

TELLING THE COURT THAT FAMILY COURT SERVICES COULD ENDANGER YOU

YOU CAN USE THIS PACKET IF ALL THIS IS TRUE:

- The court ordered reconciliation/separation counseling or family mediation in your family case.
- You want to tell the court that this service may endanger you because the other party is a danger to you.

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

STEP 1: FILL OUT THE FOLLOWING FORMS

- Motion to Waive Mediation or Reconciliation/Separation Counseling, or For Reasonable Safety Procedures
- Order Waiving Mediation or Reconciliation/Separation Counseling, or For Reasonable Safety Procedures

STEP 2: FILE THE FORMS WITH THE COURT

Take or mail the original and two copies of each form to the Clerk's Office in the Coconino County Courthouse at 200 N. San Francisco St., Flagstaff, AZ 86001. 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 3: ON THE DAY YOU FILE IT, MAIL OR HAND-DELIVER A COPY OF THE MOTION TO THE OTHER PARTY

STEP 4: THE COURT WILL MAIL YOU AN ORDER

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

COCONINO COUNTY SUPERIOR COURT

Petitioner: _____ Case Number: DO _____

**MOTION TO WAIVE MEDIATION OR
RECONCILIATION/SEPARATION
COUNSELING, OR FOR
REASONABLE SAFETY
PROCEDURES**

Respondent: _____ Arizona Rules of Family Law Procedure 68(B)(2)

I am the Petitioner or Respondent.

The court has ordered these services: mediation reconciliation/separation counseling.

I ASK THE COURT TO: *(check one)*

Order the following reasonable procedures for my safety during these services:

Waive the services. I would not feel safe at mediation and/or reconciliation/separation counseling even with reasonable safety procedures in place because:

I MAKE THIS REQUEST BECAUSE: *(check all that apply)*

I have an Order of Protection against the other party dated: _____

The other party has committed significant domestic violence against me: *(give details)*

The other party has the following significant mental health issues:

One party is incarcerated.

Other:

CERTIFICATE OF SERVICE: I will mail or hand-deliver a copy of this document on the day I file it to the other party/the other party's attorney.

Date: _____

Signature: _____

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

COCONION COUNTY SUPERIOR COURT

Petitioner: _____ Case Number: DO _____

**ORDER WAIVING MEDIATION OR
RECONCILIATION/SEPARATION
COUNSELING, OR FOR
REASONABLE SAFETY
PROCEDURES**

Respondent: _____ Arizona Rules of Family Law Procedure 68(B)(2)

Petitioner or Respondent filed a Motion to Waive Mediation or Reconciliation/Separation Counseling or for Reasonable Safety Procedures.

THE COURT ORDERS:

Mediation is waived.

Mediation shall be conducted only with the following safety procedures in place:

Reconciliation/Separation Counseling is waived.

Reconciliation/separation counseling shall be conducted only with the following safety procedures in place:

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

Date: _____ Superior Court Judge: _____