

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

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Name of Petitioner

Case Number: _____

MOTION FOR EXEMPTION FROM PARENT INFORMATION PROGRAM

Name of Respondent

I ask to be excused from attending the Parenting Information Program because:

I applied for deferral of court fees and costs in this case which was granted and I cannot afford the fee for attending the Parenting Information Program.

I already completed the Parent Information Program (PIP). Proof of completion is in the court file for this case, or a separate Maricopa court case number: _____.

I completed the Parent Information Program or its equivalent in another county or state. Proof of completion is attached. If the program was not one approved by the Superior Court in Arizona, a description or a copy of documents provided by the program is attached.

This request is made pursuant to A.R.S. § 25-351(A) and/or Supreme Court Administrative Order No. 2002-31.

OATH OR AFFIRMATION

I swear or affirm the information above is true and correct, under penalty of perjury.

Date

Signature

Printed Name

Date Signed or Affirmed

Judicial Officer, Deputy Clerk or Notary Public

My Commision Expires/Seal:

This page must be completed and attached to the last page of your motion/request.

Case No. _____

I have filed the ORIGINAL of the attached document(s) on _____, 200__
Month Day
with the Clerk of the Superior Court of Arizona in Maricopa County.

I have mailed/delivered a COPY of the attached document(s) on _____, 200__ to Judge _____.
Month Day
(The Judge assigned to your case)

I have mailed/delivered a COPY of the attached document(s) on _____, 200__ to:
Month Day

(You must mail a copy of all documents to the other side and his/her lawyer)

Name of Other Side Name of Other Side's Lawyer

Address Lawyer's Address

City, State, Zip City, State, Zip

By signing below, I promise that I have filed/mailed the attached document(s) as shown above. I understand that if I do not file/mail the attached document(s) as shown above, the judge in my case will not read my request/motion.

Your signature