Petitioner:				
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			
Respondent:				
Address (if not protected):				
City, State, Zip Code:				
Telephone:				
Email Address:				
ATLAS Number:				
Lawyer's Bar Number:				
Representing Self, without a Lawyer OR Attorney for	Petitioner OR Respondent			
SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY				
(Name of Petitioner / Party A) Case I	No			
	STIPULATION NOMINATION OF BEHAVIORAL HEALTH PROVIDER in Family Cases			
(Name of Respondent / Party B)				

The parties have sought a court appointment of a behavioral health expert in this matter to perform the following service:

] The parties agree on the appointment of the following provider:			
	Name:			
	Address:			
		Email Address:		
OR				
	a list of up to three (3) nominated b opportunity to strike all but one (1) of t	o should be appointed by the court. Each has behavioral health professionals and the oppo he professionals nominated by the other party rom each party, are listed below WITHOUT de	osing party has had the y. The two (2) remaining	
	Nominee One:			
	Address:			
		Email Address:		
	Nominee Two:			
	Address:			
	Phone:	Email Address:		
	party avows that the stipulated/nominat	ed behavioral health expert(s) meet(s) the re	equirements set forth in	
		e behavioral health professional to serve ir order/minute entry detailing the appointment		
Signa	ture of Petitioner / Party A	Signature of Respondent / Party	В	
Signa	ture of Party A's Attorney (if applicable)	Signature of Party B's Attorney (i	f applicable)	
Date		Date		
©Supe	erior Court of Arizona in Maricopa County	Page 2 of 2	DRSN41f 123020	

For this appointment,