

**DIVORCE
WITH MINOR
CHILDREN
For Petitioner Only**

1

**To File for Divorce in a Non-Covenant
Marriage with Minor Children**

Part 1: Forms

SELF-SERVICE CENTER

PETITION FOR DISSOLUTION OF NON-COVENANT MARRIAGE (DIVORCE) WITH MINOR CHILDREN

CHECKLIST

You may use the forms and instructions in this packet if . . .

- ✓ You want to file a petition for divorce, **AND**,
- ✓ You do **not** have a “covenant” marriage (These papers will **not** work for a covenant marriage)* **AND**,

***What is a “Covenant Marriage”?** As of August 21, 1998, the Arizona Legislature created a new type of marriage called “covenant” marriage. To have a covenant marriage, both husband and wife would have had to:

1. sign papers requesting to have a covenant marriage;
2. attend pre-marital counseling; **AND**
3. your marriage license would say “Covenant Marriage.”

If you were married *before* August 21, 1998 and have not signed papers to *convert* your marriage to a covenant marriage, you do not have a covenant marriage. If you still have questions about whether you have a covenant marriage, see a lawyer for help.

- ✓ You and your spouse have minor children with each other OR the wife is pregnant by the husband **AND**,
- ✓ The minor child(ren) resided (lived) in Arizona at least 6 months before you file the petition or you talked to a lawyer who advised you that you could pursue the case in Arizona **AND**,
- ✓ Either spouse lived in Arizona at least 90 days before you file the Petition, or is a member of the armed forces and is stationed in Arizona at least 90 days before you file **AND**,
- ✓ You believe that the marriage is irretrievably broken (you and your spouse cannot make this marriage work) **AND**,

You or your spouse have either tried to resolve your marital problems through Conciliation Services, or there is no point in trying to resolve your marital problems.

READ ME: Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website.

SELF-SERVICE CENTER

**DIVORCE WITH MINOR CHILDREN
FOR PETITIONER ONLY**

PART 1 - FORMS: PETITION AND FIRST COURT PAPERS

This packet contains court forms and instructions to file a divorce with minor children. Items in **BOLD** are forms that you will need to file with the Court. Non-bold items are instructions or procedures. Do not copy or file those pages!

Order	File Number	Title	# pages
1	DRDC1k	Checklist: <i>You may use this packet if . . .</i>	1
2	DRDC1ft	Table of Contents (this page)	1
3	DRSDS10f-C	<i>"Family Court / Sensitive Data Coversheet in Cases With Minor Children" (*no copies required)</i>	1
4	DR11f	"Summons"	2
5	DR14f	"Preliminary Injunction"	2
6	DRDC15f	"Petition for Dissolution of Non-Covenant Marriage (Divorce)—With Minor Children"	8
7	DRD16f	"Notice of Right to Convert Health Insurance"	1
8	DR12f	"Parent Information Program Order" and Notice	3
9	DRCVG13f	"Affidavit Regarding Minor Children"	3
10	DR16f	"Notice Regarding Creditors"	2

***No copies required.** File original only. Do not serve on other party.

The documents you have received are copyrighted by the Superior Court of Arizona in Maricopa County. You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

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. _____
Respondent	ATLAS No. _____

**FAMILY COURT / SENSITIVE DATA
COVERSHEET WITH CHILDREN
(CONFIDENTIAL RECORD)**

Fill out. File with Clerk of Court. Social Security Numbers should appear on this form only and should be omitted from other court forms. Access Confidential pursuant to ARFLP 43(G)(1).

A. Personal Information:	Petitioner	Respondent
Name	_____	_____
Gender	<input type="checkbox"/> Male or <input type="checkbox"/> Female	<input type="checkbox"/> Male or <input type="checkbox"/> Female
Date of Birth (Month/Day/Year)	_____	_____
Social Security Number	_____	_____

**WARNING: DO NOT INCLUDE MAILING ADDRESS ON THIS FORM
IF REQUESTING ADDRESS PROTECTION**

Mailing Address	_____	_____
City, State, Zip Code	_____	_____
Contact Phone	_____	_____
Email Address	_____	_____
Current Employer Name	_____	_____
Employer Address	_____	_____
Employer City, State, Zip Code	_____	_____
Employer Telephone Number	_____	_____
Employer Fax Number	_____	_____

B. Child(ren) Information:			
Child Name	Gender	Child Social Security Number	Child Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____

C. Type of Case being filed - Check only one category.		Interpreter Needed:
<i>*Check only if no other category applies</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dissolution (Divorce)	<input type="checkbox"/> Paternity	_____
<input type="checkbox"/> Legal Separation	<input type="checkbox"/> *Legal Decision Maker (Custody)/Visitation	_____
<input type="checkbox"/> Annulment	<input type="checkbox"/> *Child Support	<input type="checkbox"/> Register Foreign Order
<input type="checkbox"/> Order of Protection	<input type="checkbox"/> Other	_____

DO NOT COPY THIS DOCUMENT. DO NOT SERVE THIS DOCUMENT TO THE OTHER PARTY.

Person Filing: _____
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

Case No.: _____

And

SUMMONS

Name of Respondent

**WARNING: This is an official document from the court that affects your rights. Read this carefully.
If you do not understand it, contact a lawyer for help.**

FROM THE STATE OF ARIZONA TO: _____
Name of Respondent

1. A lawsuit has been filed against you. A copy of the lawsuit and other court papers are served on you with this *"Summons"*.
2. If you do not want a judgment or order taken against you without your input, you must file an *"Answer"* or a *"Response"* in writing with the court, and pay the filing fee. If you do not file an *"Answer"* or *"Response"* the other party may be given the relief requested in his/her Petition or Complaint. To file your *"Answer"* or *"Response"* take, or send, the *"Answer"* or *"Response"* to the:

- Office of the Clerk of the Superior Court, 201 West Jefferson Street, Phoenix, Arizona 85003-2205
OR
- Office of the Clerk of the Superior Court, 18380 North 40th Street, Phoenix, Arizona 85032 *OR*
- Office of the Clerk of Superior Court, 222 East Javelina Avenue, Mesa, Arizona 85210-6201 *OR*
- Office of the Clerk of Superior Court, 14264 West Tierra Buena Lane, Surprise, Arizona, 85374.

Mail a copy of your *"Response"* or *"Answer"* to the other party at the address listed on the top of this Summons.

3. If this “*Summons*” and the other court papers were served on you by a registered process server or the Sheriff, within the State of Arizona, your “*Response*” or “*Answer*” must be filed within TWENTY (20) CALENDAR DAYS from the date you were served, not counting the day you were served. If this “*Summons*” and the other papers were served on you by a registered process server or the Sheriff outside the State of Arizona, your Response must be filed within THIRTY (30) CALENDAR DAYS from the date you were served, not counting the day you were served. Service by a registered process server or the Sheriff is complete when made. Service by Publication is complete thirty (30) days after the date of the first publication.
4. You can get a copy of the court papers filed in this case from the Petitioner at the address listed at the top of the preceding page, from the Clerk of the Superior Court’s Customer Service Center at:
 - 601 West Jackson, Phoenix, Arizona 85003
 - 18380 North 40th Street, Phoenix, Arizona 85032
 - 222 East Javelina Avenue, Mesa, Arizona 85210
 - 14264 West Tierra Buena Lane, Surprise, Arizona, 85374.
- 5 If this is an action for dissolution (divorce), legal separation or annulment, either or both spouses may file a *Petition for Conciliation* for the purpose of determining whether there is any mutual interest in preserving the marriage or for Mediation to attempt to settle disputes concerning legal decision-making (custody) and parenting time issues regarding minor children.
6. Requests for reasonable accommodation for persons with disabilities must be made to the office of the judge or commissioner assigned to the case, at least ten (10) judicial days before your scheduled court date.
7. Requests for an interpreter for persons with limited English proficiency must be made to the office of the judge or commissioner assigned to the case at least ten (10) judicial days in advance of your scheduled court date.

SIGNED AND SEALED this date

MICHAEL JEANES, CLERK OF COURT

By _____
Deputy Clerk

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

Name of Petitioner

Case Number: _____

PRELIMINARY INJUNCTION

AND

Name of Respondent

WARNING: This is an official Order from the court. It affects your rights. Read this Order immediately and carefully. If you do not understand it, contact a lawyer for help.

Your spouse has filed a ***"Petition for Dissolution"*** (Divorce) or ***"Petition for Annulment"*** or ***"Petition for Legal Separation"*** with the court. This Order is made at the direction of the Presiding Judge of the Superior Court of Arizona in Maricopa County. This Order has the same force and effect as any order signed by the judge. You and your spouse **must** obey this Order. This Order may be enforced by any remedy available under the law, including an ***"Order of Contempt of Court."*** To help you understand this Order, we have provided this explanation. Read the explanation and then read the statute itself. **If you have any questions, you should contact a lawyer for help.**

EXPLANATION: (What does this Order mean to you?)

1. **ACTIONS FORBIDDEN BY THIS ORDER:** From the time the ***"Petition for Dissolution"*** (Divorce) or ***"Petition for Annulment"*** or ***"Petition for Legal Separation"*** is filed with the court, until the judge signs the Decree, or until further order of the court, both the Petitioner and the Respondent **shall not** do any of the following things:

- ✓ You may **not** hide earnings or community property from your spouse, **AND**
- ✓ You may **not** take out a loan on the community property, **AND**
- ✓ You may **not** sell the community property or give it away to someone, **UNLESS** you have the written permission of your spouse or written permission from the court. The law allows for situations in which you may need to transfer joint or community property as part of the everyday running of a business, or if the sale of community property is necessary to meet necessities of life, such as food, shelter, or clothing, or court fees and attorney fees associated with this action. If this applies to you, you should see a lawyer for help, **AND**
- ✓ Do **not** harass or bother your spouse or the children, **AND**
- ✓ Do **not** physically abuse or threaten your spouse or the children, **AND**
- ✓ Do **not** take the minor children, common to your marriage, out of the State of Arizona for any reasons, without a written agreement between you and your spouse or a Court Order, **before** you take the minor children out of the State.
- ✓ Do **not** remove, or cause to be removed, the other party or the minor children of the parties from any existing insurance coverage, including medical, hospital, dental, automobile and disability insurance. Both parties shall maintain all insurance coverage in full force and effect.

STATUTORY REQUIREMENTS: Arizona Law, A.R.S. §25-315(A) provides:

- 1(a). **RESTRICTIONS ON PROPERTY OF THE MARRIAGE:** That both parties are enjoined from transferring, encumbering, concealing, selling, or otherwise disposing of any of the joint, common or community property of the parties, **except** if related to the usual course of business, the necessities of life, or court fees and reasonable attorney fees associated with an action filed under this article, without the written consent of the parties or the permission of the court.
- 1(b). **REQUIREMENTS OF BEHAVIOR:** That both parties are enjoined from molesting, harassing, disturbing the peace, or committing an assault or battery on, the person of the other party or any natural or adopted child of the parties.
- 1(c). **RESTRICTIONS ABOUT YOUR MINOR CHILDREN:** That both parties are enjoined from removing any natural or adopted minor child(ren) of the parties, then residing in Arizona, from the jurisdiction of the court without the prior written consent of the parties or the permission of the court.
- 1(d). **RESTRICTIONS ABOUT INSURANCE:** That both parties are enjoined from removing, or causing to be removed, the other party or the minor children of the parties from any existing insurance coverage, including medical, hospital, dental, automobile and disability insurance. Both parties shall maintain all insurance coverage in full force and effect.
- 2. **EFFECTIVE DATE OF THIS ORDER:** This Order is effective against the person who filed for divorce, annulment, or legal separation (the Petitioner) when the Petition was filed with the court. It is effective against the other party (the Respondent) when it is served on the other party, or on actual notice of the Order, whichever is sooner. This Order shall remain in effect until further order of the court, or the entry of a Decree of Dissolution, Annulment, or Legal Separation.
- 3. **ORDER TO PETITIONER:** You **must** serve a copy of this Order upon the Respondent, along with a copy of the Petition for Dissolution, Annulment or Legal Separation, the Summons, and other required court papers.
- 4. **WARNING:** This is an official Court Order. If you disobey this Order, the court may find you in contempt of court. You may also be arrested and prosecuted for the crime of interfering with judicial proceedings and any other crime you may have committed by disobeying this Order.
- 5. **LAW ENFORCEMENT:** You or your spouse may file a certified copy of this Order with your local law enforcement agency. You may obtain a certified copy from the Clerk of the Court that issues this Order. If any changes are made to this Order and you have filed a certified copy of this Order with your local law enforcement agency, you **must** notify them of the changes.
- 6. **DESCRIPTION OF THE PARTIES:**

Petitioner:

Name: _____ Gender: Male Female
 Height: _____ Weight: _____
 Driver's License (last 4 nos.) _____
 Date of Birth: _____

Respondent:

Name: _____ Gender: Male Female
 Height: _____ Weight: _____
 Driver's License (last 4 nos.) _____
 Date of Birth: _____

GIVEN UNDER MY HAND AND THE SEAL OF THE COURT this _____ day of _____, _____.

Clerk of the Superior Court

By: _____, Deputy Clerk

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 Number: _____

ATLAS Number: _____
(if applicable)

Respondent

PETITION FOR DISSOLUTION OF A NON-COVENANT MARRIAGE (DIVORCE) WITH MINOR CHILDREN

STATEMENTS THE COURT, UNDER OATH OR AFFIRMATION:

1. INFORMATION ABOUT ME, THE PETITIONER:

Name: _____
Address: _____
Date of Birth: _____
Job Title: _____
I have lived in Arizona for ____ years and/or ____ months

2. INFORMATION ABOUT, MY SPOUSE, THE RESPONDENT:

Name: _____
Address: _____
Date of Birth: _____
Job Title: _____
Respondent has lived in Arizona for ____ years and/or ____ months

3. INFORMATION ABOUT MY MARRIAGE:

Date of Marriage: _____
City and state, or country where we were married: _____

The following statements MUST BE TRUE for you to use this document and to qualify for divorce in Arizona
AND you must check the boxes to indicate that the statements are true *or your case may not proceed.*

- We do not have a covenant marriage** (If not sure, refer to the INSTRUCTIONS for information).
- Our marriage is broken beyond repair** ("irretrievably broken") **and there is no hope of reconciliation.**
- We have tried to resolve our problems through Conciliation Services or going to Conciliation Services would not work.**
- This court has jurisdiction to determine physical custody and authority for legal decision-making (legal custody) over our minor child(ren) common to the parties because the minor child(ren) has/have lived with Petitioner or Respondent in Arizona for at least the past 6 months.**

4. 90 DAY REQUIREMENT: (This statement MUST be true before you can file for divorce in Arizona.)

I OR my spouse have lived in Arizona or have been stationed in Arizona while a member of the Armed Forces, for at least 90 days before I filed this action.

5. DOMESTIC VIOLENCE: *(If you intend to ask for joint legal decision-making authority (joint custody), there must have been no significant domestic violence in your marriage. A.R.S. 25-403.03. Check the box to make a true statement:*

Significant domestic violence has or has not occurred during this marriage.

6. CHILDREN OF THE PARTIES WHO ARE LESS THAN 18 YEARS OLD:

Listed below are children still under the age of 18 born to or adopted by my spouse and me during our marriage, **or where indicated, born before.** Husband is the father of children listed.

Child's Name:	_____	
Birthdate:	_____	<input type="checkbox"/> Born prior to marriage
Address:	_____	
Length of Time at Address:	_____	

Child's Name:	_____	
Birthdate:	_____	<input type="checkbox"/> Born prior to marriage
Address:	_____	
Length of Time at Address:	_____	

Child's Name:	_____	
Birthdate:	_____	<input type="checkbox"/> Born prior to marriage
Address:	_____	
Length of Time at Address:	_____	

Child's Name:	_____	
Birthdate:	_____	<input type="checkbox"/> Born prior to marriage
Address:	_____	
Length of Time at Address:	_____	

Child's Name:	_____	
Birthdate:	_____	<input type="checkbox"/> Born prior to marriage
Address:	_____	
Length of Time at Address:	_____	

7. PREGNANCY and PATERNITY: (Check one box.)

- Wife is **not** pregnant, OR
- Wife **is** pregnant
The baby is due on _____ (date), (and, check one box below):
 - The Petitioner and Respondent are the parents of the child, OR
 - Husband is **not** the parent of the child, OR.

- The Petitioner and Respondent are the parents of the child, OR**
 - Petitioner is not the parent of the child, OR.**
 - Respondent is not the parent of the child.**
 - A minor child or minor children were born before the marriage. The husband is the father of that minor child/those minor children named below:**

8.a. COMMUNITY PROPERTY: (Check one box.)

- My spouse and I did not acquire any community property during the marriage, OR
- My spouse and I acquired community property during our marriage, and we should divide it as follows:

	Petitioner	Respondent	Value
<input type="checkbox"/> Real estate located at:	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Legal Description: (Quote from the DEED) _____			

	Petitioner	Respondent	Value
<input type="checkbox"/> Real estate located at:	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Legal Description: (Quote from the DEED) _____			

	Petitioner	Respondent	Value
<input type="checkbox"/> Household furniture and appliances:	<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"/>	\$ _____

	Petitioner	Respondent	Value
<input type="checkbox"/> Household furnishings:	<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"/>	\$ _____

	Petitioner	Respondent	Value
<input type="checkbox"/> Other items:	<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"/>	Pension/retirement fund/profit sharing/stock plan/401K:	Petitioner	Respondent	Value
		<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"/>	Motor vehicles:	Petitioner	Respondent	Value
		<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
		<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
		<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
		<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Make _____ Year: _____
 Model _____
 VIN _____
 Lien Holder _____

Petitioner	Respondent	Value
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Make _____ Year: _____
 Model _____
 VIN _____
 Lien Holder _____

8.b. SEPARATE PROPERTY: (Check all boxes that apply.)

- I do not have any property that I brought into the marriage or separate property.
- My spouse, the Respondent, does not have any property that he or she brought into the marriage or separate property.
- I have property that I brought into the marriage or I have separate property. I want this property awarded to me as described below.
- My spouse, the Respondent, has property that he or she brought into the marriage or has separate property. I want this property awarded to my spouse as described below.

Separate Property: (On the next page, list the property and the value of the property, and check the box to tell the Court who should get the property.)

Description of Separate Property	Petitioner	Respondent	Value
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

9.a. COMMUNITY DEBTS: (Check one box)

- My spouse and I did not incur any community debts during the marriage, OR
- We should divide the responsibility for the debts incurred during the marriage as follows:

DESCRIPTION OF DEBT	Petitioner	Respondent	Amount Owed
_____	<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"/>	\$ _____

9.b. SEPARATE DEBTS: (Check all boxes that apply.)

- My spouse and I do **not** have any debts that were incurred prior to the marriage or separate debt;
- I have separate debt or debt that I incurred prior to the marriage that should be paid by me as described below;
- My spouse has separate debt or debt that he or she incurred prior to the marriage that should be paid by my spouse as described below.

DESCRIPTION OF DEBT	Petitioner	Respondent	Amount Owed
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

10. TAX RETURNS: (Check this box if this is what you want).

- After the judge or commissioner signs the Decree of Dissolution of Marriage (Divorce), we will, subject to IRS Rules and Regulations, pay federal and state taxes as follows: For previous years (the years we were married, **not** including the year the Decree was signed), the parties will file joint federal and state income tax returns. In addition, for previous calendar years, both parties will pay, and hold the other harmless from, 1/2 of all additional income taxes if any and other costs and each will share equally in any refunds. For the calendar year (the year that the Decree is signed) and all future calendar years, each party will, subject to IRS Rules and Regulations, file separate federal and state income tax returns. Each party will give the other party all necessary documentation to do so.

11. SPOUSAL MAINTENANCE/SUPPORT (ALIMONY) (check the box that applies to you):

- Neither party is entitled to spousal maintenance/support (alimony), OR
- Petitioner OR Respondent is entitled to spousal maintenance/support because: (Check one or more of the box(es) on the next page that apply. At least one reason must apply to get spousal maintenance / support.)
 - Person lacks sufficient property to provide for his/her reasonable needs;
 - Person is unable to support himself/herself through appropriate employment;
 - Person is the custodian of a child(ren) whose age or condition is such that the person should not be required to seek employment outside the home;
 - Person lacks earning ability in the labor market adequate to support himself/herself; and
 - Person contributed to the educational opportunities of the other spouse or had a marriage of long duration and is now of an age that precludes the possibility of gaining employment adequate to support himself/herself.

12. WRITTEN AGREEMENT: (Check box only if true.)

- My spouse and I have a written agreement signed by both of us about the maintenance of a spouse, division of property/debt, where the children will live, authority for legal decision-making concerning the children (legal custody), parenting time, and child support, **and**
- I have attached a copy of the written agreement.

REQUESTS TO THE COURT:

A. DISSOLUTION (DIVORCE):

- Dissolve our marriage and return each party to the status of a single person;

RESTORE NAME:

I took the name of my spouse at the time of marriage and I want to restore my last name to the name I used before this marriage or to my maiden name. My complete married name is:

--	--	--

I want my name restored to: (List complete maiden or legal name before this marriage):

--	--	--

WARNING: If you are not the person who is requesting to have your former name restored, the court must have a written request from the party who wants his or her name restored to change the name.

B. PATERNITY and MINOR CHILD(REN)'S NAMES: Declare the husband to be the father of the following named minor child(ren) born before the marriage and (optional) change the legal name of those minor children to the name listed on the right, below:

Current Legal Name

**(OPTIONAL) Change the name of the child to:
New Name**

C. PRIMARY RESIDENTIAL PARENT, PARENTING TIME, AND AUTHORITY FOR LEGAL DECISION MAKING (CUSTODY): Declare which parent shall be "Primary Residential Parent" for each minor child as follows:

Declare **Mother** as primary residential parent for the following named children:

Declare **Father** as primary residential parent for the following named children:

subject to parenting time, as follows:

C.1. PARENTING TIME: Award parenting time as follows:

- Reasonable parenting time rights to the non-primary residential parent, **OR**
- Supervised parenting time between the children and Mother **OR** Father, **OR**
- No parenting time rights to the Mother **OR** Father.

Supervised or no parenting time is in the best interests of the child(ren) because:

Explanation continues on attached pages made part of this document by reference.

- a. Name this person to supervise: _____
- b. Restrict parenting time as follows: _____

- c. Order cost of supervised parenting time (if applicable) to be paid by:
 - Mother
 - Father, **OR**
 - Shared equally by the parties.

C.2. AUTHORITY FOR LEGAL DECISION MAKING (CUSTODY): Award legal authority to make decisions concerning the child(ren) as follows:

AWARD SOLE AUTHORITY FOR LEGAL DECISION-MAKING to: **Mother** **Father**

OR

AWARD JOINT LEGAL DECISION MAKING AUTHORITY to BOTH PARENTS.

Mother and Father will agree to act as joint legal decision makers concerning the minor child(ren) and will submit a Parenting Plan and Joint Legal Decision Making Agreement signed by the both parties. (For the court to order "joint" legal decision making, there must have been no "significant" domestic violence according to Arizona law, A.R.S. § 25-403.03)

D. CHILD SUPPORT: Order that child support will be paid by: Petitioner, OR Respondent in a reasonable amount as determined by the court under the Arizona Child Support Guidelines. Support payments will begin on the first day of the first month following the entry of the divorce decree. These payments, and a fee for handling, will be paid through the Support Payment Clearinghouse and collected by an automatic Income Withholding Order.

E. MEDICAL, DENTAL, VISION CARE FOR MINOR CHILDREN: Order that

- Mother** is responsible for providing: medical dental vision care insurance.
- Father** is responsible for providing: medical dental vision care insurance.

Petitioner and Respondent will pay for all reasonable unreimbursed medical, dental, and health-related expenses incurred for the child(ren) in proportion to their respective incomes.

F. TAX EXEMPTION: The parties will claim the children as income tax dependency exemptions on federal and state income tax returns as follows:

Parent entitled to claim		Name of minor child	in Tax Year
<input type="checkbox"/> Mother	<input type="checkbox"/> Father	_____	_____
<input type="checkbox"/> Mother	<input type="checkbox"/> Father	_____	_____
<input type="checkbox"/> Mother	<input type="checkbox"/> Father	_____	_____
<input type="checkbox"/> Mother	<input type="checkbox"/> Father	_____	_____
<input type="checkbox"/> Mother	<input type="checkbox"/> Father	_____	_____

Pattern shall repeat for subsequent years.

G. SPOUSAL MAINTENANCE (ALIMONY): Order spousal support to be paid by Wife, or Husband in the amount of _____ per month beginning with the first day of the month after the Judicial Officer signs the Decree and continuing until the person receiving spousal maintenance remarries or either party is deceased, or for a period of _____ months. These payments, and a fee for handling, will be paid through the Support Payment Clearinghouse.

H. COMMUNITY PROPERTY: Make a fair division of all community property.

I. COMMUNITY DEBTS: Order each party to pay community debts as requested in the Petition, and to pay any other community debts unknown to the other party. Order each party to pay and hold the other party harmless from debts incurred by him/her since the parties' separation on _____ or the date the Respondent was served with the Petition for Dissolution.

J. SEPARATE PROPERTY and DEBT: Award each party his/her separate property and make each party pay his/her own separate debt.

K. OTHER ORDERS I AM REQUESTING (Explain request here):

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

STATE OF _____

COUNTY OF _____

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

_____.

(notary seal)

Deputy Clerk or Notary Public

**NOTICE OF YOUR RIGHTS ABOUT HEALTH INSURANCE COVERAGE
WHEN A PETITION FOR DISSOLUTION (DIVORCE) IS FILED
(A.R.S. §20-1377 and §20-1408)**

Petitioner/Parent A: _____

Case #: _____

Respondent/Parent B: _____

WARNING: THIS IS AN IMPORTANT LEGAL NOTICE. YOUR RIGHTS TO HEALTH INSURANCE COVERAGE COULD BE AFFECTED AFTER YOUR DIVORCE IS FINAL. READ THIS NOTICE CAREFULLY. IF YOU DO NOT UNDERSTAND THIS NOTICE, YOU SHOULD CALL AN ATTORNEY FOR ADVICE ABOUT YOUR LEGAL RIGHTS AND OBLIGATIONS.

IMPORTANT INFORMATION IF YOU ARE ON YOUR SPOUSE'S INSURANCE PLAN: When a Petition for Dissolution of Marriage (papers for a divorce decree) is filed, you and/or your children may continue to be covered under your spouse's health insurance policy. Arizona law allows the dependent spouse and/or children to continue to be covered, but you must take some steps to protect your rights.

WHAT INSURANCE COVERAGE APPLIES TO YOU, AND HOW TO GET IT: If you are covered by your spouse's health insurance, and you want to continue to be covered after the divorce is final, you **must** contact the insurance company as soon as possible, and you **must** start to pay the monthly insurance premium within 31 days of the date the insurance would otherwise stop.

If you decide you want to be covered, the insurer can choose whether to continue coverage under the current policy, or to change the policy to your name. If the policy is changed to your name, it is called a "converted"; policy. If the policy is converted by the insurer, the insurer must provide you the same or the most similar level of coverage available, unless you ask for a lower level of coverage.

WHAT COVERAGE APPLIES TO YOUR CHILDREN: If you choose to continue coverage as a dependent spouse, you can also choose to continue coverage for your dependent children if you are responsible for their care or support.

PREEXISTING CONDITIONS OR EXCLUSIONS FROM INSURANCE COVERAGE: Whether the insurance is continued or converted, the insurance must be provided to you without proof of insurability and without exclusions for coverage other than what was previously excluded before the insurance was continued or converted.

LIMITS ON RIGHTS TO INSURANCE COVERAGE FOR YOU AND YOUR CHILDREN: You may **not** be entitled to continued or converted coverage if you are eligible for Medicare or for coverage by other similar types of insurance which together with the continued coverage would make you over-insured. However, dependent children of a person who is eligible for Medicare may be covered by a continuance or a conversion. If you have questions about coverage, check with the insurer and/or the spouse's employer.

OTHER OPTIONS FOR COVERAGE: Divorce is considered to be a life changing event that, under the federal Consolidated Omnibus Budget Reconciliation Act ("COBRA"), may qualify you and/or your dependents with the right to continue health coverage under the spouse's group plan, if the employer has 20 or more employees. To find out more about your COBRA rights, you can visit the United States Department of Labor ("USDOL") website at <https://www.dol.gov/> and search for COBRA, or you can call the USDOL at 1-866-487-2365. Divorce is also a life-changing event under the federal Affordable Care Act, which qualifies you and/or your dependents for a special enrollment period to obtain an individual health insurance policy regardless of any health conditions. Additional information is available at <https://www.healthcare.gov/> or by calling 1-800-318-2596.

WARNING TO THE SPOUSE FILING THE PETITION FOR DISSOLUTION (DIVORCE): This Notice must be served on your spouse together with the Petition for Dissolution, the Summons, and the Preliminary Injunction.

**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**

Case Number _____

Name of Petitioner

**ORDER AND NOTICE TO ATTEND
PARENT INFORMATION
PROGRAM CLASS**

Name of Respondent

**THIS IS AN OFFICIAL COURT ORDER. IF YOU FAIL TO OBEY THIS ORDER,
THE COURT MAY FIND YOU IN CONTEMPT OF COURT.**

THE COURT FINDS:

This case involves minor child(ren) and is an action for:

- Dissolution of Marriage;
- Legal Separation, or
- Paternity with a Request to Determine Legal Decision-Making Authority (Custody) or Parenting Time or Child Support;
- Request to Determine Legal Decision-Making Authority (Custody) or Parenting Time or Support.

THE COURT ORDERS pursuant to ARS §25-352:

1. **ATTEND CLASS.** You must attend and complete the Parent Information Program Class.
2. **WITHIN 45 DAYS.** Both the Petitioner and the Respondent **must** complete this class within 45 days from the date the Respondent is served with, or accepts service of, the Petition/Complaint. The Respondent must register for and complete the course whether or not a **“Response”** or **“Answer”** to the Petition/Complaint is filed.
3. **PAY THE CLASS FEE.** Each party must pay the class fee to the Program Provider.
*If the court fees in your Family Court case have been deferred or waived, you are eligible to have the PIP program fees deferred or waived, respectively. You must provide documentation of your deferral or waiver to the PIP program provider at the time you register for the class.
4. **CERTIFICATE OF COMPLETION.** Upon your completion of the class the provider for the class will e-file a certificate with the court indicating that you have completed the class. Only approved providers will be able to e file a certificate.
5. **FAILURE TO ATTEND CLASS.** If you file a Petition/Complaint or **“Response”** or **“Answer”** and do **not** complete the Parent Information Program Class, the judge **may not** sign your papers and you **may not** get the things you asked the court to give you. You may also be denied the right to seek modification and/or enforcement of the decree/judgment/order until completion of the class. If you are the party required to file a Response/Answer and choose not to file a **“Response”** or **“Answer”**, and do not complete the Parent Information Program Class, **you may be denied** the right to seek modification and/or enforcement of the decree/judgment/order until completion of the class.

Suzanne Cohen
Presiding Judge, Family Court Department

PARENT INFORMATION PROGRAM NOTICE

ATTENDANCE IS REQUIRED (A.R.S. §25-352 and Administrative Order No. 2013-020). You and the other parent must attend and complete a class in the PARENT INFORMATION PROGRAM. As a precaution against any type of abuse or harassment, you and the other parent must attend separate classes. You may each take the class from the same agency, but not at the same time. This is not a parenting skills class. The purpose of the program is to give parents information about how children are affected by matters that involve family courts: divorce, paternity, or legal decision making (custody) matters and parenting time. This Notice applies to all parents who file any of the following actions.

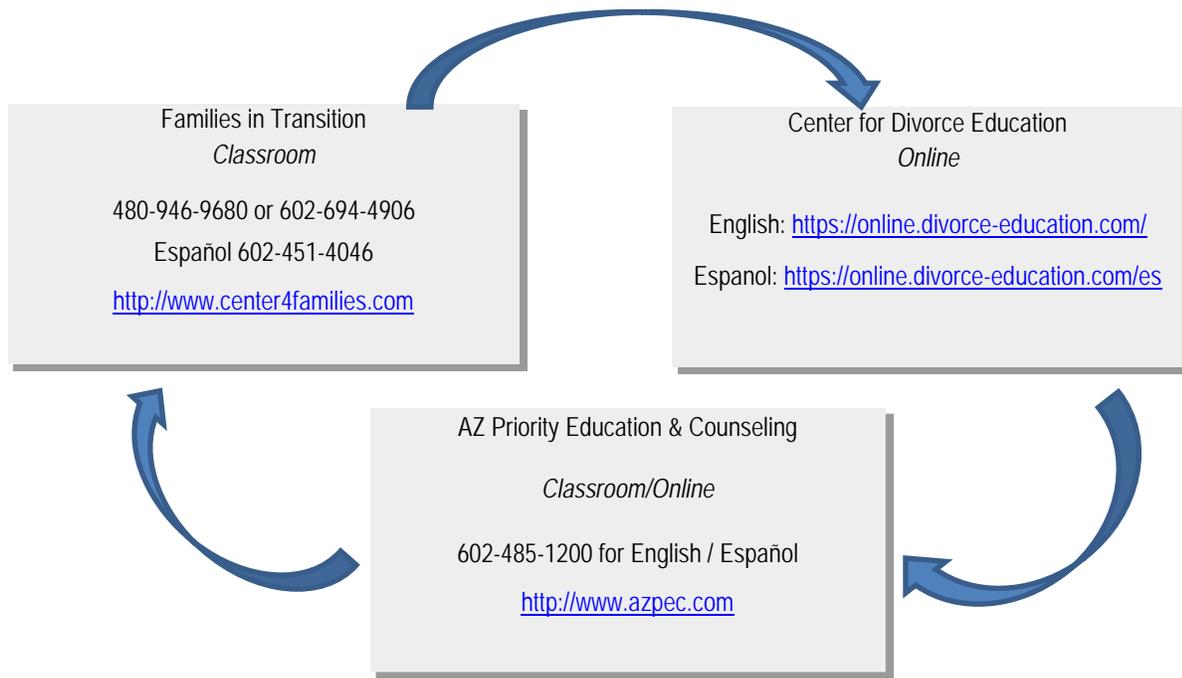
- Dissolution of marriage or legal separation that involves a natural or adopted minor, un-emancipated child common to the parties, or
- Paternity with a request that the court determine legal decision-making authority (custody), parenting time or child support, or
- Any other domestic relations/family court cases if attendance is ordered by the court.

IF YOU DO NOT ATTEND THE PARENT INFORMATION CLASS, THE JUDGE MAY NOT SIGN YOUR PAPERS AND YOU MAY NOT GET THE THINGS YOU ASKED THE COURT TO DO. THE JUDGE MAY ALSO FIND YOU IN CONTEMPT OF COURT.

NOTICE TO THE OTHER PARENT. After you file your court papers, you must serve the Order and Notice on the other parent. If you have questions on how to serve the other parent, the Superior Court Self-Service Center locations have forms and instructions available.

- Downtown Phoenix 1st floor East Court Building, 101 W Jefferson Street
- Northeast Phoenix 18380 North 40th Street,
- Southeast Complex 222 E Javelina Avenue, Mesa
- Northwest Valley 14264 West Tierra Buena Lane, Surprise
- Self Service Web-Site

APPROVED PARENT INFORMATION CLASSES IN MARICOPA COUNTY. You may choose which class you want to attend. The court will not assign you to attend a specific class. Court-approved provider classes are available in both English and Spanish. You can register for your class by contacting one of the providers listed below.



COST. • UNLESS YOU ARE ENTITLED TO A FEE WAIVER OR DEFERRAL you are required to pay the provider of the class the fee (not to exceed) \$50.00. You are entitled to a fee waiver or deferral if the court fees in your Family Court case have been deferred or waived. Please contact the provider regarding the required documentation for a waiver or deferral.

SPECIAL NEEDS OR ACCOMMODATIONS. If, due to a disability, language, or other needs, you have difficulty finding a Parent Information Program class that can accommodate your needs, please contact Family Court Administration at 602-506-1561 for assistance.

- CLASS PROCEDURES.**
- Arrive a few minute early
 - Bring picture Identification
 - Bring your case number
 - Do not bring children
 - You must check in to the class and check out. Failure to check in and out of the class may result in your attendance not being counted.

- ONLINE PROCEDURES.**
- Find a time and a place free of distractions
 - Have your case number and credit card available
 - Make sure the technical requirements of the program match your device
 - Remember you do not have to take the entire class at once. The computer remembers where you left off. You may get more out of the class if you break it up into several settings.

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

Name of Petitioner

Case Number: _____

ATLAS Number: _____
(if applicable)

Name of Respondent

AFFIDAVIT REGARDING MINOR CHILDREN

NOTICE: This *"Affidavit Regarding Minor Children"* is required for all legal decision making (custody) cases. If you are asking to modify an existing Arizona legal decision making (custody) order, it is only required if the children have lived outside the state at some time in the last 5 years.

Fill out this Affidavit completely, and provide accurate information. Use additional paper if necessary. You must give copies of this Affidavit and all other required documents to the other party, and to the judge.

1. CHILDREN OF THE PARTIES WHO ARE UNDER 18 YEARS OLD. The following child(ren) are under age 18 and were born to, or adopted by, me and the other party.

Name: _____ Name: _____

Birthdate: _____ Age: _____ Birthdate: _____ Age: _____

Name: _____ Name: _____

Birthdate: _____ Age: _____ Birthdate: _____ Age: _____

2. INFORMATION REGARDING WHERE THE CHILDREN UNDER 18 YEARS OLD HAVE LIVED FOR THE LAST 5 YEARS (or since birth, if younger than 5).

Child's Name: _____ Dates: From _____ To _____
Address: _____ Lived with: _____
City, State: _____ Relationship to Child: _____

Child's Name: _____ Dates: From _____ To _____
Address: _____ Lived with: _____
City, State: _____ Relationship to Child: _____

Child's Name: _____ Dates: From _____ To _____
Address: _____ Lived with: _____
City, State: _____ Relationship to Child: _____

3. COURT CASES IN WHICH I HAVE BEEN A PARTY/WITNESS THAT INVOLVED THE LEGAL DECISION MAKING (CUSTODY) AND/OR PARENTING TIME OF THE MINOR CHILD(REN). (Check one box.)

I have or I have **not** been a party/witness in court in this state or in any other state that involved the legal decision making (custody) and/or parenting time of the child(ren) named above. (If so, explain on separate paper. If not, go on.)

Name of each child: _____

Name of Court: _____ Court Location: _____

Court Case Number: _____ Current Status: _____

How the child is involved: _____

Summary of any Court Order: _____

4. INFORMATION REGARDING PENDING COURT CASES RELATED TO THE LEGAL DECISION-MAKING AUTHORITY (CUSTODY) OF THE MINOR CHILD(REN). (Check one box.)

I do have or I do not have information about a legal decision making (custody) court case

relating to any of the children named above that is pending in this state or in any other state. (If so, explain. If not, go on.)

Name of each child: _____

Name of Court: _____ Court Location: _____

Court Case Number: _____ Current Status: _____

How the child is involved: _____

Summary of any Court Order: _____

5. LEGAL DECISION-MAKING (CUSTODY) OR PARENTING TIME CLAIMS OF ANY PERSON. (Check one box.)

I do know or I do not know a person other than the Petitioner or the Respondent who has physical custody or who claims legal decision-making (custody) or parenting time rights to any of the children named in this Affidavit. (If so, explain below. If not, go on.)

Name of each child: _____

Name of person with the claim: _____

Address of person with the claim: _____

Nature of the claim: _____

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

STATE OF _____

COUNTY OF _____

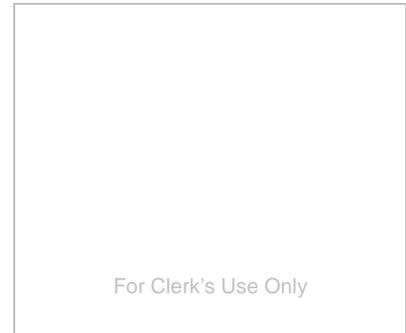
Subscribed and sworn to or affirmed before me this: _____ by
(date)

_____.

(notary seal)

Deputy Clerk or Notary Public

Person Filing: _____
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

Case Number: _____

NOTICE REGARDING CREDITORS

Name of Respondent

ARIZONA LAW REQUIRES all actions for DIVORCE or LEGAL SEPARATION to include this NOTICE and for the person filing for Divorce or Legal Separation to SERVE this NOTICE on the other party. (ARS §25-318(F)).

YOU AND YOUR SPOUSE ARE RESPONSIBLE FOR COMMUNITY DEBTS. The court usually requires/orders one spouse or the other to pay certain community debts in, or through, the Decree of Dissolution or Legal Separation. A court order that does this is binding on the spouses **only, not the creditors.** You and your spouse are legally responsible for these community debts whether you are married, divorced, or legally separated. These debts are matters of contract between **both of you** and your creditors (such as banks, credit unions, credit card companies, utility companies, medical providers and retailers). On request, the court may impose a lien against the separate property of a spouse to secure payment of certain community debts.

CONTACT CREDITORS: You may want to contact your creditors to discuss the debts and the effects of your divorce/legal separation on your debts. To assist you in identifying your creditors, you may obtain a copy of your spouse's credit report by making a written request to the court for an order requiring a credit reporting agency to release the report to you. The credit report will help you identify accounts, account numbers and account balances. In addition, within thirty **(30)** days after receipt of a request from a spouse who is party to a divorce or legal separation, which includes the court and cause number of the action, creditors are required, by law, to provide information as to the balance and account status of any debts for which you or your spouse may be liable to the creditor.

WARNING: If you do not understand this notice, you should contact an attorney for advice about your legal rights and obligations.

**The following page contains a sample form you may choose to mail to creditors to get information about debts owed by you or your spouse. It is not a required form.
DO NOT FILE THE NEXT PAGE WITH THE COURT.**

REQUEST FOR ACCOUNT INFORMATION FROM CREDITORS

You may use this form to request information about debt owed by you or your spouse.
If so, send to the creditor. **DO NOT FILE THIS PAGE WITH THE COURT.**

DATE: _____

CREDITOR'S NAME: _____

CREDITOR'S ADDRESS: _____

Regarding: Superior Court of Arizona in Maricopa County
Case Name: _____
Case Number: _____

Pursuant to Arizona State Law (ARS §25-318), this letter requests the balance and account status of any debt for which the following individuals may be liable to you. (Arizona law requires that you provide this information within thirty (30) days of receipt of this letter.)

INFORMATION ABOUT DEBTORS/SPOUSES:

Your Name: _____

Your Address: _____

Your Phone Number: _____

Your Spouse's Name: _____

Your Spouse's Address: _____

INFORMATION ABOUT THE ACCOUNT:

Account Number(s): _____

If you have any questions or if I can be of further assistance, please feel free to contact me.

Sincerely,

Your name: _____

Your signature: _____