1.				
2.				
3.				
4.				
5.				
B. Investments: Stocks, Bonds, Notes, Certificates of Deposit, Mortgages, Deeds of Trust, etc.				
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:

- LEGAL SEPARATION**
 DIVORCE
WITHOUT MINOR CHILDREN

By Default or After Trial

Respondent: _____

THE COURT FINDS:

This case has come before the court for a Decree. The court has taken all testimony needed to enter a final Decree. The court has jurisdiction over the parties under the law, and the provisions of the Decree are fair and reasonable under the circumstances.

The Parties and the Marriage:

The conciliation provisions have been met or do not apply.

For a Decree of Legal Separation: The parties' non-covenant marriage is irretrievably broken, or at least one party desires to live separate and apart. At least one party lived in Arizona, or was stationed in Arizona while a member of the armed services, on the date the Petition was filed. Respondent does not object to a decree of legal separation.

For a Decree of Divorce: The parties' non-covenant marriage is irretrievably broken. At least one party lived in Arizona for at least the 90 days before the date the Petition was filed.

THE COURT ORDERS:

For a Decree of Legal Separation: The parties are legally separated.

For a Decree of Divorce: The parties' marriage is dissolved.

Spousal Support:

- Neither party is entitled to spousal support.
- Petitioner or Respondent shall receive \$_____ per month in spousal support from the other party beginning the first day of the month after the Decree is signed. because he/she:
 - Lacks sufficient property to provide for his or her reasonable needs
 - Is unable to support himself or herself through appropriate employment
 - Is the custodian of at least one child whose age or condition is such that the person should not be required to seek employment outside the home
 - Lacks earning ability in the labor market adequate to support himself or herself
 - Contributed to the educational opportunities of the other spouse
 - Had a marriage of long duration and is now of an age that precludes the possibility of gaining employment adequate to support himself or herself

Payments shall be made by the first day of each month thereafter and continue until the receiving party is remarried or deceased or until _____, whichever is sooner.

Payments shall be made through the Support Payment Clearinghouse by automatic wage assignment.

Property and Debts:

Community property and debts are divided and separate property and debts are confirmed as follows.

	Value	Petitioner	Respondent
Community Property:			
<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"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

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

Other Community Property:

[] The parties have already divided all remaining property, and the court confirms that division, except as follows.

	Value	Petitioner	Respondent
Household Furniture and Appliances:			
_____	\$ _____	[]	[]
_____	\$ _____	[]	[]
_____	\$ _____	[]	[]
_____	\$ _____	[]	[]
Other:			
_____	\$ _____	[]	[]
_____	\$ _____	[]	[]
_____	\$ _____	[]	[]
_____	\$ _____	[]	[]

Community Debts:

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

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

Separate Property:

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

	Value	Petitioner	Respondent
Separate Debts:			
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

Each party shall pay all debts unknown to the other party. Each party shall pay his or her debts forward from the date the Petition was served on Respondent. This Decree can be used as a transfer of title and can be recorded. Parties shall sign all documents necessary to complete all transfers of title ordered in this Decree, such as for motor vehicles, houses, and bank accounts. The parties shall transfer all real and personal property to the other party as ordered within 10 calendar days after the judge signs the Decree.

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 \$ _____.

Names (for Divorce only):

Petitioner's former name is restored to: _____
 Respondent's former name is restored to: _____

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

Other Orders:

Petitioner shall mail a copy of this Decree to Respondent.

Date: _____ Superior Court Judge: _____

APPROVED BY:

I have read this Decree and agree to be bound by its 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 by myself)

- Divorce
- Legal Separation
- Without Minor Children**

Respondent: _____

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

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

		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	Spousal Support	_____	_____
We Agree on Petitioner Wants Respondent Wants	Property and Debts	_____	_____

		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	Tax Status	_____	_____
		_____	_____
		_____	_____

Definitions: "Contested Fact": Parties disagree whether something happened in a certain way or whether it is true. "Uncontested Fact": Parties agree that something happened or that it is true.

	Detailed and Concise Statement of Contested Facts	Uncontested Facts
Spousal Support	_____ _____ _____ _____	_____ _____ _____ _____
Property and Debts	_____ _____ _____ _____	_____ _____ _____ _____
Tax Status	_____ _____ _____ _____	_____ _____ _____ _____

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

Date: _____

Petitioner's Signature: _____

Date: _____

Respondent's Signature: _____

