

**PRE-DECREE
TEMPORARY ORDERS**
With Notice

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**TO GET PRE-DECREE TEMPORARY ORDERS FOR
CUSTODY, PARENTING TIME, CHILD SUPPORT
and/or SPOUSAL MAINTENANCE (support)
*AFTER NOTICE TO THE OTHER PARTY***

Part 1: Completing and Filing the Court Papers

(Forms Packet)

SELF-SERVICE CENTER

PRE-DECREE TEMPORARY ORDERS *(with notice)*

FORMS ONLY

(Refer to separate packet for Instructions)

This packet contains court forms for requesting temporary orders in family court cases involving minor children, and/or for temporary orders between spouses in matters of divorce, legal separation, or annulment. The documents should appear in the following order:

Order	File Number	Title	# Pages
1	DRT1ft	Table of Contents (this page)	1
2	DRT1k	Checklist: <i>You may use these forms if . . .</i>	1
3	DRSDS10f	<i>“Sensitive Data Sheet”(*do not copy)</i>	1
4	DRT11f	<i>“Motion for Temporary Orders”</i>	5
5	DROSC14f	<i>“Family Court Department Notice About Returns/Conferences”</i>	1
6	DROSC11f	<i>“Family Court Department Notice about Temporary Orders”</i>	1
IF your request involves temporary alimony, you will need item 7.			
7	DROSC13f	<i>“Affidavit of Financial Information” (copy for you.)</i>	7
8	DROSC13f	<i>“Affidavit of Financial Information” (copy for other party.)</i>	7
IF your request involves temporary child custody or parenting time, you will need item 9.			
9	DRCVG11f	<i>“Parenting Plan” (Make blank copy for other party.)</i>	5
IF your request involves temporary child support, you will need item 10.			
10	DRS12f	<i>“Parent’s Worksheet for Child Support” (Make blank copy for other party.)</i>	2
11	DRT12f	<i>“Order to Appear”</i>	1
12	DRT82f	<i>“Temporary Order”</i>	4
IF your request involves temporary alimony or child support, you will need item 12.			

- Do not copy this document and do not provide a copy to the other party.

The documents you have received are copyrighted by the Superior Court of Arizona in Maricopa County. You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

SELF-SERVICE CENTER
PRE-DECREE TEMPORARY ORDERS
(with notice to other party)

CHECKLIST

You may use these forms if . . .

- ✓ You or the other party have **already filed**, or at the same time you file these papers *you will be* filing, a petition for:
 - Divorce, legal separation, or annulment, OR
 - to establish child custody and/or parenting time, OR
 - to establish paternity and child custody and/or parenting time, and/or child support, AND
 - ✓ You are the parent of the minor child(ren) for whom you need a temporary order for custody, parenting time and/or support, OR
 - ✓ You *are not* the minor child(ren)'s parent but you *are* listed as a Petitioner or Respondent on the petition for one of the actions listed above; AND
 - ✓ If you are asking for a temporary order for custody, parenting time, and/or child support, the minor children have either lived in Arizona for at least 6 consecutive months before the Petition was filed, or since birth if younger than 6 months old, or a lawyer has advised you that you could still pursue the case in Arizona *at this time*; AND
 - ✓ You need a temporary court order for child custody, parenting time, and/or child support, while you wait for a final court order; OR
 - ✓ You or the other party filed for Divorce, Legal Separation or Annulment, and you need a temporary court order for spousal maintenance (alimony), division of property or debt, access to community liquid assets (cash or equivalents) or for spousal maintenance *and* child custody, parenting time, and/or child support while you wait for a final court order.
- ✗ **YOU MAY NOT USE THESE FORMS TO REQUEST TEMPORARY SPOUSAL MAINTENANCE IF YOU ARE NOT LEGALLY MARRIED.**

READ ME: Consulting a lawyer before filing documents with the court may help prevent unexpected results. The Self-Service Center has a list of lawyers who can give you legal advice and who can help you on a task-by-task basis for a fee, and a list of court-approved mediators as well. You may view the lists at the Self-Service Centers or on the Internet at: www.superiorcourt.maricopa.gov/SuperiorCourt/Self-ServiceCenter/LawyersAndMediators/

Name: _____

Representing: Self Petitioner Respondent

(If Attorney) State Bar Number: _____



FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

_____	Case No. _____
Petitioner	
_____	ATLAS No. _____
Respondent	

SENSITIVE DATA SHEET (Not public record)

Fill out. File with Clerk of Court. Omit Social Security Numbers when requested on other forms.
Do NOT serve this document on the other party.

A.

Personal Information:	Petitioner	Respondent
Name	_____	_____
Gender	<input type="checkbox"/> Male or <input type="checkbox"/> Female	<input type="checkbox"/> Male or <input type="checkbox"/> Female
Date of Birth (Month/Day/Year)	_____	_____
Social Security Number	_____	_____
Driver's License Number	_____	_____
Mailing Address	_____	_____
City, State, Zip Code	_____	_____
Daytime Phone	_____	_____
Evening Phone	_____	_____
Other Phone (cell/pager)	_____	_____
Email Address	_____	_____
Current Employer Name	_____	_____
Employer Address	_____	_____
Employer City, State, Zip Code	_____	_____
Employer Telephone Number	_____	_____
Employer Fax Number	_____	_____

B. Child(ren) Information:

Child Name	Gender	Child Social Security Number	Child Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Clerk of Court
Issued:

***For Court use only. NOT public record. Do NOT provide a copy of this document to the other party.**

(1) Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Phone Number(s): _____ / _____
In this case I am Petitioner Respondent I am represented by Atty.
(IF) Atty., Name: _____ Bar No. _____
Atty. Email: _____ Atty. Phone: _____

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Case Number _____

Name of Petitioner

MOTION FOR TEMPORARY ORDERS

Name of Respondent

- Check all that apply:
- For Child Custody
 - For Parenting Time
 - For Child Support
 - For Spousal Maintenance
 - For Property and/or Debt
 - Attorney Fees

Before you can file for Temporary Orders, one of the parties (either one) must file a Petition for Divorce, Legal Separation, Annulment, Paternity and Custody, Parenting Time, and/or Support, or if Paternity has already been established, a Petition for Custody, Parenting Time, and/or Support (without Paternity).

By signing your name at the end of this document, you are stating to the court that the information you have provided is true and correct under penalty of perjury.

REQUIRED INFORMATION FROM FILING PARTY

1. INFORMATION ABOUT THE UNDERLYING PETITION:

- A. Date "**Petition**" was filed: _____
- B. Type of "Petition filed: (Divorce, Custody, or?): _____
- C. Name of court where Petition was filed: _____
- D. Information about court hearing scheduled for that Petition (if hearing is scheduled):
 - 1. DATE and TIME OF HEARING: _____
 - 2. NAME OF JUDICIAL OFFICER TO HEAR CASE: _____
 - 3. LOCATION OF HEARING: _____

2. INFORMATION ABOUT OTHER TEMPORARY ORDERS:

- To the best of my knowledge, the following information is true:
- No other court has entered temporary orders regarding what I am requesting.
 - No court proceedings are pending for temporary orders regarding what I am requesting.

(If *either* of the statements above is false, **STOP**. Do **not** mark the box; do not file this paperwork. This Court will not be able to grant temporary orders in your case.)

3. BASIS FOR REQUEST: This request is based on the best interests of the minor child(ren), and/or on the inability of one spouse to support him or her self or to maintain this action without financial assistance from the other spouse.

4. MY RELATIONSHIP TO ANY MINOR CHILDREN WHO ARE THE SUBJECT OF THIS REQUEST FOR TEMPORARY ORDERS IS:

Mother **Father** **Other:** (grandmother, friend, or ?) _____

If "Other", my name is: _____

Where ever this document refers to "Other" or "Other Party", it refers to me.

INFORMATION ABOUT THE MINOR CHILD(REN) referred to in this Motion:

Name: _____ Name: _____

Birth date: _____ Birth date: _____

Current Address: _____ Current Address: _____

County of residence: _____ County of residence: _____

Father: _____ Father: _____

Mother: _____ Mother: _____

Name: _____ Name: _____

Birth date: _____ Birth date: _____

Current Address: _____ Current Address: _____

County of residence: _____ County of residence: _____

Father: _____ Father: _____

Mother: _____ Mother: _____

AS INDICATED BY WHAT IS WRITTEN AND/OR BY THE BOXES CHECKED BELOW, I ASK THE COURT TO ORDER AS FOLLOWS: (If you do *not* want the court to enter an order for a particular item, do not write in the blank spaces *or* check any boxes under that item.)

A. TEMPORARY CHILD CUSTODY: The *temporary* care, custody and control of the minor child(ren) should be awarded as indicated below:

There having been no "significant" acts of domestic violence, temporary **JOINT LEGAL CUSTODY** should be awarded to Petitioner and Respondent of the minor child(ren) subject to Maricopa County Parent/Child Access Guidelines or the attached Parenting Plan, **OR**

SOLE CUSTODY should be awarded to the party indicated to the right of the child's name:

Child(ren)'s Name(s)	Petitioner	Respondent	Other
_____	<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"/>

B. TEMPORARY PARENTING TIME should be ordered:

- In accord with the attached *Parenting Plan*, or
- As described below: (Be Specific)

TRANSPORTATION.

- Petitioner Respondent or _____ shall pick up the minor child(ren).
- Petitioner Respondent or _____ shall return the minor child(ren).

WEEKENDS (explain specifically) _____

SUMMER MONTHS (explain specifically) _____

HOLIDAYS AND BIRTHDAYS (explain specifically) _____

TELEPHONE CALLS (explain specifically) _____

OTHER (explain specifically) _____

C. TEMPORARY CHILD SUPPORT:

- In accordance with the **Arizona Child Support Guidelines**, and based upon the Parent's Worksheet for Child Support, the person responsible for paying child support should pay \$_____ per month, **OR**

- DEVIATION FROM THE CHILD SUPPORT GUIDELINES, which is appropriate because:**

- Application of the **Guidelines** is inappropriate or unjust.
- The parties have signed a written agreement, free of duress and coercion, with knowledge of the amount of support that would have been ordered by the guidelines but for the agreement.
- Child Support under the Guidelines would have been: \$ _____
- Child Support after the deviation should be: \$ _____

Other Reasons for Deviation from Guideline Amount:

D. MEDICAL, DENTAL, VISION CARE FOR MINOR CHILDREN:

- Petitioner to be responsible for medical dental vision care insurance.
 Respondent to be responsible for medical dental vision care insurance.

Non-Covered Expenses: Petitioner to pay _____%, and Respondent _____%, of all reasonable uncovered and/or uninsured medical, dental, vision care, prescription and other health charges for the minor child(ren), including co-payments.

SPOUSAL MAINTENANCE, PROPERTY, DEBT, and/or ATTORNEY FEES

E. MEDICAL AND DENTAL CARE FOR OTHER SPOUSE

- Petitioner** is responsible for providing: medical dental insurance (for other spouse).
 Respondent is responsible for providing: medical dental insurance (for other spouse).

All uninsured medical and dental expenses shall be paid as follows:
 _____ % by Petitioner and _____ % by Respondent.

F. SPOUSAL MAINTENANCE/SUPPORT shall be paid by Petitioner or Respondent to the other spouse in a reasonable amount as ordered by this Court based on the attached **"Affidavit of Financial Information."**

G. ACCESS TO COMMUNITY LIQUID ASSETS (Cash or cash held in financial institutions in Checking, Savings, and other financial accounts from which cash can be withdrawn). Wife and Husband shall have immediate access to community funds in the proportions (or dollar amounts) listed below, held in the named bank or financial institution.

Name of Financial Institution	Name of Account Holder	Total (\$) in Account	% or Dollar amount to Husband	% or Dollar amount to Wife
		\$		
		\$		
		\$		
		\$		

H. DISCLOSURE OF COMMUNITY LIQUID ASSETS (Cash or cash held in financial institutions).

The Petitioner and Respondent should be ordered to disclose to the other party and to the court the name of all financial institutions where funds are held; the name in which the account is held; the account number; and the dollar amount in the account. (To guard against identity theft, financial account numbers may be presented on the **"Sensitive Data Sheet"**, which is not part of the public record.)

I. PAYMENT OF DEBTS should be made as follows:

Creditor's Name (who the money is owed to)	Name(s) on Account	Total Amount Owed	Monthly Minimum Payment	% or \$ to be Paid by Husband	% or \$ to be Paid by Wife
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

J. EXCLUSIVE USE AND POSSESSION OF PROPERTY should be granted as follows:
To Petitioner if marked under the "P"; to the Respondent if marked under the "R".

	P	R
Residence at: (list address) _____		
Car described as: _____		
Other: (describe) _____		
Other: (describe) _____		
Other: (describe) _____		
Other: (describe) _____		

K. ATTORNEY FEES.

Based on the attached "**Affidavit of Financial Information**" Petitioner or Respondent shall reimburse the other party for attorney fees for the costs of initiating and maintaining this action in the amount of \$_____.

If the other party contests (files papers to disagree with) these Temporary Orders, he or she shall pay or reimburse the other party for the costs of defending or maintaining these Orders, including:

- attorney fees.
- court costs

L. LENGTH OF THIS ORDER: This order shall continue (check one box)

- Until further order of this court, **OR**
- Until (date): _____

OATH OR AFFIRMATION

I swear or affirm the contents of this document are true and correct under penalty of perjury.

Signature

Date

Printed Name

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY
Family Court Department Notice
Notice about “Returns”/Conferences in Commissioners’ Courts
Approved July 1, 1997/Revised June 9, 1998

This notice applies to **all** proceedings and must be served with the **“Order to Show Cause”** and/or **“Order to Appear”** (except in IV-D child support cases by DES/DCSE)

GENERAL INFORMATION: Due to an increase in demand for time on commissioner calendars, as well as the reduction in resources available, the Family Court commissioners will set EVERY **“Motion for Temporary Orders”** and other requests for evidentiary hearings for a 15 minute “return”/status conference before setting a hearing.

REQUIREMENTS APPLICABLE TO THE RETURN: The attached **“Order to Appear”/“Order to Show Cause”** is a return only. Here is what the parties and attorneys must know about the return/status conference:

1. **Documents:** Not later than 3 judicial days before the date of the return, the parties shall exchange current, complete, and verified **“Affidavits of Financial Information,”** along with supporting documents. Failure to do so may result in sanctions.
2. **Failure to Appear:** This is a 15 minute proceeding with the court. The court will determine if more time is needed. All parties, whether represented by attorneys or not, must be present. If there is a failure to appear, the court may make such orders as are just, including granting the relief requested by the party who does appear.
3. **Conduct of Return/Status Conference:** If both parties appear, they must be prepared to advise the court of the issues resolved, as well as the issues which remain disputed. Each party shall be prepared to state his or her position on each issue. The court may schedule discovery, disclosure and any other matter necessary to assist the litigants at the subsequent hearing. The court may also enter an Order as to scope and duration of the hearing, including witnesses and documents which may be offered at hearing.
4. **Ability to Schedule Further Proceedings:** Parties and counsel attending the return/ status conference shall have in their possession a schedule of their availability. They shall be prepared to advise the court of any periods of non-availability in the six weeks after the return date.
5. **Duty to Meet Prior to Return:** Except where a party has obtained an **“Order of Protection”** or other Order of the court prohibiting contact, the parties shall meet and confer at least 24 hours prior to the return. In cases where an attorney has been retained, the attorney shall make a reasonable effort to meet with and confer with the opponent at least 24 hours prior to the return.

WARNING. All litigants and counsel are cautioned that failure to notify the court of settlement in a timely manner may result in the imposition of sanctions.

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Family Court Department Notice

August 1, 1995 and revised June 9, 1997

This notice applies to **all** temporary orders proceedings and **must** be served with the **“Order To Show Cause”** and/or **“Order to Appear”** (except in IV-D child support cases by DES/DCSE)

1. NOTICE ABOUT TEMPORARY ORDERS:

- A. Parties Representing Themselves in Court.** Parties representing themselves will be sworn and shall state their position under oath. The judge will ask questions as necessary.
- B. Parties Represented by Attorneys.** In lieu of the above, attorneys who represent parties will state the party(ies)' position as to all contested matters by avowal.
- C. General Information.** No hearing will be allowed more than 45 minutes. If you are late for either hearing or cause any other delay, your hearing will be shortened to fit the amount of time scheduled.

2. NOTICE TO ALL RESPONDENTS ABOUT PAYMENT OF COURT FEES:

You can object to what the Petitioner asks for, but you will not be allowed to ask for any additional orders **unless, before the hearing**, you have paid the filing fee for a “Response” or “Appearance”, or the fee is deferred by the court. Bring written proof with you to the hearing that you paid, or were not required to pay, the court fee at this time. This means that you need a copy of the receipt, or a copy of the order deferring fees.

3. REQUIRED DOCUMENTS:

If either party is asking for child custody, spousal maintenance/ support (alimony), child support, or property/debt protection, each party must exchange with the other a complete **“Affidavit of Financial Information”** with all supporting documents. If you are asking for child support, you must also complete and exchange the **“Parent’s Worksheet for Child Support.”** If you want help completing the Parent’s Worksheet, you can call the Family Court Clerk Services at 602-506-3762 for an appointment. (You can get copies of these documents at the Self-Service Center at either the downtown Phoenix or Southeast (Mesa) Superior Court location.) Complete and exchange the documents at least **3** court days before the hearing or the judge might not allow you to present that part of your case. You will only be allowed to give the judge your copy of the **“Affidavit of Financial Information”** and up to 5 supporting documents, and the **“Parent’s Worksheet for Child Support,”** if you gave everything to the other party at least **3** court days before the hearing.

4. EXCEPTIONS:

If you want to be allowed to do something other than what is required in items 1, 2, and 3 above, you must put your request in writing as follows:

- **IF YOU ARE THE PETITIONER:** Put your request in writing **in the petition** for the **“Order to Show Cause”** also called **“Order to Appear.”**
- **IF YOU ARE THE RESPONDENT:** Put your request in writing **to the judge** and provide a copy to the other party at least 5 court days before the hearing.

5. COURT REPORTER and/or COURT INTERPRETER:

You must request a court reporter and/or court interpreter at least **5** court days before the hearing. (Call the judge’s staff and tell him or her that you need a court reporter and/or interpreter.)

6. REASONABLE ACCOMMODATION:

You must make a request for reasonable accommodation under the Americans with Disabilities Act at least **3** court days before the hearing.

7. JUDGE OR COMMISSIONER:

Commissioners generally hear cases about temporary orders. All references to “judge” in this notice applies to commissioners.

Name: _____
Mailing Address: _____
City, State, Zip Code: _____
Daytime Phone Number: _____
Evening Phone Number: _____
Representing: Self Petitioner Respondent
State Bar Number: _____



SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Petitioner/Plaintiff

Case No. _____

ATLAS No. _____

Respondent

AFFIDAVIT OF FINANCIAL INFORMATION

Affidavit of _____
(Name of Person Whose Information is on this Affidavit)

IMPORTANT INFORMATION ABOUT THIS DOCUMENT
WARNING TO BOTH PARTIES: This Affidavit is an important document. You must fill out this Affidavit completely, and provide accurate information. You must provide copies of this Affidavit and all other required documents to the other party and to the judge. If you do not do this, the court may order you to pay a fine.

I have read the following document and know of my own knowledge that the facts and financial information stated below are true and correct, and that any false information may constitute perjury by me. I also understand that, if I fail to provide the required information or give misinformation, the judge may order sanctions against me, including assessment of fees for fines under Rule 31, Arizona Rules of Family Law Procedure.

Date

Signature of Person Making Affidavit

INSTRUCTIONS

1. Complete the entire Affidavit in black ink. If the spaces provided on this form are inadequate, use separate sheets of paper to complete the answers and attach them to the Affidavit. Answer every question completely! You must complete every blank. If you do not know the answer to a question or are guessing, please state that. If a question does not apply, write "NA" for "not applicable" to indicate you read the question. Round all amounts of money to the nearest dollar.
2. Answer the following statements **YES** or **NO**. If you mark **NO**, explain your answer on a separate piece of paper and attach the explanation to the Affidavit.
[] YES [] NO 1. I listed all sources of my income.
[] YES [] NO 2. I attached copies of my two (2) most recent pay stubs.
[] YES [] NO 3. I attached copies of my federal income tax return for the last three (3) years, and I attached my W-2 and 1099 forms from all sources of income.

1. GENERAL INFORMATION:

- A. Name: _____ Date of Birth: _____
- B. Current Address: _____
- C. Date of Marriage: _____ Date of Divorce: _____
- D. Last date when you and the other party lived together: _____
- E. Full names of child(ren) common to the parties (in this case), their dates of birth:

Name	Date of Birth
_____	_____
_____	_____
_____	_____

- F. The name, date of birth, relationship to you, and gross monthly income for each individual who lives in your household:

Name	Date of Birth	Relationship to you	Income
_____	_____	_____	_____
_____	_____	_____	_____

- G. Any other person for whom you contribute support:

Name	Age	Relationship to You	Reside With You (Y/N)	Court Order to Support (Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- H. Attorney's Fees paid in this matter \$ _____. Source of funds _____

2. EMPLOYMENT INFORMATION:

- A. Your job/occupation/profession/title: _____
 Name and address of current employer: _____

 Date employment began: _____
 How often are you paid: Weekly Every other week Monthly Twice a month
 Other _____
- B. If you are not working, why not? _____
- C. Previous employer name and address: _____

 Previous job/occupation/profession/title: _____
 Date previous job began: _____ Date previous job ended: _____
 Reason you left job: _____
 Gross monthly pay at previous job: \$ _____
- D. Total gross income from last three (3) years' tax returns (attach copies of pages 1 and 2 of your federal income tax returns for the last three (3) years):
 Year _____ \$ _____ Year _____ \$ _____ Year _____ \$ _____
- E. Your total gross income from January 1 of this year to the date of this Affidavit (year-to-date income): \$ _____

3. YOUR EDUCATION/TRAINING: List name of school, length of time there, year of last attendance, and degree earned:

- A. High School: _____
- B. College: _____
- C. Post-Graduate: _____
- D. Occupational Training: _____

4. YOUR GROSS MONTHLY INCOME:

- List **all** income you receive from **any** source, whether private or governmental, taxable or not.
- List all income payable to you individually or payable jointly to you and your spouse.
- Use a monthly average for items that vary from month to month.
- Multiply weekly income and deductions by 4.33. Multiply biweekly income by 2.165 to arrive at the total amount for the month.

A. Gross salary/wages per month \$ _____

- **Attach copies of your two most recent pay stubs.**

Rate of Pay \$ _____ per [] hour [] week [] month [] year

B. Expenses paid for by your employer:

- 1. Automobile \$ _____
- 2. Auto expenses, such as gas, repairs, insurance \$ _____
- 3. Lodging \$ _____
- 4. Other (Explain) _____ \$ _____

C. Commissions/Bonuses \$ _____

D. Tips \$ _____

E. Self-employment Income (See below) \$ _____

F. Social Security benefits \$ _____

G. Worker's compensation and/or disability income \$ _____

H. Unemployment compensation \$ _____

I. Gifts/Prizes \$ _____

J. Payments from prior spouse \$ _____

K. Rental income (net after expenses) \$ _____

L. Contributions to household living expense by others \$ _____

M. Other (Explain:) _____ \$ _____

(Include dividends, pensions, interest, trust income, annuities or royalties.)

TOTAL: \$ _____

5. SELF-EMPLOYMENT INCOME (if applicable):

If you are self-employed, attach a copy of the Schedule C for your business from your last tax return and the most recent income/expense statement from your business.

If self employed, provide the following information:

Name, address and telephone no. of business: _____

Type of business entity: _____

State and Date of incorporation: _____

Nature of your interest: _____

Nature of business: _____

Percent ownership: _____

Number of shares of stock: _____

Total issued and outstanding shares: _____
Gross sales/revenue last 12 months: _____

INSTRUCTIONS

Both parties must answer item 6 if either party asks for child support. These expenses include only those expenses for children who are common to the parties, which means one party is the birth/adoptive mother and the other is the birth/adoptive father of the children.

6. SCHEDULE OF ALL MONTHLY EXPENSES FOR CHILDREN:

- **DO NOT LIST** any expenses for the other party, or child(ren) who live(s) with the other party, **unless** you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HEALTH INSURANCE:

Do you have health insurance available? Yes No **Are you enrolled?** _____

1. Total monthly cost \$ _____
2. Premium cost to insure you alone \$ _____
3. Premium cost to insure child(ren) common to the parties \$ _____
4. List all people covered by your insurance coverage:

5. Name of insurance company and Policy/Group Number:

B. DENTAL/VISION INSURANCE:

1. Total monthly cost \$ _____
2. Premium cost to insure you alone \$ _____
3. Premium cost to insure child(ren) common to the parties \$ _____
4. List all people covered by your insurance coverage:

5. Name of insurance company and Policy/Group Number:

C. UNREIMBURSED MEDICAL AND DENTAL EXPENSES:

(Cost to you after, or in addition to, any insurance reimbursement)

1. Drugs and medical supplies \$ _____
 2. Other _____ \$ _____
- TOTAL:** \$ _____

D. CHILD CARE COSTS:

1. Total monthly child care costs \$ _____
(Do not include amounts paid by D.E.S.)
2. Name(s) of child(ren) cared for and amount per child:
_____ \$ _____
_____ \$ _____
_____ \$ _____

3. Name(s) and address(es) of child care provider(s):

E. EMPLOYER PRETAX PROGRAM:

Do you participate in an employer program for pretax payment of child care expenses? (Cafeteria Plan)? [] YES [] NO

F. COURT ORDERED CHILD SUPPORT:

- 1. Court ordered current child support for child(ren) **not common to the parties** \$ _____
- 2. Court ordered cash medical support for child(ren) **not common to the parties** \$ _____
- 3. Amount of any arrears payment \$ _____
- 4. Amount per month actually paid in last 12 mos. \$ _____
 - **Attach proof that you are paying**
- 5. Name(s) and relationship of minor child(ren) who you support or who live with you, but are **not** common to the parties.

G. COURT ORDERED SPOUSAL MAINTENANCE/SUPPORT (Alimony):

- 1. Court ordered spousal maintenance/support you actually pay to previous spouse: \$ _____

H. EXTRAORDINARY EXPENSES :

- 1. For **Children** (Educational Expense/Special Needs/Other): \$ _____
Explain: _____

- 2. For **Self**: \$ _____
Explain: _____

INSTRUCTIONS

Both parties must answer items 7 and 8 if either party is requesting:

- Spousal maintenance
- Division of expenses
- Attorneys' fees and costs
- Adjustment or deviation from the child support amount
- Enforcement

7. SCHEDULE OF ALL MONTHLY EXPENSES:

- Do NOT list any expenses for the other party, or children who live with the other party unless you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HOUSING EXPENSES:

- 1. House payment:
 - a. First Mortgage \$ _____
 - b. Second Mortgage \$ _____
 - c. Homeowners Association Fee \$ _____
 - d. Rent \$ _____
 - 2. Repair & upkeep \$ _____
 - 3. Yard work/Pool/Pest Control \$ _____
 - 4. Insurance & taxes not included in house payment \$ _____
 - 5. Other (Explain) _____ \$ _____
- TOTAL:** \$ _____

B. UTILITIES:

- 1. Water, sewer, and garbage \$ _____
 - 2. Electricity \$ _____
 - 3. Gas \$ _____
 - 4. Telephone \$ _____
 - 5. Mobile phone/pager \$ _____
 - 6. Internet Provider \$ _____
 - 7. Cable/Satellite television \$ _____
 - 8. Other (Explain:) _____ \$ _____
- TOTAL:** \$ _____

C. FOOD:

- 1. Food, milk, and household supplies \$ _____
 - 2. School lunches \$ _____
 - 3. Meals outside home \$ _____
- TOTAL:** \$ _____

D. CLOTHING:

- 1. Clothing for you \$ _____
 - 2. Uniforms or special work clothes \$ _____
 - 3. Clothing for children living with you \$ _____
 - 4. Laundry and cleaning \$ _____
- TOTAL:** \$ _____

E. TRANSPORTATION OR AUTOMOBILE EXPENSES:

- 1. Car insurance \$ _____
 - 2. List all cars and individuals covered:
 - _____
 - _____
 - 3. Car payment, if any \$ _____
 - 4. Car repair and maintenance \$ _____
 - 5. Gas and oil \$ _____
 - 6. Bus fare/parking fees \$ _____
 - 7. Other (explain): _____ \$ _____
- TOTAL:** \$ _____

F. MISCELLANEOUS:

- 1. School and school supplies \$ _____
- 2. School activities or fees \$ _____
- 3. Extracurricular activities of child(ren) \$ _____

Name: _____
Mailing Address: _____
City, State, Zip Code: _____
Daytime Phone Number: _____
Evening Phone Number: _____
Representing: Self Petitioner Respondent
State Bar Number: _____



SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Petitioner/Plaintiff

Case No. _____

ATLAS No. _____

Respondent

AFFIDAVIT OF FINANCIAL INFORMATION

Affidavit of _____
(Name of Person Whose Information is on this Affidavit)

IMPORTANT INFORMATION ABOUT THIS DOCUMENT
WARNING TO BOTH PARTIES: This Affidavit is an important document. You must fill out this Affidavit completely, and provide accurate information. You must provide copies of this Affidavit and all other required documents to the other party and to the judge. If you do not do this, the court may order you to pay a fine.

I have read the following document and know of my own knowledge that the facts and financial information stated below are true and correct, and that any false information may constitute perjury by me. I also understand that, if I fail to provide the required information or give misinformation, the judge may order sanctions against me, including assessment of fees for fines under Rule 31, Arizona Rules of Family Law Procedure.

Date

Signature of Person Making Affidavit

INSTRUCTIONS

1. Complete the entire Affidavit in black ink. If the spaces provided on this form are inadequate, use separate sheets of paper to complete the answers and attach them to the Affidavit. Answer every question completely! You must complete every blank. If you do not know the answer to a question or are guessing, please state that. If a question does not apply, write "NA" for "not applicable" to indicate you read the question. Round all amounts of money to the nearest dollar.
2. Answer the following statements **YES** or **NO**. If you mark **NO**, explain your answer on a separate piece of paper and attach the explanation to the Affidavit.
[] YES [] NO 1. I listed all sources of my income.
[] YES [] NO 2. I attached copies of my two (2) most recent pay stubs.
[] YES [] NO 3. I attached copies of my federal income tax return for the last three (3) years, and I attached my W-2 and 1099 forms from all sources of income.

1. GENERAL INFORMATION:

- A. Name: _____ Date of Birth: _____
- B. Current Address: _____
- C. Date of Marriage: _____ Date of Divorce: _____
- D. Last date when you and the other party lived together: _____
- E. Full names of child(ren) common to the parties (in this case), their dates of birth:

Name	Date of Birth
_____	_____
_____	_____
_____	_____

- F. The name, date of birth, relationship to you, and gross monthly income for each individual who lives in your household:

Name	Date of Birth	Relationship to you	Income
_____	_____	_____	_____
_____	_____	_____	_____

- G. Any other person for whom you contribute support:

Name	Age	Relationship to You	Reside With You (Y/N)	Court Order to Support (Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- H. Attorney's Fees paid in this matter \$ _____. Source of funds _____

2. EMPLOYMENT INFORMATION:

- A. Your job/occupation/profession/title: _____
 Name and address of current employer: _____

 Date employment began: _____
 How often are you paid: Weekly Every other week Monthly Twice a month
 Other _____
- B. If you are not working, why not? _____
- C. Previous employer name and address: _____

 Previous job/occupation/profession/title: _____
 Date previous job began: _____ Date previous job ended: _____
 Reason you left job: _____
 Gross monthly pay at previous job: \$ _____
- D. Total gross income from last three (3) years' tax returns (attach copies of pages 1 and 2 of your federal income tax returns for the last three (3) years):
 Year _____ \$ _____ Year _____ \$ _____ Year _____ \$ _____
- E. Your total gross income from January 1 of this year to the date of this Affidavit (year-to-date income): \$ _____

3. YOUR EDUCATION/TRAINING: List name of school, length of time there, year of last attendance, and degree earned:

- A. High School: _____
- B. College: _____
- C. Post-Graduate: _____
- D. Occupational Training: _____

4. YOUR GROSS MONTHLY INCOME:

- List **all** income you receive from **any** source, whether private or governmental, taxable or not.
- List all income payable to you individually or payable jointly to you and your spouse.
- Use a monthly average for items that vary from month to month.
- Multiply weekly income and deductions by 4.33. Multiply biweekly income by 2.165 to arrive at the total amount for the month.

A. Gross salary/wages per month \$ _____

- **Attach copies of your two most recent pay stubs.**

Rate of Pay \$ _____ per [] hour [] week [] month [] year

B. Expenses paid for by your employer:

- 1. Automobile \$ _____
- 2. Auto expenses, such as gas, repairs, insurance \$ _____
- 3. Lodging \$ _____
- 4. Other (Explain) _____ \$ _____

C. Commissions/Bonuses \$ _____

D. Tips \$ _____

E. Self-employment Income (See below) \$ _____

F. Social Security benefits \$ _____

G. Worker's compensation and/or disability income \$ _____

H. Unemployment compensation \$ _____

I. Gifts/Prizes \$ _____

J. Payments from prior spouse \$ _____

K. Rental income (net after expenses) \$ _____

L. Contributions to household living expense by others \$ _____

M. Other (Explain:) _____ \$ _____

(Include dividends, pensions, interest, trust income, annuities or royalties.)

TOTAL: \$ _____

5. SELF-EMPLOYMENT INCOME (if applicable):

If you are self-employed, attach a copy of the Schedule C for your business from your last tax return and the most recent income/expense statement from your business.

If self employed, provide the following information:

Name, address and telephone no. of business: _____

Type of business entity: _____

State and Date of incorporation: _____

Nature of your interest: _____

Nature of business: _____

Percent ownership: _____

Number of shares of stock: _____

Total issued and outstanding shares: _____
 Gross sales/revenue last 12 months: _____

INSTRUCTIONS

Both parties must answer item 6 if either party asks for child support. These expenses include only those expenses for children who are common to the parties, which means one party is the birth/adoptive mother and the other is the birth/adoptive father of the children.

6. SCHEDULE OF ALL MONTHLY EXPENSES FOR CHILDREN:

- **DO NOT LIST** any expenses for the other party, or child(ren) who live(s) with the other party, **unless** you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HEALTH INSURANCE:

Do you have health insurance available? Yes No **Are you enrolled?** _____

- | | |
|--|----------|
| 1. Total monthly cost | \$ _____ |
| 2. Premium cost to insure you alone | \$ _____ |
| 3. Premium cost to insure child(ren) common to the parties | \$ _____ |
| 4. List all people covered by your insurance coverage: | |

5. Name of insurance company and Policy/Group Number:

B. DENTAL/VISION INSURANCE:

- | | |
|--|----------|
| 1. Total monthly cost | \$ _____ |
| 2. Premium cost to insure you alone | \$ _____ |
| 3. Premium cost to insure child(ren) common to the parties | \$ _____ |
| 4. List all people covered by your insurance coverage: | |

5. Name of insurance company and Policy/Group Number:

C. UNREIMBURSED MEDICAL AND DENTAL EXPENSES:

(Cost to you after, or in addition to, any insurance reimbursement)

- | | |
|-------------------------------|----------|
| 1. Drugs and medical supplies | \$ _____ |
| 2. Other _____ | \$ _____ |
| TOTAL: | \$ _____ |

D. CHILD CARE COSTS:

- | | |
|-----------------------------------|----------|
| 1. Total monthly child care costs | \$ _____ |
|-----------------------------------|----------|

(Do not include amounts paid by D.E.S.)

- | | |
|--|----------|
| 2. Name(s) of child(ren) cared for and amount per child: | \$ _____ |
|--|----------|

_____ \$ _____

_____ \$ _____

_____ \$ _____

3. Name(s) and address(es) of child care provider(s):

E. EMPLOYER PRETAX PROGRAM:

Do you participate in an employer program for pretax payment of child care expenses? (Cafeteria Plan)? [] YES [] NO

F. COURT ORDERED CHILD SUPPORT:

- 1. Court ordered current child support for child(ren) **not common to the parties** \$ _____
- 2. Court ordered cash medical support for child(ren) **not common to the parties** \$ _____
- 3. Amount of any arrears payment \$ _____
- 4. Amount per month actually paid in last 12 mos. \$ _____
 - **Attach proof that you are paying**
- 5. Name(s) and relationship of minor child(ren) who you support or who live with you, but are **not** common to the parties.

G. COURT ORDERED SPOUSAL MAINTENANCE/SUPPORT (Alimony):

- 1. Court ordered spousal maintenance/support you actually pay to previous spouse: \$ _____

H. EXTRAORDINARY EXPENSES :

- 1. For **Children** (Educational Expense/Special Needs/Other): \$ _____
Explain: _____

- 2. For **Self**: \$ _____
Explain: _____

INSTRUCTIONS

Both parties must answer items 7 and 8 if either party is requesting:

- Spousal maintenance
- Division of expenses
- Attorneys' fees and costs
- Adjustment or deviation from the child support amount
- Enforcement

7. SCHEDULE OF ALL MONTHLY EXPENSES:

- Do NOT list any expenses for the other party, or children who live with the other party unless you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HOUSING EXPENSES:

- 1. House payment:
 - a. First Mortgage \$ _____
 - b. Second Mortgage \$ _____
 - c. Homeowners Association Fee \$ _____
 - d. Rent \$ _____
 - 2. Repair & upkeep \$ _____
 - 3. Yard work/Pool/Pest Control \$ _____
 - 4. Insurance & taxes not included in house payment \$ _____
 - 5. Other (Explain) _____ \$ _____
- TOTAL:** \$ _____

B. UTILITIES:

- 1. Water, sewer, and garbage \$ _____
 - 2. Electricity \$ _____
 - 3. Gas \$ _____
 - 4. Telephone \$ _____
 - 5. Mobile phone/pager \$ _____
 - 6. Internet Provider \$ _____
 - 7. Cable/Satellite television \$ _____
 - 8. Other (Explain:) _____ \$ _____
- TOTAL:** \$ _____

C. FOOD:

- 1. Food, milk, and household supplies \$ _____
 - 2. School lunches \$ _____
 - 3. Meals outside home \$ _____
- TOTAL:** \$ _____

D. CLOTHING:

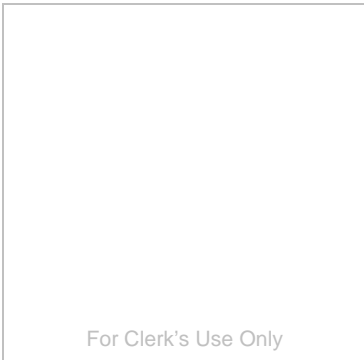
- 1. Clothing for you \$ _____
 - 2. Uniforms or special work clothes \$ _____
 - 3. Clothing for children living with you \$ _____
 - 4. Laundry and cleaning \$ _____
- TOTAL:** \$ _____

E. TRANSPORTATION OR AUTOMOBILE EXPENSES:

- 1. Car insurance \$ _____
 - 2. List all cars and individuals covered:
 - _____
 - _____
 - 3. Car payment, if any \$ _____
 - 4. Car repair and maintenance \$ _____
 - 5. Gas and oil \$ _____
 - 6. Bus fare/parking fees \$ _____
 - 7. Other (explain): _____ \$ _____
- TOTAL:** \$ _____

F. MISCELLANEOUS:

- 1. School and school supplies \$ _____
- 2. School activities or fees \$ _____
- 3. Extracurricular activities of child(ren) \$ _____



Name of Person Filing Document: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 ATLAS Number (if applicable): _____
 Attorney Bar Number (if applicable): _____
 Representing Self (Without Attorney) OR Attorney for Petitioner Respondent

**SUPERIOR COURT OF ARIZONA
 IN MARICOPA COUNTY**

 Name of Petitioner Case Number _____

AND

PARENTING PLAN FOR:
 JOINT CUSTODY WITH JOINT CUSTODY AGREEMENT
 OR
 SOLE CUSTODY

 to Mother
 to Father

 Name of Respondent

INSTRUCTIONS

This document has 3 parts: PART 1) General Information; PART 2) Custody and Parenting Time; PART 3) Joint Custody Agreement.

One or both parents must complete and sign the Plan as follows:

- a. If both parents agree to joint custody: Both parents must sign the Plan at the end of PART 2 and at the end of PART 3;
- b. If both parents agree to custody and parenting time arrangements but not to joint custody: Both parents must sign the Plan at the end of PART 2;
- c. If only one parent is submitting the Plan: That parent must sign at the end of PART 2

PART 1: GENERAL INFORMATION:

A. MINOR CHILDREN. This Plan concerns the following minor children: (Use additional paper if necessary)

- B. CUSTODY ARRANGEMENTS REQUESTED IN THIS PLAN:** The following custody arrangement is requested: (Check the box(es) that apply.)
- JOINT LEGAL CUSTODY DETERMINATION DEFERRED:** The parent's request for joint legal custody is deferred to the court for determination. **OR,**
 - JOINT LEGAL CUSTODY BY AGREEMENT:** The parents agree to joint legal custody and request the court to approve the joint legal custody arrangement as described in this Plan, **OR**
 Mother or **Father** will be the primary custodial parent
 - SOLE LEGAL CUSTODY BY AGREEMENT:** The parents agree that **Mother or** **Father** will be the parent with sole legal custody and shall be the primary custodial parent. The parents agree that since each has a unique contribution to offer to the growth and development of their minor child(ren), each of them will continue to have a full and active role in providing a sound moral, social, economic, and educational environment for the benefit of the minor child(ren), as described in the following pages. **OR,**
 - SOLE LEGAL CUSTODY REQUESTED BY THE PARENT SUBMITTING THIS PLAN:** The parents cannot agree to the terms of custody and parenting time. The parent submitting this Plan asks the court to order custody and parenting time according to this Plan.
 - RESTRICTED, SUPERVISED, OR NO PARENTING TIME:** The parent submitting this Plan asks the court for an order restricting parenting time. The facts and information related to this request are described in the Petition.

PART 2: CUSTODY AND PARENTING TIME. Complete each section below. Be specific about what you want the judge to approve in the court order.

- A. WEEKDAY AND WEEKEND SCHEDULE:** The time-sharing schedule will be as follows:
- The minor children will be in the care of Father as follows: (Explain).

 - The minor children will be in the care of Mother as follows: (Explain).

 - Other custody arrangements are as follows: (Explain).

 - Transportation will be provided as follows:
 Mother or **Father** will pick the minor children up at _____ o'clock.
 Mother or **Father** will drop the minor children off at _____ o'clock.
 Parents may change their time-share arrangements by mutual agreement with at least ____ days notice in advance to the other parent.
- B. SUMMER MONTHS OR SCHOOL BREAK LONGER THAN 4 DAYS:** The weekday and weekend schedule described above will apply for all 12 calendar months **EXCEPT:**
- During summer months or school breaks that last longer than 4 days, no changes shall be made. **OR,**
 - During summer months or school breaks that last longer than 4 days, the minor child(ren) will be in the care of Father: (Explain.)

 - During summer months or school breaks that last longer than 4 days, the minor child(ren) will be in the care of Mother: (Explain.)

 - Each parent is entitled to a _____ week period of vacation time with the minor child(ren). The parents will work out the details of the vacation at least _____ days in advance.

- Should either parent travel out of the area with the minor child(ren), each parent will keep the other parent informed of travel plans, address(es), and telephone number(s) at which that parent and the minor child(ren) can be reached.
- Neither parent shall travel with the minor child(ren) outside Arizona for longer than _____ days without the prior written consent of the other parent or order of the court.

C. HOLIDAY SCHEDULE: The holiday schedule takes priority over the regular time-sharing schedule as described above. Check the box(es) that apply and indicate the years of the holiday access/Parenting time schedule.

Holiday	Even Years				Odd Years			
<input type="checkbox"/> New Year's Eve	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/> New Year's Day	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/> Spring Vacation	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/> Easter	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/> 4th of July	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/> Halloween	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/> Veteran's Day	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/> Thanksgiving	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/> Hanukkah	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/> Christmas Eve	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/> Christmas Day	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/> Winter Break	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/> Child's Birthday	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Mother's Day will be celebrated with the Mother every year							
<input type="checkbox"/>	Father's Day will be celebrated with the Father every year.							
<input type="checkbox"/>	Each parent may have the child(ren) on his or her birthday.							
<input type="checkbox"/>	Three-day weekends which include Martin Luther King Day, Presidents' Day, Memorial Day, Labor Day, Columbus Day, the children will remain in the care of the parent who has the minor child(ren) for the weekend.							
<input type="checkbox"/>	Other Holidays (Describe the other holidays and the arrangement.)							

-
- Each parent may have telephone contact with the minor child(ren) during the child(ren)'s normal waking hours
 - Other (Explain)
-

D. PARENTAL ACCESS TO RECORDS AND INFORMATION: Under Arizona law (A.R.S. §25-403), unless otherwise provided by court order or law, on reasonable request, both parents are entitled to have equal access to documents and other information concerning the minor child(ren)'s education and physical, mental, moral and emotional health including medical, school, police, court and other records. A person who does not comply with a reasonable request for these records shall reimburse the requesting parent for court costs and attorney fees incurred by that parent to make the other parent obey this request. A parent who attempts to restrict the release of documents or information by the custodian of the records without a prior court order is subject to legal sanctions.

E. EDUCATIONAL ARRANGEMENTS:

Both parents have the right to participate in school conferences, events and activities, and the right to consult with teachers and other school personnel.

Both parents will make major educational decisions together. If the parents do not reach an agreement, then the final decision making regarding educational decisions shall be with

Mother OR **Father** after consultation with _____

F. MEDICAL AND DENTAL ARRANGEMENTS:

Both parents have the right to authorize emergency medical treatment, if needed, and the right to consult with physicians and other medical practitioners. Both parents agree to advise the other parent immediately of any emergency medical/dental care sought for the minor child(ren), to cooperate on health matters concerning the child(ren) and to keep one another reasonably informed. Both parents agree to keep each other informed as to names, addresses and telephone numbers of all medical/dental care providers.

Both parents will make major medical decisions together, except for emergency situations as noted above. If the parents do not agree, then the final decision regarding medical issues will be with:

Mother OR **Father** after consultation with _____

G. RELIGIOUS EDUCATION ARRANGEMENTS:

Each parent may take the minor child(ren) to a church or place of worship of his or her choice during the time that the minor child(ren) is/are in his or her care.

Both parents agree that the minor child(ren) may be instructed in the _____ faith.

Both parents agree that religious arrangements are not applicable to this plan.

H. ADDITIONAL ARRANGEMENTS AND COMMENTS:

NOTIFY OTHER PARENT OF ADDRESS CHANGE. Each parent will inform the other parent of any change of address and/or phone number in advance **OR** within _____ days of the change.

NOTIFY OTHER PARENT OF EMERGENCY. Both parents agree that each parent will promptly inform the other parent of any emergency or other important event that involves the minor child(ren)

TALK TO OTHER PARENT ABOUT EXTRA ACTIVITIES. Each parent will consult and agree with the other parent regarding any extra activity that affects the minor child(ren)'s access to the other parent.

ASK OTHER PARENT IF HE/SHE WANTS TO TAKE CARE OF CHILD(REN). Each parent agrees to consider the other parent as care-provider for the minor child(ren) before making other arrangements.

OBTAIN WRITTEN CONSENT BEFORE MOVING. Neither parent will move with the minor child(ren) out of the Phoenix metropolitan area without prior written consent of the other parent, or a court ordered Parenting Plan.

COMMUNICATE. Each parent agrees that all communications regarding the minor child(ren) will be between the parents and that they will **not** use the minor child(ren) to convey information or to set up parenting time changes.

PRAISE OTHER PARENT. Each parent agrees to encourage love and respect between the minor child(ren) and the other parent, and neither parent shall do anything that may hurt the other parent's relationship with the minor child(ren)

COOPERATE AND WORK TOGETHER. Both parents agree to exert their best efforts to work cooperatively in future plans consistent with the best interests of the minor child(ren) and to amicably resolve such disputes as may arise.

NOTIFY OTHER PARENT OF PROBLEMS WITH TIME-SHARING AHEAD OF TIME. If either parent is unable to follow through with the time-sharing arrangements involving the minor child(ren), that parent will notify the other parent as soon as possible.

- PARENTING PLAN.** Both parents agree that if either parent moves out of the area and returns later, they will use the most recent **"Parenting Plan/Access Agreement"** in place before the move **or** the minimum Maricopa County Access Guidelines until other arrangements can be worked out.
- MEDIATION.** If the parents are unable to reach a mutual agreement regarding a legal change to their parenting orders, they may request mediation through the court or a private mediator of their choice
- DO NOT DEVIATE FROM PLAN UNTIL DISPUTE IS RESOLVED.** Both parents are advised that while a dispute is being resolved, neither parent shall deviate from this Parenting Plan, or act in such a way that is inconsistent with the terms of this agreement.

NOTICE TO PARENTS: Once this Plan has been made an order of the Court, if either parent disobeys the court order related to parenting time with the child(ren), the other parent may submit court papers to request enforcement. See Self-Service Center materials for help.

I. SIGNATURE OF ONE OR BOTH PARENTS – as instructed on page 1.

Signature of Mother: _____ Date: _____

Signature of Father: _____ Date: _____

PART 3: JOINT CUSTODY AGREEMENT (IF APPLICABLE):

- A. JOINT CUSTODY AGREEMENT:** If the parents have agreed to joint custody, the following will apply, subject to approval by the Judge:
1. **REVIEW PARENTING PLAN.** The parents agree to review the terms of the joint custody agreement and make any necessary or desired changes every _____ months from the date of this document.
 2. **CRITERIA.** Our joint custody agreement meets the criteria required by Arizona law (A.R.S. §25-403)
 - a. The best interests of the minor child(ren) are served;
 - b. Each parent's rights and responsibilities for personal care of the minor child(ren) and for decisions in education, health care and religious training are designated in this Plan;
 - c. A schedule of the physical residence of the minor child(ren), including holidays and school vacations is included in the Plan;
 - d. The Plan includes a procedure for periodic review;
 - e. The Plan includes a procedure by which proposed changes, disputes and alleged breaches may be mediated or resolved
 - f. The parties understand that joint custody does not necessarily mean equal parenting time.

B. DOMESTIC VIOLENCE: Arizona Law (A.R.S. § 25-403.03) states that joint custody shall NOT be awarded if there has been a history of "significant domestic violence".

- Domestic Violence has not occurred between the parties. OR
- Domestic Violence has occurred but it has not been "significant" or has been committed by both parties. If "yes" to this box, **attach an extra page explaining** why joint custody is still in the best interest of the minor child(ren) even though domestic violence has occurred.

C. SIGNATURE OF BOTH PARENTS REQUESTING JOINT CUSTODY

Signature of Mother: _____ Date: _____

Signature of Father: _____ Date: _____

(1) Name of Person Filing : _____
 Phone Number(s): _____ / _____
 In this case I am Petitioner or Respondent Or represented by Attorney
 (IF) Attorney, Name: _____ Bar No.: _____
 Atty. Email: _____ Atty. Phone: _____

For Clerk's Use Only

**SUPERIOR COURT OF ARIZONA
 IN MARICOPA(2) COUNTY**

PARENT'S WORKSHEET FOR CHILD SUPPORT

(3) Petitioner _____ (4) Case No. _____

(3) Respondent _____ (4) ATLAS _____

(5) Total Number of Children: _____

(6) Parent with Primary Custody: Father Mother

(7) Parent who is filing this form: Father Mother

(8) Gross Income figures for the OTHER PARENT are:

- ACTUAL**, with proof, such as a recent W2 or pay stub attached, or other party's signed statement.
- ESTIMATED**, based on facts or knowledge of pay before promotion or of others in similar job.
- ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 5e).

	FATHER		MOTHER
Gross Income (Pre-Tax Income. Before deductions.)	\$ _____	(9)	\$ _____
Spousal Maintenance Paid	\$ -	(10)	\$ -
Spousal Maintenance Received	\$ +	(11)	\$ +
Child Support Paid/Contributed	\$ -	(12)	\$ -
Other Support of Children Paid	\$ -	(13)	\$ -
Adjusted Gross Income	\$ _____	(14)	\$ _____
Combined Adjusted Gross Income	(15)	\$	_____
Basic Child Support Obligation	(16)	\$	_____
Plus Costs for:			
Medical/Dental/Vision Insurance	\$ _____	(17)	\$ _____
Childcare	\$ _____	(18)	\$ _____
Education Expenses	\$ _____	(19)	\$ _____
Extraordinary/Special Needs Child Expenses	\$ _____	(20)	\$ _____
No. of Children Age 12 or Over _____ Adjustment _____ %	(21)	\$	_____
Total Adjustments for Costs	(22)		_____
Total Child Support Obligation	(23)	\$	_____

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Name of Petitioner

Case Number: _____

and

ATLAS Number: _____

Name of Respondent

ORDER TO APPEAR REGARDING MOTION FOR TEMPORARY ORDERS

READ ME: This is an important Court Order that affects your rights. Read this Order carefully. If you do not understand this Order, contact a lawyer for help.

Based on the *"Motion for Temporary Orders,"* the documents filed with it, and pursuant to Arizona Law,

IT IS ORDERED THAT YOU _____ appear at the time and place stated below so the court can determine whether the relief asked for in the *"Motion for Temporary Orders"* should be granted.

INFORMATION ABOUT COURT HEARING TO BE HELD:

NAME OF JUDICIAL OFFICER: _____

DATE AND TIME OF HEARING: _____

PLACE OF HEARING: _____ MARICOPA COUNTY SUPERIOR COURT

ADDRESS OF HEARING: _____

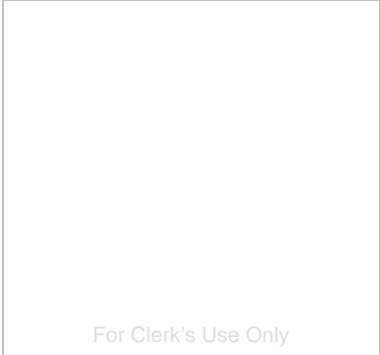
IT IS FURTHER ORDERED that a copy of this *"Order to Appear"* and a copy of the Motion and documents filed with the Motion shall be mailed immediately by the party initiating the action to parties *who have appeared* in this action, and that a copy shall be *served on* the parties who are required to appear who have not, in accordance with Arizona Rules of Family Law Procedure, Rules 40-43, 47.

Requests for reasonable accommodation for persons with disabilities must be made to the office of the Judge or Commissioner scheduled to hear this case five days before your scheduled court date.

DONE IN OPEN COURT: _____
Judge/Commissioner of the Superior Court

READ ME. This is a 15 minute proceeding with the court. The court will determine if more time is needed. **All parties, whether represented by attorneys or not, must be present.** If there is a failure to appear, the court may make such orders as are just, including granting the relief requested by the party who does appear. If the petition seeks to establish, modify or enforce child support, and you fail to appear as ordered, a child support arrest warrant may be issued for your arrest.

**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**



For Clerk's Use Only

Name of Petitioner

Case Number: _____

Name of Respondent

TEMPORARY ORDER FOR

(Check all that apply)

- Child Custody**
- Parenting Time**
- Child Support**
- Spousal Maintenance/Support**
- Property and/or Debt**
- Attorney Fees**

NOTICE: This is a Court Order that affects your legal rights and responsibilities. Read Carefully. If you disagree with or you do not understand this Order, you may consult an attorney for assistance.

THE COURT FINDS:

1. A sworn **"Motion for Temporary Orders"** was filed with the court. The court read the Motion, scheduled a hearing, took testimony as appropriate, considered all relevant matters, and issues a Temporary Order.
2. This court has jurisdiction to enter temporary orders regarding child custody, parenting time, child support, and/or spousal maintenance, property or debt, and has jurisdiction over the parties under the law. Where it has the legal power to do so and where it is applicable to the facts of this case, this court has considered, approved, and made Orders relating to child custody, parenting time, child support, spousal maintenance, property, and debt.
3. This order is based on the best interests of any minor children and/or the inability of one spouse to support him or her self or to maintain this action without financial assistance from the other spouse, and because the other spouse refuses to voluntarily provide support.
4. The relation of the party who requested these temporary orders to any children involved in this case is:
 Mother **Father** **Other Relation:** _____ **and**
if "Other", the name of that Person is: _____ .
 Where ever this Order refers to "Other" or "Other Person", it refers to the individual named above.

This Order applies to the children named below.

Month/Date/Year of Birth

5. **TEMPORARY CHILD SUPPORT:** The court, having considered the best interests of the minor child(ren), makes the following findings regarding payment of *temporary* child support:
 In accordance with the Arizona Child Support Guidelines, and based upon the Parent's Worksheet for Child Support, the person responsible for paying child support child support should pay \$ _____ per month, **OR**

- Deviation from the Child Support Guidelines is appropriate because:**
- Application of the **Guidelines** is inappropriate or unjust.
 - The parties have signed a written agreement, free of duress and coercion, with knowledge of the amount of support that would have been ordered by the guidelines but for the agreement.
 - The child support order would have been: \$ _____
 - The child support order after deviation is: \$ _____
- Other Reasons for Deviation from Guideline Amount:**

6. TEMPORARY SUPERVISED OR NO PARENTING TIME: (if applicable)
Supervised Parenting time between the minor child(ren) and Petitioner Respondent or Other, **OR**
No Parenting time between the minor child(ren) and Petitioner Respondent or Other, is in
 the best interests of the mionor child(ren) for the following reasons: _____

THE COURT ORDERS:

A. CUSTODY

Temporary Joint Legal Custody. There having been no significant acts of domestic violence, Petitioner and Respondent are hereby awarded temporary **joint legal custody** of the minor child(ren) subject to Maricopa County Parent/Child Access Guidelines or the attached Parenting Plan, **OR**

Temporary Sole Custody of the minors named below is awarded as indicated below:

Petitioner	Respondent	Other	Names of Minor Children
<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"/>	

B. TEMPORARY PARENTING TIME (or for non-parent, "visitation").

Reasonable parenting time to _____ according to the Maricopa County Parent/Child Parenting time/Access Guidelines. **(OR)**

Reasonable parenting time to _____ according to the Parenting Plan attached. **(OR)**

Reasonable visitation time to _____ according to the Parenting Plan attached *for person other than parent.* **(OR)**

Supervised parenting time (or visitation) to _____ **but only in the presence of the person named below or other person approved by the court.** **(OR)**

Name of Supervisor: _____

Restrictions: _____

The cost of supervised parenting time shall be paid by Petitioner or Respondent or Other _____

No parenting time rights to Petitioner or Respondent Other

Other parenting time/visitation as Ordered by this Court: _____

C. CHILD SUPPORT.

Mother shall pay child support to the Father Other party

Father shall pay child support to the Mother Other party

in the amount of \$ _____ per month, payable on the first day of each month beginning the first day of month following the signing of this Order until further order of the court. All child support payments shall be made by Order of Assignment signed this date, along with the statutory handling fee, through the Support Payment Clearinghouse. Any time the full amount is not withheld, the "Obligor" (*the person obligated to pay*) remains responsible for the full monthly amount ordered, and shall make payments payable to and mail directly to: **Support Payment Clearinghouse**

**P. O. Box 52107
Phoenix, AZ 85072-2107**

Payments must include the obligor's name, Social Security Number and ATLAS number. Payments not made through the Clearinghouse shall be considered *gifts* unless otherwise ordered by the Court.

D. MEDICAL, DENTAL, VISION CARE FOR MINOR CHILDREN

Father is responsible for providing: medical dental vision care insurance.

Mother is responsible for providing: medical dental vision care insurance.

Medical, dental, and vision care insurance, payments and expenses are based on the information in the Parent's Worksheet for Child Support attached and incorporated by reference. The party ordered to pay must keep the other party informed of the insurance company name, address and telephone number, and must give the other party the documents necessary to submit insurance claims.

Non-Covered Expenses: Father is ordered to pay _____ %, AND Mother is ordered to pay _____ % of all reasonable uncovered and/or uninsured medical, dental, vision care, prescription and other health care charges for the minor child(ren), including co-payments.

E. MEDICAL AND DENTAL CARE FOR OTHER SPOUSE

Petitioner is responsible for providing: medical dental insurance (for other spouse).

Respondent is responsible for providing: medical dental insurance (for other spouse).

All uninsured medical and dental expenses shall be paid as follows:
_____ % by Petitioner, and _____ % by Respondent.

F. SPOUSAL MAINTENANCE/SUPPORT shall be paid by Petitioner or Respondent to the other spouse in the amount of \$ _____, due on or before the _____ day of every month until further order of this court.

G. ACCESS TO COMMUNITY LIQUID ASSETS (Cash or cash held in financial institutions, traveler's checks, lottery winnings) Wife and Husband shall have immediate access to community funds in the proportions (or dollar amounts) listed below, held in these named banks or financial institutions:

Case No. _____

Name of Financial Institution	Name of Account Holder	Total (\$) in Account	% or Dollar amount to Husband	% or Dollar amount to Wife
		\$		
		\$		
		\$		

H. DISCLOSURE OF COMMUNITY LIQUID ASSETS (Cash or cash held in financial institutions, traveler's checks, lottery winnings). The Petitioner and Respondent are ordered to disclose to the other party and to the court the name of all financial institutions where funds are held; the name in which the account is held; the account number; and the dollar amount in the account. (To guard against identity theft, financial account numbers may be presented on the **"Sensitive Data Sheet"**, which is not part of the public record.)

I. PAYMENT OF DEBTS shall be made as follows:

Creditor's Name (who the money is owed to)	Name(s) on Account	Total Amount Owed	Monthly Minimum Payment (\$)	% or \$ to be Paid by Husband	% or \$ to be Paid by Wife
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

J. EXCLUSIVE USE AND POSSESSION OF PROPERTY is granted as follows:
To Petitioner if marked under the "P"; to the Respondent if marked under the "R".

	P	R
Residence at: (list address) _____		
Car described as: _____		
Other Property: (describe) _____		
Other Property: (describe) _____		
Other Property: (describe) _____		

K. ATTORNEY FEES.

Petitioner or Respondent Other Party shall reimburse
 Petitioner or Respondent Other Party for attorney fees in the amount of \$ _____,
to be paid as follows: _____

If the Petitioner or Respondent Other Party (named above) contests (files papers to disagree with) these Temporary Orders, he or she shall pay or reimburse the other party(ies) for the costs of defending or maintaining these Orders, including: attorney fees and _____.

L. THIS ORDER SHALL CONTINUE in effect until further order of this Court or until this date: _____.

DONE IN OPEN COURT: _____.

JUDGE/COMMISSIONER OF THE SUPERIOR COURT