



FOR CLERK'S USE ONLY

Name of Person Signing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, and Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
ATLAS Number (if applicable): \_\_\_\_\_  
Attorney's Bar Number (if applicable): \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
IN MARICOPA COUNTY**

\_\_\_\_\_  
Name of Petitioner

Case Number: \_\_\_\_\_

Conciliation Case Number: \_\_\_\_\_

**PETITION FOR CONCILIATION COUNSELING**

\_\_\_\_\_  
Name of Respondent

\_\_\_\_\_  
Name of Judge assigned to your Superior Court case  
(if applicable).  
If unknown call: (Phoenix) 602-506-1561  
(Mesa) 602-506-2021

**I, \_\_\_\_\_, respectfully represent as follows:**

- 1. A controversy/disagreement between my spouse and myself exists. The help of the court is requested to effect a reconciliation or an amicable settlement of the controversy.
- 2. I fully understand that this Petition may not be withdrawn from Conciliation Services until the minimum required conferences have been concluded, or until the court ends the proceedings.
- 3. To the best of my knowledge, there  **is** OR  **is not** a Domestic Relations action (annulment, legal separation, or divorce) pending between my spouse and myself.
- 4. A Petition for Conciliation Counseling  **has** or  **has not** been previously filed in this court by either spouse.
- 5. My present address and telephone number is:

Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

- 6. My spouse's present address and telephone number is:

Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

7. The name(s) and age(s) of each minor child, including any stepchild(ren), whose welfare may be affected by the controversy are: (use additional sheets of paper if necessary.)

Name and Age: \_\_\_\_\_  
Name and Age: \_\_\_\_\_  
Name and Age: \_\_\_\_\_  
Name and Age: \_\_\_\_\_  
Name and Age: \_\_\_\_\_

8. Do you or the other party need an interpreter? Yes  No  If yes, what language? \_\_\_\_\_

**RELIEF REQUESTED.** Therefore, I request that the parties be ordered to attend Conciliation Services in an effort to effect a reconciliation of the spouses, or an amicable settlement of the controversies involved.

Today's Date: \_\_\_\_\_  
Signature of Person Requesting Conciliation Counseling

**Your attorney's name, address and telephone number:** (if applicable)

Attorney's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**Your spouse's attorney's name, address, and telephone number:** (if applicable)

Attorney's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_