

# **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

**Deadline:** You must file these forms with the court at least 20 days before the trial.

**STEP 1: MAKE SURE YOU HAVE COMPLETED THE LAW LIBRARY PACKET CALLED *DISCLOSURE***

**STEP 2: EXCHANGE COPIES OF THE FOLLOWING WITH EACH OTHER**

- Exhibits you want to have at the trial
- Reports of the expert witnesses you want to have at the trial

**STEP 3: FILL OUT THE PRE-TRIAL STATEMENT**

**STEP 4: FILL OUT AN AFFIDAVIT OF FINANCIAL INFORMATION FOR EACH PERSON WHO SIGNED THE PRE-TRIAL STATEMENT**

**STEP 5: FILL OUT AN INVENTORY OF PROPERTY AND DEBTS FOR EACH PERSON WHO SIGNED THE PRE-TRIAL STATEMENT**

**STEP 6: FILL OUT THE DECREE OF DIVORCE OR LEGAL SEPARATION WITHOUT CHILDREN**

**STEP 7: FILE THE FOLLOWING WITH THE COURT AT LEAST 20 DAYS BEFORE THE TRIAL**

Take or mail the original and two copies of the following to the Clerk's Office in the Coconino County Courthouse at 200 N. San Francisco St., Flagstaff, AZ 86001.

- Pre-Trial Statement
- An Affidavit of Financial Information for each person who signed the Pre-Trial Statement
- An Inventory of Property and Debts for each person who signed the Pre-Trial Statement
- Decree of Divorce or Legal Separation Without Children

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.

**STEP 8: IF YOU FILLED OUT THE PRE-TRIAL STATEMENT ON YOUR OWN: DELIVER COPIES TO THE OTHER PARTY**

Mail or hand-deliver a copy of each form you filed in Step 7 to the other party. If the other party has an attorney, deliver the copies to the attorney.

**STEP 9: GO TO THE TRIAL**

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.

Before the trial, watch the courts video *How to Represent Yourself in Court* online at <http://tinyurl.com/mp8py4n> to learn about trial procedures.

**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"/>	<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 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	<b>Spousal Support</b>	_____	_____
		_____	_____
		_____	_____
We Agree on Petitioner Wants Respondent Wants	<b>Property and Debts</b>	_____	_____
		_____	_____
		_____	_____

		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>Tax Status</b>	_____	_____
		_____	_____
		_____	_____

*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
<b>Spousal Support</b>	_____ _____ _____ _____	_____ _____ _____ _____
<b>Property and Debts</b>	_____ _____ _____ _____	_____ _____ _____ _____
<b>Tax Status</b>	_____ _____ _____	_____ _____ _____

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

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

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

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

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

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

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.* \_\_\_\_\_ \$ \_\_\_\_\_

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**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*): \_\_\_\_\_ \$ \_\_\_\_\_

<b>Total A: Total Of Health Insurance, Dental/Vision Insurance, And Unreimbursed Medical And Dental Expenses: .....</b>	<b>\$ _____</b>
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**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*): \_\_\_\_\_ \$ \_\_\_\_\_

<b>Total B: Total Of Child Care Costs and Extraordinary Expenses .....</b>	<b>\$ _____</b>
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**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>
--



**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:**

- 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
<b>Community Property:</b>			
<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
<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:**

[ ] The parties have already divided all remaining property, and the court confirms 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").*

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

**Separate Property:**

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



	Value	Petitioner	Respondent
<b>Separate Debts:</b>			
_____	\$ _____	<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: \_\_\_\_\_

