

Person Filing: (1) _____
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

Case Number _____

Name of Petitioner / Party A

MOTION FOR TEMPORARY ORDERS

Check all that apply:

- For Legal Decision-Making and Physical Custody
- For Parenting Time
- For Child Support
- For Spousal Maintenance
- For Property and/or Debt
- Attorney Fees

Name of Respondent / Party B

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

By signing your name at the end of this document, you are stating to this 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, Legal Decision-Making, Physical Custody, etc.): _____

- 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 herself 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:

Party A Party B Other: (grandmother, friend, or ?) _____

If "Other", my name is: _____

Wherever 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: _____

Party A: _____ Party A: _____

Party B: _____ Party B: _____

Name: _____

Name: _____

Birth date: _____

Birth date: _____

Current Address: _____

Current Address: _____

County of residence: _____

County of residence: _____

Party A: _____

Party A: _____

Party B: _____

Party B: _____

- 5. **JURISDICTION:** For legal decision-making and parenting time requests, this Court has the authority to determine legal decision-making (legal custody), and authority to determine parenting time (physical custody) over our minor child(ren) common to the parties.
- 6. **I attached a proposed Parenting Plan**, that specifically states the legal and physical custody plans for the child(ren), **or**
- 7. **I described specific legal and physical custody plans in this form as stated below.**

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 LEGAL DECISION-MAKING AND PHYSICAL CUSTODY: The *temporary* care, legal decision-making and physical 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 DECISION-MAKING and PHYSICAL CUSTODY** should be awarded to Party A and Party B of the minor child(ren) with parenting time and physical custody subject to the attached Parenting Plan,

OR

Temporary **SOLE LEGAL DECISION-MAKING and PHYSICAL CUSTODY** should be awarded to the party indicated to the right of the child’s name:

Child(ren)'s Name(s)	Party A	Party B	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.

Party A Party B or _____ shall pick up the minor child(ren).

Party A Party B 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:

Child Support is requested. A Child Support Worksheet is attached and incorporated by reference.

AND

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:

Party A to be responsible for medical dental vision care insurance.

Party B to be responsible for medical dental vision care insurance..

Non-Covered Expenses: **Party A** to pay _____%, and **Party B** _____%, 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

Party A is responsible for providing: medical dental insurance for other spouse.

Party B is responsible for providing: medical dental insurance for other spouse.

All uninsured medical and dental expenses shall be paid as follows:

_____ % by **Party A** and _____ % by **Party B**.

F. SPOUSAL MAINTENANCE/SUPPORT shall be paid by **Party A** or **Party B** as follows:

Temporary Duration: From: _____ **to** _____
 (Date) (Date)

To the other Party in a reasonable amount as ordered by this Court based on the attached **“Affidavit of Financial Information.” OR**

In the specific amount requested: \$ _____ **per** _____ (week, month). An Affidavit of Financial Information” is attached.

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). Party A and Party B 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 Party A	% or Dollar amount to Party B
		\$		
		\$		
		\$		
		\$		

H. DISCLOSURE OF COMMUNITY LIQUID ASSETS (Cash or cash held in financial institutions). The Party A and Party B 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 Party A	% or \$ to be Paid by Party B
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

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

	A	B
Residence at: (list address) _____		
Car described as: _____		
Other: (describe) _____		
Other: (describe) _____		
Other: (describe) _____		

K. ATTORNEY FEES.

Based on the attached "Affidavit of Financial Information" Party A or Party B 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): _____

M. OATH OR AFFIRMATION AND VERIFICATION

I swear or affirm that the information on this document is true and correct under penalty of perjury.

Signature

Date

Printed Name of Signer

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ by
(Date)

(notary seal)

Deputy Clerk or Notary Public