

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
ATLAS Number: _____
Lawyer's Bar Number: _____

For Clerk's Use Only

Representing Self, without a Lawyer OR Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

Petitioner

Case No. _____

GOOD FAITH CONSULTATION
CERTIFICATE

Respondent

Name of Judge/Commissioner _____

The following issue exists between the parties and the applicable Rule of Family Law Procedure requires "good faith consultation" to resolve the issue before presenting the issue to the Court:

Pursuant to Rule 9(c) of the Arizona Rules of Family Law Procedure, the Petitioner or Respondent submits this Good Faith Consultation Certificate and states either:

- a. A good-faith attempt to resolve the issue was made with the opposing party, or counsel if represented, and the consultation or attempted consultation was made in person or by telephone (and not merely by letter or email) as follows:

OR

- b. The parties are not required to meet personally or contact each other because there is a current court order prohibiting contact between the parties, there is a history of domestic violence between the parties, or an allegation of domestic violence, and the alleged victim of the domestic violence is self-represented.

VERIFICATION

Under penalty of perjury, I state to the Court that the contents of this document are true and correct.

Date

Signature of Person Filing Document

CERTIFICATE OF SERVICE

I filed the original of the attached document with the Clerk of Superior Court in the county listed above on _____.

Month Date Year

I mailed or delivered a copy of the attached document to the judicial officer (judge or commissioner) assigned to this case on _____.

Month Date Year

I mailed or delivered a copy of the attached document to the Office of the Attorney General for the State of Arizona (if applicable) on _____.

Month Date Year

I mailed or delivered a copy of the attached document to the opposing party or the opposing party's attorney, if represented by counsel, on _____.

Month Date Year

Name of Opposing Party

Name of Opposing Party's Attorney

Address of Opposing Party

Address of Opposing Party's Attorney

City, State, Zip Code

City, State, Zip Code

Date

Signature