PRE-DECREE
TEMPORARY ORDERS
With Notice

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TO GET PRE-DECREE TEMPORARY ORDERS FOR LEGAL DECISION MAKING (CUSTODY), PARENTING TIME, CHILD SUPPORT and/or SPOUSAL MAINTENANCE (support)
***AFTER NOTICE* TO THE OTHER PARTY**

Part 1: Completing and Filing the Court Papers

(Forms Packet)

NOTICE: This process requires calculation of child support. To calculate child support, you may use the online calculator through ezcourtforms, the packet titled "Calculate Child Support", or you may make an appointment with the Clerk of Court to calculate support for you for a fee.

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DRT1f – 5066 - 093015

SELF-SERVICE CENTER

PRE-DECREE TEMPORARY ORDERS
(with notice to other party)

CHECKLIST

You may use these forms if . . .

- ✓ You or the other party have **already filed,** or at the same time you file these papers *you* ***will be*** filing, a petition for:
  - Divorce, legal separation, or annulment, OR
  - to establish legal decision making (custody) and/or parenting time, OR
  - to establish paternity and legal decision making (custody) and/or parenting time, and/or child support, AND

- ✓ You are the parent of the minor child(ren) for whom you need a temporary order for legal decision making (custody), parenting time and/or support, OR

- ✓ You *are* not the minor child(ren)'s parent but you *are* listed as a Petitioner or Respondent on the petition for one of the actions listed above; AND

- ✓ If you are asking for a temporary order for legal decision making (custody), parenting time, and/or child support, the minor children have either lived in Arizona for at least 6 consecutive months before the Petition was filed, or since birth if younger than 6 months old, or a lawyer has advised you that you could still pursue the case in Arizona *at this time;* AND

- ✓ You need a temporary court order for legal decision making (custody), parenting time, and/ or child support, while you wait for a final court order; OR

- ✓ You or the other party filed for Divorce, Legal Separation or Annulment, and you need a temporary court order for spousal maintenance (alimony), division of property or debt, access to community liquid assets (cash or equivalents) or for spousal maintenance *and* child custody, parenting time, and/or child support while you wait for a final court order.

- ✖ **YOU MAY *NOT* USE THESE FORMS TO REQUEST TEMPORARY SPOUSAL MAINTENANCE IF YOU ARE NOT LEGALLY MARRIED.**

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.

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PRE-DECREE
TEMPORARY ORDERS *(with notice)*

FORMS ONLY
(Refer to separate packet for Instructions)

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This packet contains court forms and instructions to file a pre-decree temporary order with notice. 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	DRT1k	Checklist: *You may use these forms if . . .*	1
2	DRT1ft	Table of Contents (this page)	1
3	DRT11f	***"Motion for Temporary Orders"***	6
4	DROSC14f	***"Family Court Department Notice About Returns/Conferences"***	1
5	DROSC11f	***"Family Court Department Notice about Temporary Orders"***	1
IF your request involves temporary spousal maintenance (alimony), you will need item 6 (and 7).			
6	DROSC13f	***"Affidavit of Financial Information"*** **(copy for you.)**	11
7	DROSC13f	***"Affidavit of Financial Information"*** **(copy for other party.)**	11
IF your request involves temporary legal decision making (custody) concerning children, or parenting time, you will need item 8.			
8	DRCVG11f	***"Parenting Plan"*** *(Make blank copy for other party.)*	9
IF your request involves temporary child support, you will need item 9 and 10.			
	Use the FREE Online Child Support Calculator to produce the *Parents Worksheet for Child Support* that must accompany this *Petition.* Click on **"Child Support Calculator and Worksheet"**, on right side of the page. See the document DRS12h (in the instructions packet) for more information.		
9	DRS12f	***"Parents Worksheet for Child Support"*** *(+ Blank copy for other party)*	2
10	DRT12f	***"Order to Appear"***	1
11	DRT82f	***"Temporary Order"***	6

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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

_____
Name of Respondent

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**

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 (Custody), Parenting Time, and/or Support, or if Paternity has already been established, a Petition for Legal Decision Making (Custody), Parenting Time, and/or Support (without Paternity).

By signing your name at the end of this document, you are stating to the 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 (Custody), or ?): _____

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: _____

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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 her self 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:

☐ **Mother** ☐ **Father** ☐ **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:_____

Father:_____ Father:_____

Mother:_____ Mother:_____

Name:_____ Name:_____

Birth date:_____ Birth date: _____

Current Address:_____ Current Address:_____

_____ _____

County of residence:_____ County of residence:_____

Father:_____ Father:_____

Mother:_____ Mother:_____

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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 (CUSTODY)** should be awarded to Petitioner and Respondent of the minor child(ren) with parenting time and physical custody ☐ subject the attached Parenting Plan,

OR

☐ **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)	Petitioner	Respondent	Other
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐

B. TEMPORARY PARENTING TIME should be ordered:

☐ **In accord with the attached *Parenting Plan*, OR**

☐ **As described below:** (Be Specific)

TRANSPORTATION.

☐Petitioner ☐ Respondent or ☐_____shall pick up the minor child(ren).

☐Petitioner ☐ Respondent or ☐_____shall return the minor child(ren).

WEEKENDS (explain specifically) _____

_____

_____

_____

SUMMER MONTHS (explain specifically) _____

_____

_____

_____

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HOLIDAYS AND BIRTHDAYS (explain specifically) _____

_____

_____

_____

TELEPHONE CALLS (explain specifically) _____

_____

_____

_____

OTHER (explain specifically) _____

_____

_____

C. TEMPORARY CHILD SUPPORT:

☐ **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 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:

☐ **Mother** to be responsible for ☐ medical ☐ dental ☐ vision care insurance.

☐ **Father** to be responsible for ☐ medical ☐ dental ☐ vision care insurance.

Non-Covered Expenses: Mother to pay _____%, and Father _____%, of all reasonable uncovered and/or uninsured medical, dental, vision care, prescription and other health charges for the minor child(ren), including co-payments.

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SPOUSAL MAINTENANCE, PROPERTY, DEBT, and/or ATTORNEY FEES

E. MEDICAL AND DENTAL CARE FOR OTHER SPOUSE

☐ **Petitioner** is responsible for providing: ☐ medical ☐ dental insurance for other spouse.

☐ **Respondent** is responsible for providing: ☐ medical ☐ dental insurance for other spouse.

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

_____ % by Petitioner and _____ % by Respondent.

F. SPOUSAL MAINTENANCE/SUPPORT

shall be paid by ☐ Petitioner or ☐ Respondent to the other spouse in a reasonable amount as ordered by this Court based on the attached ***"Affidavit of Financial Information."***

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). Wife and Husband 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 Husband	% or Dollar amount to Wife
		$		
		$		
		$		
		$		

H. DISCLOSURE OF COMMUNITY LIQUID ASSETS

(Cash or cash held in financial institutions). The Petitioner and Respondent 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 Husband	% or $ to be Paid by Wife
		$	**$**		
		$	**$**		
		$	**$**		
		$	**$**		
		$	**$**		

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

		P	R
Residence at: (list address)			
Car described as:			
Other: (describe)			
Other: (describe)			
Other: (describe)			
Other: (describe)			

K. ATTORNEY FEES.

Based on the attached ***"Affidavit of Financial Information"*** ☐ Petitioner or ☐ Respondent 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):_____

DECLARATION UNDER PENALTY OF PERJURY

I declare that the contents of this document are true and correct under penalty of perjury.

_____ _____
Signature Date

_____
Printed Name

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SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Family Court Department Notice

Notice about "Returns"/Conferences in Commissioners' Courts

Approved July 1, 1997/Revised June 9, 1998

This notice applies to **all** proceedings and must be served with the ***"Order to Show Cause"*** and/or ***"Order to Appear"*** (except in IV-D child support cases by DES/DCSE)

GENERAL INFORMATION: Due to an increase in demand for time on commissioner calendars, as well as the reduction in resources available, the Family Court commissioners will set EVERY ***"Motion for Temporary Orders"*** and other requests for evidentiary hearings for a 15 minute "return"/status conference before setting a hearing.

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REQUIREMENTS APPLICABLE TO THE RETURN: The attached ***"Order to Appear"/"Order to Show Cause***" is a return only. Here is what the parties and attorneys must know about the return/status conference:

1. **Documents:** Not later than 3 judicial days before the date of the return, the parties shall exchange current, complete, and verified ***"Affidavits of Financial Information,"*** along with supporting documents. Failure to do so may result in sanctions.

2. **Failure to Appear:** This is a 15 minute proceeding with the court. The court will determine if more time is needed. All parties, whether represented by attorneys or not, must be present. If there is a failure to appear, the court may make such orders as are just, including granting the relief requested by the party who does appear.

3. **Conduct of Return/Status Conference:** If both parties appear, they must be prepared to advise the court of the issues resolved, as well as the issues which remain disputed. Each party shall be prepared to state his or her position on each issue. The court may schedule discovery, disclosure and any other matter necessary to assist the litigants at the subsequent hearing. The court may also enter an Order as to scope and duration of the hearing, including witnesses and documents which may be offered at hearing.

4. **Ability to Schedule Further Proceedings:** Parties and counsel attending the return/ status conference shall have in their possession a schedule of their availability. They shall be prepared to advise the court of any periods of non-availability in the six weeks after the return date.

5. **Duty to Meet Prior to Return:** Except where a party has obtained an ***"Order of Protection"*** or other Order of the court prohibiting contact, the parties shall meet and confer at least 24 hours prior to the return. In cases where an attorney has been retained, the attorney shall make a reasonable effort to meet with and confer with the opponent at least 24 hours prior to the return.

WARNING.

All litigants and counsel are cautioned that failure to notify the court of settlement in a timely manner may result in the imposition of sanctions.

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SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Family Court Department Notice

August 1, 1995 and revised June 9, 1997

This notice applies to **all** temporary orders proceedings and **must** be served with the ***"Order To Show Cause"*** and/or ***"Order to Appear"*** (except in IV-D child support cases by DES/DCSE)

1. NOTICE ABOUT TEMPORARY ORDERS:

A. Parties Representing Themselves in Court. Parties representing themselves will be sworn and shall state their position under oath. The judge will ask questions as necessary.

B. Parties Represented by Attorneys. In lieu of the above, attorneys who represent parties will state the party(ies)' position as to all contested matters by avowal.

C. General Information. No hearing will be allowed more than 45 minutes. If you are late for either hearing or cause any other delay, your hearing will be shortened to fit the amount of time scheduled.

2. NOTICE TO ALL RESPONDENTS ABOUT PAYMENT OF COURT FEES: You can object to what the Petitioner asks for, but you will not be allowed to ask for any additional orders **unless, before the hearing,** you have paid the filing fee for a "Response" or "Appearance", or the fee is deferred by the court. Bring written proof with you to the hearing that you paid, or were not required to pay, the court fee at this time. This means that you need a copy of the receipt, or a copy of the order deferring fees.

3. REQUIRED DOCUMENTS: If either party is asking for legal decision making (custody), spousal maintenance/ support (alimony), child support, or property/debt protection, each party must exchange with the other a complete ***"Affidavit of Financial Information"*** with all supporting documents. If you are asking for child support, you must also complete and exchange the ***"Parent's Worksheet for Child Support."*** If you want help completing the Parent's Worksheet, you can call the Family Court Clerk Services at 602-506-3762 for an appointment. (You can get copies of these documents at the Self-Service Center at either the downtown Phoenix or Southeast (Mesa) Superior Court location.) Complete and exchange the documents at least **3** court days before the hearing or the judge might not allow you to present that part of your case. You will only be allowed to give the judge your copy of the ***"Affidavit of Financial Information"*** and up to 5 supporting documents, and the ***"Parent's Worksheet for Child Support,"*** if you gave everything to the other party at least **3** court days before the hearing.

4. EXCEPTIONS: If you want to be allowed to do something other than what is required in items 1, 2, and 3 above, you must put your request in writing as follows:

- **IF YOU ARE THE PETITIONER:** Put your request in writing **in the petition** for the ***"Order to Show Cause***" also called ***"Order to Appear."***
- **IF YOU ARE THE RESPONDENT:** Put your request in writing **to the judge** and provide a copy to the other party at least 5 court days before the hearing.

5. COURT REPORTER and/or COURT INTERPRETER: You must request a court reporter and/or court interpreter at least **5** court days before the hearing. (Call the judge's staff and tell him or her that you need a court reporter and/or interpreter.)

6. REASONABLE ACCOMMODATION: You must make a request for reasonable accommodation under the Americans with Disabilities Act at least **3** court days before the hearing.

7. JUDGE OR COMMISSIONER: Commissioners generally hear cases about temporary orders. All references to "judge" in this notice applies to commissioners.

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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

Case No. _____

_____
Petitioner/Plaintiff

ATLAS No. _____

AFFIDAVIT OF FINANCIAL INFORMATION

_____
Respondent

Affidavit of _____
(Name of Person Whose Information is on this Affidavit)

IMPORTANT INFORMATION ABOUT THIS DOCUMENT

WARNING TO BOTH PARTIES: This Affidavit is an important document. You must fill out this Affidavit completely, and provide accurate information. You must provide copies of this Affidavit and all other required documents to the other party and to the judge. If you do not do this, the court may order you to pay a fine.

I have read the following document and know of my own knowledge that the facts and financial information stated below are true and correct, and that any false information may constitute perjury by me. I also understand that, if I fail to provide the required information or give misinformation, the judge may order sanctions against me, including assessment of fees for fines under Rule 31, Arizona Rules of Family Law Procedure.

_____ _____
Date Signature of Person Making Affidavit

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INSTRUCTIONS

1. **Complete the entire Affidavit in black ink. If the spaces provided on this form are inadequate, use separate sheets of paper to complete the answers and attach them to the Affidavit. Answer every question completely! You must complete every blank. If you do not know the answer to a question or are guessing, please state that. If a question does not apply, write "NA" for "not applicable" to indicate you read the question. Round all amounts of money to the nearest dollar.**
2. Answer the following statements **YES** or **NO.** If you mark **NO**, explain your answer on a separate piece of paper and attach the explanation to the Affidavit.

   [ ] YES [ ] NO 1. I listed all sources of my income.

   [ ] YES [ ] NO 2. I attached copies of my two (2) most recent pay stubs.

   [ ] YES [ ] NO 3. I attached copies of my federal income tax return for the last three (3) years, and I attached my W-2 and 1099 forms from all sources of income.

1. GENERAL INFORMATION:

A. Name: _____ Date of Birth: _____

B. Current Address: _____

C. Date of Marriage: _____ Date of Divorce: _____

D. Last date when you and the other party lived together: _____

E. Full names of child(ren) common to the parties (in this case), their dates of birth:

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

F. The name, date of birth, relationship to you, and gross monthly income for each individual who lives in your household:

Name	Date of Birth	Relationship to you	Income
_____	_____	_____	_____
_____	_____	_____	_____

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G. Any other person for whom you contribute support:

Name	Age	Relationship to You	Reside With You (Y/N)	Court Order to Support (Y/N)

H. Attorney's Fees paid in this matter $ _____. Source of funds _____

2. EMPLOYMENT INFORMATION:

A. Your job/occupation/profession/title: _____

Name and address of current employer: _____

_____

Date employment began: _____

How often are you paid: [ ] Weekly [ ] Every other week [ ] Monthly [ ] Twice a month

[ ] Other _____

B. If you are not working, why not? _____

C. Previous employer name and address: _____

_____

Previous job/occupation/profession/title: _____

Date previous job began: _____ Date previous job ended: _____

Reason you left job: _____

Gross monthly pay at previous job: $ _____

D. Total gross income from last three (3) years' tax returns (attach copies of pages 1 and 2 of your federal income tax returns for the last three (3) years):

Year _____ $ _____ Year _____ $ _____Year _____ $ _____

E. Your total gross income from January 1 of this year to the date of this Affidavit (year-to-date income): $ _____

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3. YOUR EDUCATION/TRAINING: List name of school, length of time there, year of last attendance, and degree earned:

A. High School: _____

B. College: _____

C. Post-Graduate: _____

D. Occupational Training: _____

4. YOUR GROSS MONTHLY INCOME:

- List **all** income you receive from **any** source, whether private or governmental, taxable or not.
- List all income payable to you individually or payable jointly to you and your spouse.
- Use a monthly average for items that vary from month to month.
- Multiply weekly income and deductions by 4.33. Multiply biweekly income by 2.165 to arrive at the total amount for the month.

A. Gross salary/wages per month $ _____

- **Attach copies of your two most recent pay stubs.**

Rate of Pay $ _____ per [ ] hour [ ] week [ ] month [ ] year

B. Expenses paid for by your employer:

1. Automobile $ _____
2. Auto expenses, such as gas, repairs, insurance $ _____
3. Lodging $ _____
4. Other (Explain) _____ $ _____

C. Commissions/Bonuses $ _____

D. Tips $ _____

E. Self-employment Income (See below) $ _____

F. Social Security benefits $ _____

G. Worker's compensation and/or disability income $ _____

H. Unemployment compensation $ _____

I. Gifts/Prizes $ _____

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J. Payments from prior spouse $ _____

K. Rental income (net after expenses) $ _____

L. Contributions to household living expense by others $ _____

M. Other (Explain:) _____ $ _____

(Include dividends, pensions, interest, trust income, annuities or royalties.)

TOTAL: $ _____

5. SELF-EMPLOYMENT INCOME (if applicable):

If you are self-employed, attach of a copy of the Schedule C for your business from your last tax return and the most recent income/expense statement from your business.

If self employed, provide the following information:

Name, address and telephone no. of business: _____

_____

Type of business entity: _____

State and Date of incorporation: _____

Nature of your interest: _____

Nature of business: _____

Percent ownership: _____

Number of shares of stock: _____

Total issued and outstanding shares: _____

Gross sales/revenue last 12 months: _____

INSTRUCTIONS

Both parties must answer item 6 if either party asks for child support. These expenses include only those expenses for children who are common to the parties, which mean one party is the birth/adoptive mother and the other is the birth/adoptive father of the children.

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6. SCHEDULE OF ALL MONTHLY EXPENSES FOR CHILDREN:

- **DO NOT LIST** any expenses for the other party, or child(ren) who live(s) with the other party, **unless** you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HEALTH INSURANCE:

Do you have health insurance available? Yes ☐ No ☐ Are you enrolled?_____

1. Total monthly cost $ _____
2. Premium cost to insure you alone $ _____
3. Premium cost to insure child(ren) common to the parties $ _____
4. List all people covered by your insurance coverage:

   _____

   _____

5. Name of insurance company and Policy/Group Number:

   _____

B. DENTAL/VISION INSURANCE:

1. Total monthly cost $ _____
2. Premium cost to insure you alone $ _____
3. Premium cost to insure child(ren) common to the parties $ _____
4. List all people covered by your insurance coverage:

   _____

   _____

5. Name of insurance company and Policy/Group Number:

   _____

C. UNREIMBURSED MEDICAL AND DENTAL EXPENSES:

(Cost to you after, or in addition to, any insurance reimbursement)

1. Drugs and medical supplies $ _____

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2. Other _____ $ _____

TOTAL: $ _____

D. CHILD CARE COSTS:

1. Total monthly child care costs $ _____

   (Do not include amounts paid by D.E.S.)

2. Name(s) of child(ren) cared for and amount per child:

_____ $ _____

_____ $ _____

_____ $ _____

3. Name(s) and address(es) of child care provider(s):

_____

_____

E. EMPLOYER PRETAX PROGRAM:

Do you participate in an employer program for pretax payment of child care expenses?

(Cafeteria Plan)? [ ] YES [ ] NO

F. COURT ORDERED CHILD SUPPORT:

1. Court ordered current child support for child(ren)

   not common to the parties $ _____

2. Court ordered cash medical support for child(ren)

   not common to the parties $ _____

3. Amount of any arrears payment $ _____

4. Amount per month actually paid in last 12 mos. $ _____

   - **Attach proof that you are paying**

5. Name(s) and relationship of minor child(ren) who you support

   or who live with you, but are **not** common to the parties.

_____

_____

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G. COURT ORDERED SPOUSAL MAINTENANCE/SUPPORT (Alimony):

1. Court ordered spousal maintenance/support you actually pay to previous spouse: $ _____

H. EXTRAORDINARY EXPENSES:

1. For **Children** (Educational Expense/Special Needs/Other): $_____

   Explain: _____

   _____

2. For **Self**: $ _____

   Explain: _____

   _____

INSTRUCTIONS

Both parties must answer items 7 and 8 if either party is requesting:

- Spousal maintenance
- Division of expenses
- Attorneys' fees and costs
- Adjustment or deviation from the child support amount
- Enforcement

7. SCHEDULE OF ALL MONTHLY EXPENSES:

- Do NOT list any expenses for the other party, or children who live with the other party unless you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HOUSING EXPENSES:

1. House payment:

   a. First Mortgage $ _____

   b. Second Mortgage $ _____

c. Homeowners Association Fee $ _____

d. Rent $ _____

2. Repair & upkeep $ _____

3. Yard work/Pool/Pest Control $ _____

4. Insurance & taxes not included in house payment $ _____

5. Other (Explain) _____ $ _____

TOTAL: $ _____

B. UTILITIES:

1. Water, sewer, and garbage $ _____

2. Electricity $ _____

3. Gas $ _____

4. Telephone $ _____

5. Mobile phone/pager $ _____

6. Internet Provider $ _____

7. Cable/Satellite television $ _____

8. Other (Explain:) _____ $ _____

TOTAL: $ _____

C. FOOD:

1. Food, milk, and household supplies $ _____

2. School lunches $ _____

3. Meals outside home $ _____

TOTAL: $ _____

D. CLOTHING:

1. Clothing for you $ _____

2. Uniforms or special work clothes $ _____

3. Clothing for children living with you $ _____

4. Laundry and cleaning $ _____

TOTAL: $ _____

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E. TRANSPORTATION OR AUTOMOBILE EXPENSES:

1. Car insurance $ _____
2. List all cars and individuals covered:

   _____

   _____

3. Car payment, if any $ _____
4. Car repair and maintenance $ _____
5. Gas and oil $ _____
6. Bus fare/parking fees $ _____
7. Other (explain): _____ $ _____

TOTAL: $ _____

F. MISCELLANEOUS:

1. School and school supplies $ _____
2. School activities or fees $ _____
3. Extracurricular activities of child(ren) $ _____
4. Church/contributions $ _____
5. Newspapers, magazines and books $ _____
6. Barber and beauty shop $ _____
7. Life insurance (beneficiary:_____) $ _____
8. Disability insurance $ _____
9. Recreation/entertainment $ _____
10. Child(ren)'s allowance(s) $ _____
11. Union/Professional dues $ _____
12. Voluntary retirement contributions and savings deductions $ _____
13. Family gifts $ _____
14. Pet Expenses $ _____

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15. Cigarettes $ _____

16. Alcohol $ _____

17. Other (explain): _____ $ _____

TOTAL: $ _____

8. OUTSTANDING DEBTS AND ACCOUNTS: List all debts and installment payments you currently owe, but **do not include items listed in Item 7** "Monthly Schedule of Expenses". Follow the format below. Use additional paper if necessary.

Creditor Name	Purpose of Debt	Unpaid Balance	Min. Monthly Payment	Date of Your Last Payment	Amount of Your Payment

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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

Case No. _____

_____
Petitioner/Plaintiff

ATLAS No. _____

AFFIDAVIT OF FINANCIAL INFORMATION

_____
Respondent

Affidavit of _____
(Name of Person Whose Information is on this Affidavit)

IMPORTANT INFORMATION ABOUT THIS DOCUMENT

WARNING TO BOTH PARTIES: This Affidavit is an important document. You must fill out this Affidavit completely, and provide accurate information. You must provide copies of this Affidavit and all other required documents to the other party and to the judge. If you do not do this, the court may order you to pay a fine.

I have read the following document and know of my own knowledge that the facts and financial information stated below are true and correct, and that any false information may constitute perjury by me. I also understand that, if I fail to provide the required information or give misinformation, the judge may order sanctions against me, including assessment of fees for fines under Rule 31, Arizona Rules of Family Law Procedure.

_____ _____
Date Signature of Person Making Affidavit

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Case No. _____

INSTRUCTIONS

1. **Complete the entire Affidavit in black ink. If the spaces provided on this form are inadequate, use separate sheets of paper to complete the answers and attach them to the Affidavit. Answer every question completely! You must complete every blank. If you do not know the answer to a question or are guessing, please state that. If a question does not apply, write "NA" for "not applicable" to indicate you read the question. Round all amounts of money to the nearest dollar.**

2. Answer the following statements **YES** or **NO.** If you mark **NO**, explain your answer on a separate piece of paper and attach the explanation to the Affidavit.

   [ ] YES [ ] NO 1. I listed all sources of my income.

   [ ] YES [ ] NO 2. I attached copies of my two (2) most recent pay stubs.

   [ ] YES [ ] NO 3. I attached copies of my federal income tax return for the last three (3) years, and I attached my W-2 and 1099 forms from all sources of income.

1. GENERAL INFORMATION:

A. Name: _____ Date of Birth: _____

B. Current Address: _____

C. Date of Marriage: _____ Date of Divorce: _____

D. Last date when you and the other party lived together: _____

E. Full names of child(ren) common to the parties (in this case), their dates of birth:

Name	Date of Birth

F. The name, date of birth, relationship to you, and gross monthly income for each individual who lives in your household:

Name	Date of Birth	Relationship to you	Income

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G. Any other person for whom you contribute support:

Name	Age	Relationship to You	Reside With You (Y/N)	Court Order to Support (Y/N)

H. Attorney's Fees paid in this matter $ _____. Source of funds _____

2. EMPLOYMENT INFORMATION:

A. Your job/occupation/profession/title: _____

Name and address of current employer: _____

_____

Date employment began: _____

How often are you paid: [ ] Weekly [ ] Every other week [ ] Monthly [ ] Twice a month

[ ] Other _____

B. If you are not working, why not? _____

C. Previous employer name and address: _____

_____

Previous job/occupation/profession/title: _____

Date previous job began: _____ Date previous job ended: _____

Reason you left job: _____

Gross monthly pay at previous job: $ _____

D. Total gross income from last three (3) years' tax returns (attach copies of pages 1 and 2 of your federal income tax returns for the last three (3) years):

Year _____ $ _____ Year _____ $ _____Year _____ $ _____

E. Your total gross income from January 1 of this year to the date of this Affidavit (year-to-date income): $ _____

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3. YOUR EDUCATION/TRAINING: List name of school, length of time there, year of last attendance, and degree earned:

A. High School: _____

B. College: _____

C. Post-Graduate: _____

D. Occupational Training: _____

4. YOUR GROSS MONTHLY INCOME:

- List **all** income you receive from **any** source, whether private or governmental, taxable or not.
- List all income payable to you individually or payable jointly to you and your spouse.
- Use a monthly average for items that vary from month to month.
- Multiply weekly income and deductions by 4.33. Multiply biweekly income by 2.165 to arrive at the total amount for the month.

A. Gross salary/wages per month $ _____

- **Attach copies of your two most recent pay stubs.**

Rate of Pay $ _____ per [ ] hour [ ] week [ ] month [ ] year

B. Expenses paid for by your employer:

1. Automobile $ _____
2. Auto expenses, such as gas, repairs, insurance $ _____
3. Lodging $ _____
4. Other (Explain) _____ $ _____

C. Commissions/Bonuses $ _____

D. Tips $ _____

E. Self-employment Income (See below) $ _____

F. Social Security benefits $ _____

G. Worker's compensation and/or disability income $ _____

H. Unemployment compensation $ _____

I. Gifts/Prizes $ _____

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J. Payments from prior spouse $ _____

K. Rental income (net after expenses) $ _____

L. Contributions to household living expense by others $ _____

M. Other (Explain:) _____ $ _____

(Include dividends, pensions, interest, trust income, annuities or royalties.)

TOTAL: $ _____

5. SELF-EMPLOYMENT INCOME (if applicable):

If you are self-employed, attach of a copy of the Schedule C for your business from your last tax return and the most recent income/expense statement from your business.

If self employed, provide the following information:

Name, address and telephone no. of business: _____

_____

Type of business entity: _____

State and Date of incorporation: _____

Nature of your interest: _____

Nature of business: _____

Percent ownership: _____

Number of shares of stock: _____

Total issued and outstanding shares: _____

Gross sales/revenue last 12 months: _____

INSTRUCTIONS

Both parties must answer item 6 if either party asks for child support. These expenses include only those expenses for children who are common to the parties, which mean one party is the birth/adoptive mother and the other is the birth/adoptive father of the children.

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6. SCHEDULE OF ALL MONTHLY EXPENSES FOR CHILDREN:

- **DO NOT LIST** any expenses for the other party, or child(ren) who live(s) with the other party, **unless** you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HEALTH INSURANCE:

Do you have health insurance available? Yes ☐ No ☐ Are you enrolled?_____

1. Total monthly cost $ _____
2. Premium cost to insure you alone $ _____
3. Premium cost to insure child(ren) common to the parties $ _____
4. List all people covered by your insurance coverage:

   _____

   _____

5. Name of insurance company and Policy/Group Number:

   _____

B. DENTAL/VISION INSURANCE:

1. Total monthly cost $ _____
2. Premium cost to insure you alone $ _____
3. Premium cost to insure child(ren) common to the parties $ _____
4. List all people covered by your insurance coverage:

   _____

   _____

5. Name of insurance company and Policy/Group Number:

   _____

C. UNREIMBURSED MEDICAL AND DENTAL EXPENSES:

(Cost to you after, or in addition to, any insurance reimbursement)

1. Drugs and medical supplies $ _____

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2. Other _____ $ _____

TOTAL: $ _____

D. CHILD CARE COSTS:

1. Total monthly child care costs $ _____

   (Do not include amounts paid by D.E.S.)

2. Name(s) of child(ren) cared for and amount per child:

_____ $ _____

_____ $ _____

_____ $ _____

3. Name(s) and address(es) of child care provider(s):

_____

_____

E. EMPLOYER PRETAX PROGRAM:

Do you participate in an employer program for pretax payment of child care expenses?

(Cafeteria Plan)? [ ] YES [ ] NO

F. COURT ORDERED CHILD SUPPORT:

1. Court ordered current child support for child(ren)

   not common to the parties $ _____

2. Court ordered cash medical support for child(ren)

   not common to the parties $ _____

3. Amount of any arrears payment $ _____

4. Amount per month actually paid in last 12 mos. $ _____

   - **Attach proof that you are paying**

5. Name(s) and relationship of minor child(ren) who you support

   or who live with you, but are **not** common to the parties.

_____

_____

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G. COURT ORDERED SPOUSAL MAINTENANCE/SUPPORT (Alimony):

1. Court ordered spousal maintenance/support you actually pay to previous spouse: $ _____

H. EXTRAORDINARY EXPENSES:

1. For **Children** (Educational Expense/Special Needs/Other): $_____

   Explain: _____

   _____

2. For **Self**: $ _____

   Explain: _____

   _____

INSTRUCTIONS

Both parties must answer items 7 and 8 if either party is requesting:

- Spousal maintenance
- Division of expenses
- Attorneys' fees and costs
- Adjustment or deviation from the child support amount
- Enforcement

7. SCHEDULE OF ALL MONTHLY EXPENSES:

- Do NOT list any expenses for the other party, or children who live with the other party unless you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HOUSING EXPENSES:

1. House payment:

   a. First Mortgage $ _____

   b. Second Mortgage $ _____

c. Homeowners Association Fee $ _____

d. Rent $ _____

2. Repair & upkeep $ _____

3. Yard work/Pool/Pest Control $ _____

4. Insurance & taxes not included in house payment $ _____

5. Other (Explain) _____ $ _____

TOTAL: $ _____

B. UTILITIES:

1. Water, sewer, and garbage $ _____

2. Electricity $ _____

3. Gas $ _____

4. Telephone $ _____

5. Mobile phone/pager $ _____

6. Internet Provider $ _____

7. Cable/Satellite television $ _____

8. Other (Explain:) _____ $ _____

TOTAL: $ _____

C. FOOD:

1. Food, milk, and household supplies $ _____

2. School lunches $ _____

3. Meals outside home $ _____

TOTAL: $ _____

D. CLOTHING:

1. Clothing for you $ _____

2. Uniforms or special work clothes $ _____

3. Clothing for children living with you $ _____

4. Laundry and cleaning $ _____

TOTAL: $ _____

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E. TRANSPORTATION OR AUTOMOBILE EXPENSES:

1. Car insurance $ _____
2. List all cars and individuals covered:

   _____

   _____

3. Car payment, if any $ _____
4. Car repair and maintenance $ _____
5. Gas and oil $ _____
6. Bus fare/parking fees $ _____
7. Other (explain): _____ $ _____

TOTAL: $ _____

F. MISCELLANEOUS:

1. School and school supplies $ _____
2. School activities or fees $ _____
3. Extracurricular activities of child(ren) $ _____
4. Church/contributions $ _____
5. Newspapers, magazines and books $ _____
6. Barber and beauty shop $ _____
7. Life insurance (beneficiary:_____) $ _____
8. Disability insurance $ _____
9. Recreation/entertainment $ _____
10. Child(ren)'s allowance(s) $ _____
11. Union/Professional dues $ _____
12. Voluntary retirement contributions and savings deductions $ _____
13. Family gifts $ _____
14. Pet Expenses $ _____

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15. Cigarettes $ _____

16. Alcohol $ _____

17. Other (explain): _____ $ _____

TOTAL: $ _____

8. OUTSTANDING DEBTS AND ACCOUNTS: List all debts and installment payments you currently owe, but **do not include items listed in Item 7** "Monthly Schedule of Expenses". Follow the format below. Use additional paper if necessary.

Creditor Name	Purpose of Debt	Unpaid Balance	Min. Monthly Payment	Date of Your Last Payment	Amount of Your Payment

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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

AND

_____
Name of Respondent

Case Number: _____

PARENTING PLAN FOR:

☐ **JOINT LEGAL DECISION MAKING (CUSTODY) WITH JOINT LEGAL DECISION MAKING (CUSTODY) AGREEMENT**

or

☐ **SOLE LEGAL DECISION-MAKING (CUSTODY)**

☐ to Mother

☐ to Father

INSTRUCTIONS

This document has 4 parts: PART **1**) General Information; PART **2**) Legal Decision Making (Custody) and Parenting Time; PART **3**) Danger to Children Notification Statement; and PART **4**) Joint Legal Decision Making (Custody) Agreement. Where this form refers to "children" it refers to any and all minor children common to the parties whether one or more.

One or both parents must complete and sign the Plan as follows:

a. **If only *one* parent is submitting the Plan: that parent must sign at the end of PART 2 <u>and</u> 3.**

b. **If both parents agree to legal decision making (custody) and parenting time arrangements *but not to joint legal decision making (custody):* Both parents must sign the Plan at the end of PART 2 <u>and</u> 3.**

c. **If both parents agree to joint legal decision making (custody) and parenting time arrangements as presented in the Plan: Both parents must sign the Plan at the end of PART 2, 3, and 4.**

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PART 1: GENERAL INFORMATION:

A. MINOR CHILDREN. This Plan concerns the following minor children:
(Use additional paper if necessary)

_____ _____

_____ _____

_____ _____

B. THE FOLLOWING LEGAL DECISION-MAKING (CUSTODY) ARRANGEMENT IS REQUESTED:

(Choose ONE of 1, 2, 3, 4.) (If you chose "sole legal decision-making authority" [1 **or** 2], you have the option of also requesting restrictions on the parenting time of the other party.

☐ **1. SOLE LEGAL DECISION-MAKING (CUSTODY) BY AGREEMENT. The parents agree that sole legal decision-making authority (custody) and primary physical custody should be granted to the ☐ Mother ☐ Father.**

The parents agree that since each has a unique contribution to offer to the growth and development of their minor children, each of them will continue to have a full and active role in providing a sound moral, social, economic, and educational environment for the benefit of the minor children, as described in the following pages,

OR

☐ **2. SOLE LEGAL DECISION-MAKING (CUSTODY) REQUESTED BY THE PARENT SUBMITTING THIS PLAN.** The parents cannot agree to the terms of legal decision making (custody) and parenting time. The parent submitting this Plan asks the court to order sole legal decision-making authority and parenting time according to this Plan.

(Optional, if you marked 1 or 2 above)

☐ **RESTRICTED, SUPERVISED, OR NO PARENTING TIME.**
The parent submitting this Plan asks the court for an order restricting parenting time. The facts and information related to this request are described in the Petition.

OR

☐ **3. JOINT LEGAL DECISION-MAKING (CUSTODY) BY AGREEMENT. The parents agree to joint legal decision-making (custody) and request the court to approve the joint legal decision-making (custody) arrangement as described in this Plan. Primary physical custody will be with the ☐ Mother ☐ Father,**

OR

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☐ **4. JOINT LEGAL DECISION-MAKING AUTHORITY (CUSTODY) REQUESTED BY THE PARENT SUBMITTING THIS PLAN.** The parents cannot agree to the terms of legal decision making and parenting time **or** are unable to submit this plan together at this time. My request for joint legal decision-making authority is deferred for the court's determination.

PART 2: PHYSICAL CUSTODY AND PARENTING TIME. Complete each section below. Be specific about what you want the judge to approve in the court order.

A. (School Year) WEEKDAY AND WEEKEND TIME-SHARING SCHEDULE:

☐ The minor children will be in the care of Father as follows: (Explain).

_____

☐ The minor children will be in the care of Mother as follows: (Explain).

_____

☐ Other physical custody arrangements are as follows: (Explain).

_____

☐ Transportation will be provided as follows:

☐ **Mother** **or** ☐ **Father** will pick the minor children up at _____ o'clock.

☐ **Mother** **or** ☐ **Father** will drop the minor children off at _____ o'clock.

Parents may change their time-share arrangements by mutual agreement with at least _____days notice in advance to the other parent.

B. SUMMER MONTHS OR SCHOOL BREAK LONGER THAN 4 DAYS: The weekday and weekend schedule described above will apply for all 12 calendar months **EXCEPT:**

☐ During summer months or school breaks that last longer than 4 days, no changes shall be made. **OR**,

☐ During summer months or school breaks that last longer than 4 days, the minor children will be in the care of Father: (Explain)

_____

☐ During summer months or school breaks that last longer than 4 days, the minor children will be in the care of Mother: (Explain)

_____

☐ Each parent is entitled to a _____ week period of vacation time with the minor children. The parents will work out the details of the vacation at least _____ days in advance.

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C. TRAVEL

☐ **Should either parent travel out of the area with the minor children, each parent will keep the other parent informed of travel plans, address(es), and telephone number(s) at which that parent and the minor children can be reached.**

☐ **Neither parent shall travel with the minor children outside Arizona for longer than ____ days without the prior written consent of the other parent or order of the court.**

D. HOLIDAY SCHEDULE:

The holiday schedule takes priority over the regular time-sharing schedule as described above. Check the box(es) that apply and indicate the years of the holiday access/Parenting time schedule.

	Holiday	Even Years		Odd Years	
☐	New Year's Eve	☐ Mother	☐ Father	☐ Mother	☐ Father
☐	New Year's Day	☐ Mother	☐ Father	☐ Mother	☐ Father
☐	Spring Vacation	☐ Mother	☐ Father	☐ Mother	☐ Father
☐	Easter	☐ Mother	☐ Father	☐ Mother	☐ Father
☐	4th of July	☐ Mother	☐ Father	☐ Mother	☐ Father
☐	Halloween	☐ Mother	☐ Father	☐ Mother	☐ Father
☐	Veteran's Day	☐ Mother	☐ Father	☐ Mother	☐ Father
☐	Thanksgiving	☐ Mother	☐ Father	☐ Mother	☐ Father
☐	Hanukkah	☐ Mother	☐ Father	☐ Mother	☐ Father
☐	Christmas Eve	☐ Mother	☐ Father	☐ Mother	☐ Father
☐	Christmas Day	☐ Mother	☐ Father	☐ Mother	☐ Father
☐	Winter Break	☐ Mother	☐ Father	☐ Mother	☐ Father
☐	Child's Birthday	☐ Mother	☐ Father	☐ Mother	☐ Father

☐ **Mother's Day** will be celebrated with the Mother every year.

☐ **Father's Day** will be celebrated with the Father every year.

☐ **Each parent may have the children on his or her birthday.**

☐ **Three-day weekends** which include Martin Luther King Day, Presidents' Day, Memorial Day, Labor Day, Columbus Day, the children will remain in the care of the parent who has the minor children for the weekend.

☐ **Other Holidays** (Describe the other holidays and the arrangement) :

_____

☐ **Telephone Contact:** Each parent may have telephone contact with the minor children during the children's normal waking hours, **OR:** (Explain) _____

☐ **Other** (Explain) **:** _____

E. PARENTAL ACCESS TO RECORDS AND INFORMATION:

Under Arizona law (A.R.S. §25-403.06), unless otherwise provided by court order or law, on reasonable request, both parents are entitled to have equal access to documents and other information concerning the minor children's education and physical, mental, moral and emotional health including medical, school, police, court and other records. A person who does not comply with a reasonable request for these records shall reimburse the requesting parent for court costs and attorney fees incurred by that parent to make the other parent obey this request. A parent who attempts to restrict the release of documents or information by the custodian of the records without a prior court order is subject to legal sanctions.

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F. EDUCATIONAL ARRANGEMENTS:

☐ Both parents have the right to participate in school conferences, events and activities, and the right to consult with teachers and other school personnel.

☐ Both parents will make major educational decisions together. (optional) ☐ If the parents do not reach agreement, then:

OR

☐ Major educational decisions will be made by ☐ Mother ☐ Father after consulting other parent.

G. MEDICAL AND DENTAL ARRANGEMENTS:

☐ Both parents have the right to authorize emergency medical treatment, if needed, and the right to consult with physicians and other medical practitioners. Both parents agree to advise the other parent immediately of any emergency medical/dental care sought for the minor children, to cooperate on health matters concerning the children and to keep one another reasonably informed. Both parents agree to keep each other informed as to names, addresses and telephone numbers of all medical/dental care providers.

☐ Both parents will make major medical decisions together, except for emergency situations as noted above. (optional) ☐ If the parents do not reach an agreement, then: _____

_____

OR

☐ Major medical/dental decisions will be made by ☐ Mother ☐ Father after consulting other parent.

H. RELIGIOUS EDUCATION ARRANGEMENTS: (Choose **ONE**)

☐ Each parent may take the minor children to a church or place of worship of his or her choice during the time that the minor children is/are in his or her care.

☐ Both parents agree that the minor children may be instructed in the _____ faith.

☐ Both parents agree that religious arrangements are not applicable to this plan.

I. ADDITIONAL ARRANGEMENTS AND COMMENTS:

☐ **NOTIFY OTHER PARENT OF ADDRESS CHANGE.** Each parent will inform the other parent of any change of address and/or phone number in advance **OR** within _____ days of the change.

☐ **NOTIFY OTHER PARENT OF EMERGENCY.** Both parents agree that each parent will promptly inform the other parent of any emergency or other important event that involves the minor children

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☐ **TALK TO OTHER PARENT ABOUT EXTRA ACTIVITIES.** Each parent will consult and agree with the other parent regarding any extra activity that affects the minor children's access to the other parent.

☐ **ASK OTHER PARENT IF HE/SHE WANTS TO TAKE CARE OF CHILDREN.** Each parent agrees to consider the other parent as care-provider for the minor children before making other arrangements.

☐ **RELOCATION.** If either parent intends to relocate outside the state or more than 100 miles within the state with the minor child(ren), they will provide at least 45 days advance written notice to the other parent and adhere to the provisions set forth in A.R.S. §25-408(B), including the requirement that all parties continue to comply with current court orders, regardless of distance moved or notice required, unless otherwise ordered by the Court.

☐ **COMMUNICATE.** Each parent agrees that all communications regarding the minor children will be between the parents and that they will **not** use the minor children to convey information or to set up parenting time changes.

☐ **METHOD OF COMMUNICATION.** Each parent agrees to use the following means of communication: _____.

☐ **FREQUENCY OF COMMUNICATION.** Each parent agrees to communicate regarding the child(ren) on a regular basis. That communication schedule will be:

_____

and will be by the following methods: ☐ Phone ☐ Email ☐ Other

☐ **PRAISE OTHER PARENT.** Each parent agrees to encourage love and respect between the minor children and the other parent, and neither parent shall do anything that may hurt the other parent's relationship with the minor children

☐ **COOPERATE AND WORK TOGETHER.** Both parents agree to exert their best efforts to work cooperatively in future plans consistent with the best interests of the minor children and to amicably resolve such disputes as may arise.

☐ **NOTIFY OTHER PARENT OF PROBLEMS WITH TIME-SHARING AHEAD OF TIME.** If either parent is unable to follow through with the time-sharing arrangements involving the minor child(ren), that parent will notify the other parent as soon as possible.

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☐ **PARENTING PLAN.** Both parents agree that if either parent moves out of the area and returns later, they will use the most recent ***"Parenting Plan/Access Agreement"*** in place before the move.

☐ **MEDIATION.** If the parents are unable to reach a mutual agreement regarding a legal change to their parenting orders, including a proposed relocation of a child, they shall participate in mediation through the court or a private mediator of their choice.

NOTICE: DO NOT DEVIATE FROM PLAN UNTIL DISPUTE IS RESOLVED.

Both parents are advised that while a dispute is being resolved, neither parent shall deviate from this Parenting Plan, or act in such a way that is inconsistent with the terms of this agreement.

Once this Plan has been made an order of the Court, if either parent disobeys the court order related to parenting time with the children, the other parent may submit court papers to request enforcement. See the Self-Service Center packets "**To Make Someone Obey a Court Order**" for help.

J. PART 2 SIGNATURE OF ONE OR BOTH PARENTS (as instructed on page 1)

Signature of Mother: _____ **Date:** _____

Signature of Father: _____ **Date:** _____

PART 3: STATEMENT REGARDING CONTACT WITH SEX OFFENDERS AND PERSONS CONVICTED OF DANGEROUS CRIMES AGAINST CHILDREN.

According to A.R.S. §25-403.05, a child's parent or custodian must immediately notify the other parent or custodian if the person knows that a convicted or registered sex offender or someone who has been convicted of a dangerous crime against children may have access to the child.

The parent or custodian must provide notice by first class mail, return receipt requested, by electronic means to an electronic mail address that the recipient provided to the parent or custodian for notification purposes or by another form of communication accepted by the court.

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According to A.R.S. § 13-705 (P) (1), "Dangerous crime against children" means any of the following that is committed against a minor who is under fifteen years of age:

(a) Second degree murder.
(b) Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument.
(c) Sexual assault.
(d) Molestation of a child.
(e) Sexual conduct with a minor.
(f) Commercial sexual exploitation of a minor.
(g) Sexual exploitation of a minor.
(h) Child abuse as prescribed in section 13-3623, subsection A, paragraph 1.
(i) Kidnapping.
(j) Sexual abuse.
(k) Taking a child for the purpose of prostitution as prescribed in section 13-3206.
(l) Child prostitution as prescribed in section 13-3212.
(m) Involving or using minors in drug offenses.
(n) Continuous sexual abuse of a child.
(o) Attempted first degree murder.
(p) Sex trafficking.
(q) Manufacturing methamphetamine under circumstances that cause physical injury to a minor.
(r) Bestiality as prescribed in section 13-1411, subsection A, paragraph 2.
(s) Luring a minor for sexual exploitation.
(t) Aggravated luring a minor for sexual exploitation.
(u) Unlawful age misrepresentation.

PART 3 SIGNATURE OF ONE OR BOTH PARTIES (as instructed on page 1)

I/We have read, understand, and agree to abide by the requirements of A.R.S. § 25-403.05 concerning notification of other parent or custodian if someone convicted of dangerous crime against children may have access to the child.

Signature of Mother: _____ **Date:** _____

Signature of Father: _____ **Date:** _____

PART 4: JOINT LEGAL DECISION MAKING (CUSTODY) AGREEMENT (IF APPLICABLE):

A. DOMESTIC VIOLENCE: Arizona Law (A.R.S. § 25-403.03) states that joint legal decision-making authority (custody) shall NOT be awarded if there has been "a history of significant domestic violence".

☐ Domestic Violence has **not** occurred between the parties, **OR**

☐ Domestic Violence **has** occurred but it has not been "significant" or has been committed by both parties.*****

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B. DUI or DRUG CONVICTIONS:

☐ Neither party has been convicted of driving under the influence or a drug offense within the past 12 months, OR

☐ One of the parties HAS been convicted of driving under the influence or a drug offense within the past 12 months but the parties feel Joint Legal Decision-Making (Custody) is in the best interest of the children.*

*** IF THERE HAS BEEN DOMESTIC VIOLENCE OR A DUI OR DRUG CONVICTION: Attach an extra page explaining why Joint Legal Decision-Making (Custody) is still in the best interest of the children.**

C. JOINT LEGAL DECISION MAKING (CUSTODY) AGREEMENT: If the parents have agreed to joint legal decision making (custody), the following will apply, subject to approval by the Judge:

1. **REVIEW: The parents agree to review the terms of this agreement and make any necessary or desired changes every _____ month(s) from the date of this document.**

2. **CRITERIA. Our joint legal decision making (custody) agreement meets the criteria required by Arizona law A.R.S. § 25-403.02, as listed below:**

   a. **The best interests of the minor children are served;**

   b. **Each parent's rights and responsibilities for personal care of the minor children and for decisions in education, health care and religious training are designated in this Plan;**

   c. **A practical schedule of the parenting time for the minor children, including holidays and school vacations is included in the Plan;**

   d. **A procedure for the exchange(s) of the child(ren) including location and responsibility for transportation.**

   e. **The Plan includes a procedure for periodic review;**

   f. **The Plan includes a procedure by which proposed changes, including relocation of where a child resides with either parent pursuant to A.R.S. §25-408, disputes and alleged breaches may be mediated or resolved.**

   g. **A procedure for communicating with each other about the child, including methods and frequency.**

PART 4 SIGNATURES OF BOTH PARENTS REQUESTING JOINT LEGAL DECISION MAKING AUTHORITY (CUSTODY) (as instructed on page 1)

Signature of Mother: _____ **Date:** _____

Signature of Father: _____ **Date:** _____

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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(2)

PARENT'S WORKSHEET FOR CHILD SUPPORT

(3) Petitioner: _____ **(4)** Case No. _____

(3) Respondent: _____ **(4)** ATLAS: _____

(5) Total Number of Children: _____

(6) Parent with Primary Physical Custody:
Father ☐ Mother ☐

(7) Parent who is filing this form: Father ☐ Mother ☐

(8) Gross Income figures for the OTHER PARENT are:

☐ **ACTUAL,** with proof, such as a recent W2 or pay stub attached, or other party's signed statement.

☐ **ESTIMATED,** based on facts or knowledge of pay before promotion or of others in similar job.

☐ **ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 5e).

	FATHER		MOTHER
Gross Income (Pre-Tax Income. Before deductions.)	$ _____	(9)	$ _____
Spousal Maintenance Paid	$ - _____	(10)	$ - _____
Spousal Maintenance Received	$ + _____	(11)	$ + _____
Child Support Paid/Contributed	$ - _____	(12)	$ - _____
Other Support of Children Paid	$ - _____	(13)	$ - _____
Adjusted Gross Income	$ _____	(14)	$ _____

Combined Adjusted Gross Income (15) $ _____

Basic Child Support Obligation (16) $ _____

Plus Costs for:

Medical/Dental/Vision Insurance	$ _____	(17)	$ _____
Childcare	$ _____	(18)	$ _____
Education Expenses	$ _____	(19)	$ _____
Extraordinary/Special Needs Child Expenses	$ _____	(20)	$ _____

No. of Children Age 12 or Over _____ Adjustment _____ % (21) $ _____

Total Adjustments for Costs (22) $ _____

Total Child Support Obligation $ _____ (23) $ _____

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Case No._____

	FATHER		MOTHER
Each Parent's % of Combined Income	_____ **%**	(24)	_____ **%**
Each Parent's Share of Tot. Support Obligation	**$** _____	(25)	**$** _____
Adjustment for Non Custodial Parent's Costs Associated with Parenting Time			
Using Table A ☐ **Table B** ☐	**$** _____	(26)	**$** _____
No. of Days _____ **=** _____**% Adjustment** (from table) **x** Line **(16) $**_____ (Basic Child Support Obligation)	**$** _____	(27)	**$** _____
Less Noncustodial Parent's Costs for:			
Medical/Dental/Vision Insurance*	**$** _____	(28)	**$** _____
Childcare*	**$** _____	(29)	**$** _____
Education Expenses*	**$** _____	(30)	**$** _____
Extraordinary/Special Needs Child Expenses*	**$** _____	(31)	**$** _____
***Subtract here ONLY if ADDED-IN items 17-20 above			
Adjustments Subtotal	**$** _____	(32)	**$** _____
Preliminary Child Support Amount	**$** _____	(33)	**$** _____
Self Support Reserve Test for Parent Who Will Pay			
Amount from Line (14) _____ (Adj. Gross Inc.)			
Minus Reserve Amount **- $1,115.00**			
Total **=**	**$** _____	(34)	**$** _____
Child Support to be Paid by: Father ☐ **Mother** ☐	**$**	(35)	**$**
Share of Travel Expenses Related to Parenting Time*	_____ **%**	(36)	_____ **%**
***Only** for expenses related to travel over 100 miles, one way.			
Share of Medical/Dental/Vision Costs Not Paid by Insurance	_____ **%**	(37)	_____ **%**

I declare under penalty of perjury that the foregoing is true and correct.

Executed on:_____ _____

Date **Signature of Parent**

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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(2)

PARENT'S WORKSHEET FOR CHILD SUPPORT

(3) Petitioner: _____ **(4)** Case No. _____

(3) Respondent: _____ **(4)** ATLAS: _____

(5) Total Number of Children: _____

(6) Parent with Primary Physical Custody:
Father ☐ Mother ☐

(7) Parent who is filing this form: Father ☐ Mother ☐

(8) Gross Income figures for the OTHER PARENT are:

☐ **ACTUAL,** with proof, such as a recent W2 or pay stub attached, or other party's signed statement.

☐ **ESTIMATED,** based on facts or knowledge of pay before promotion or of others in similar job.

☐ **ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 5e).

	FATHER		MOTHER
Gross Income (Pre-Tax Income. Before deductions.)	$ _____	(9)	$ _____
Spousal Maintenance Paid	$ - _____	(10)	$ - _____
Spousal Maintenance Received	$ + _____	(11)	$ + _____
Child Support Paid/Contributed	$ - _____	(12)	$ - _____
Other Support of Children Paid	$ - _____	(13)	$ - _____
Adjusted Gross Income	$ _____	(14)	$ _____

Combined Adjusted Gross Income (15) $ _____

Basic Child Support Obligation (16) $ _____

Plus Costs for:

Medical/Dental/Vision Insurance	$ _____	(17)	$ _____
Childcare	$ _____	(18)	$ _____
Education Expenses	$ _____	(19)	$ _____
Extraordinary/Special Needs Child Expenses	$ _____	(20)	$ _____

No. of Children Age 12 or Over _____ Adjustment _____ % (21) $ _____

Total Adjustments for Costs (22) $ _____

Total Child Support Obligation $ _____ (23) $ _____

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Case No._____

	FATHER		MOTHER
Each Parent's % of Combined Income	_____ **%**	(24)	_____ **%**
Each Parent's Share of Tot. Support Obligation	**$** _____	(25)	**$** _____
Adjustment for Non Custodial Parent's Costs Associated with Parenting Time			
Using Table A ☐ **Table B** ☐	**$** _____	(26)	**$** _____
No. of Days _____ **=** _____**% Adjustment** (from table) **x** Line **(16) $**_____ (Basic Child Support Obligation)	**$** _____	(27)	**$** _____
Less Noncustodial Parent's Costs for:			
Medical/Dental/Vision Insurance*	**$** _____	(28)	**$** _____
Childcare*	**$** _____	(29)	**$** _____
Education Expenses*	**$** _____	(30)	**$** _____
Extraordinary/Special Needs Child Expenses*	**$** _____	(31)	**$** _____
***Subtract here ONLY if ADDED-IN items 17-20 above			
Adjustments Subtotal	**$** _____	(32)	**$** _____
Preliminary Child Support Amount	**$** _____	(33)	**$** _____
Self Support Reserve Test for Parent Who Will Pay			
Amount from Line (14) _____ (Adj. Gross Inc.)			
Minus Reserve Amount **- $1,115.00**			
Total **=**	**$** _____	(34)	**$** _____
Child Support to be Paid by: Father ☐ **Mother** ☐	**$**	(35)	**$**
Share of Travel Expenses Related to Parenting Time*	_____ **%**	(36)	_____ **%**
***Only** for expenses related to travel over 100 miles, one way.			
Share of Medical/Dental/Vision Costs Not Paid by Insurance	_____ **%**	(37)	_____ **%**

I declare under penalty of perjury that the foregoing is true and correct.

Executed on:_____ _____

Date **Signature of Parent**

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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

and

_____
Name of Respondent

Case Number: _____

ATLAS Number: _____

ORDER TO APPEAR
REGARDING MOTION FOR TEMPORARY ORDERS

READ ME: This is an important Court Order that affects your rights. Read this Order carefully. If you do not understand this Order, contact a lawyer for help.

Based on the ***"Motion for Temporary Orders,"*** the documents filed with it, and pursuant to Arizona Law,

IT IS ORDERED THAT YOU _____ appear at the time and place stated below so the court can determine whether the relief asked for in the ***"Motion for Temporary Orders"*** should be granted.

INFORMATION ABOUT COURT HEARING TO BE HELD:

NAME OF JUDICIAL OFFICER:_____

DATE AND TIME OF HEARING:_____

PLACE OF HEARING:_____MARICOPA COUNTY SUPERIOR COURT_____

ADDRESS OF HEARING: _____

IT IS FURTHER ORDERED that a copy of this ***"Order to Appear"*** and a copy of the Motion and documents filed with the Motion shall be mailed immediately by the party initiating the action to parties *who have appeared* in this action, and that a copy shall be *served on* the parties who are required to appear who have not, in accordance with Arizona Rules of Family Law Procedure, Rules 40-43, 47.

Requests for reasonable accommodation for persons with disabilities must be made to the office of the Judge or Commissioner scheduled to hear this case ten (10) judicial days before your scheduled court date.

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.

DONE IN OPEN COURT: _____.

_____
Judge/Commissioner of the Superior Court

READ ME. This is a 15 minute proceeding with the court. The court will determine if more time is needed. **All parties, whether represented by attorneys or not, must be present.** If there is a failure to appear, the court may make such orders as are just, including granting the relief requested by the party who does appear. If the petition seeks to establish, modify or enforce child support, and you fail to appear as ordered, a child support arrest warrant may be issued for your arrest.

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Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
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

_____
Name of Respondent

Case Number: _____

ATLAS Number: _____

TEMPORARY ORDER FOR

(Check all that apply)

☐ **Legal Decision Making (custody)**

☐ **Parenting Time**

☐ **Child Support**

☐ **Spousal Maintenance/Support**

☐ **Property and/or Debt**

☐ **Attorney Fees**

NOTICE: This is a Court Order that affects your legal rights and responsibilities. Read Carefully. If you disagree with or you do not understand this Order, you may consult an attorney for assistance.

THE COURT FINDS:

1. A sworn ***"Motion for Temporary Orders"*** was filed with the court. The court read the Motion, scheduled a hearing, took testimony as appropriate, considered all relevant matters, and issues a Temporary Order.

2. This court has jurisdiction to enter temporary orders regarding legal decision making (custody), parenting time, child support, and/or spousal maintenance, property or debt, and has jurisdiction over the parties under the law. Where it has the legal power to do so and where it is applicable to the facts of this case, this court has considered, approved, and made Orders relating to legal decision making (custody), parenting time, child support, spousal maintenance, property, and debt.

3. This order is based on the best interests of any minor children and/or the inability of one spouse to support him or her self or to maintain this action without financial assistance from the other spouse, and because the other spouse refuses to voluntarily provide support.

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4. The relation of the party who requested these temporary orders to any children involved in this case is:

☐ **Mother** ☐ **Father** ☐ **Other Relation:** _____ **and**
if "Other", the name of that Person is: _____ **.**
Wherever this Order refers to "Other" or "Other Person", it refers to the individual named above.

This Order applies to the children named below.	**Month/Date/Year of Birth**
_____	_____
_____	_____
_____	_____
_____	_____

5. **TEMPORARY CHILD SUPPORT:** The court, having considered the best interests of the minor child(ren), makes the following findings regarding payment of *temporary* child support:

☐ **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 child support should pay $_____ per month, ***OR***

☐ **Deviation from the Child Support Guidelines 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.
- ☐ The child support order would have been: $ _____
- ☐ The child support order after deviation is: $ _____

Other Reasons for Deviation from Guideline Amount:

_____

_____

6. **TEMPORARY SUPERVISED OR NO PARENTING TIME:** (if applicable)

Supervised Parenting time between the minor child(ren) and ☐ Petitioner ☐ Respondent or ☐ Other, ***OR***

No Parenting time between the minor child(ren) and ☐ Petitioner ☐ Respondent or ☐ Other, is in the best interests of the minor child(ren) for the following reasons:

_____

_____

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THE COURT ORDERS:

A. LEGAL DECISION MAKING (CUSTODY)

☐ **Temporary Joint Legal Decision Making (Custody).** There having been no significant acts of domestic violence, Petitioner and Respondent are hereby awarded temporary **joint legal decision making (custody)** 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** of the minors named below is awarded as indicated below:

Petitioner	Respondent	Other	Names of Minor Children
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	

B. TEMPORARY PARENTING TIME (or for non-parent, "visitation").

☐ **Reasonable parenting time** to _____ according to the Parenting Plan attached. **(OR)**

☐ **Reasonable *visitation* time** to _____ according to the Parenting Plan attached *for a person other than parent*. **(OR)**

☐ **Supervised parenting time** (or visitation) to _____ **but only in the presence of the person named below or other person approved by the court. (OR)**

Name of Supervisor: _____

Restrictions: _____

The cost of supervised parenting time shall be paid by

☐ Petitioner or ☐ Respondent or ☐ Other:_____

OR

☐ **No parenting time** rights to ☐ Petitioner or ☐ Respondent ☐ Other

☐ **Other parenting time/visitation as Ordered by this Court:**

_____

_____

C. CHILD SUPPORT.

☐ **Mother** shall pay child support **to** the ☐ Father ☐ Other party

☐ **Father** shall pay child support **to** the ☐ Mother ☐ Other party

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in the amount of **$_____** per month, payable on the first day of each month beginning the first day of month following the signing of this Order until further order of the court. All child support payments shall be made by Order of Assignment signed this date, along with the statutory handling fee, through the Support Payment Clearinghouse. Any time the full amount is not withheld, the "**Obligor**" (***the person obligated to pay***) remains responsible for the full monthly amount ordered, and shall make payments payable to and mail directly to:

Support Payment Clearinghouse
P. O. Box 52107
Phoenix, AZ 85072-2107

Payments must include the obligor's name, Social Security Number and ATLAS number. Payments not made through the Clearinghouse shall be considered *gifts* unless otherwise ordered by the Court.

D. MEDICAL, DENTAL, VISION CARE FOR MINOR CHILDREN

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

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

Medical, dental, and vision care insurance, payments and expenses are based on the information in the Parent's Worksheet for Child Support attached and incorporated by reference. The party ordered to pay must keep the other party informed of the insurance company name, address and telephone number, and must give the other party the documents necessary to submit insurance claims.

Non-Covered Expenses: Father is ordered to pay _____ %, AND **Mother** is ordered to pay _____ % of all reasonable uncovered and/or uninsured medical, dental, vision care, prescription and other health care charges for the minor child(ren), including co-payments.

Even though the Court's judgment contains orders regarding medical insurance and the allocation of the right to claim the child as a dependent for the purposes of federal taxes, these orders are not binding on the IRS. Under the Affordable Care Act, the parent who claims a child as a dependent on a federal tax return has the obligation to ensure that the child is covered by medical insurance and may be penalized by the IRS for failing to do so. This penalty may be imposed even if it is the other parent's responsibility to carry health insurance on the child under the Divorce Decree.

E. MEDICAL AND DENTAL CARE FOR OTHER SPOUSE

☐ **Petitioner** is responsible for providing: ☐ medical ☐ dental insurance (for other spouse).

☐ **Respondent** is responsible for providing: ☐ medical ☐ dental insurance (for other spouse).

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

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_____ % by Petitioner, and _____ % by Respondent.

F. **SPOUSAL MAINTENANCE/SUPPORT** shall be paid by ☐ **Petitioner** or ☐ **Respondent** to the other spouse in the amount of **$**_____, due on or before the _____ day of every month until further order of this court.

G. **ACCESS TO COMMUNITY LIQUID ASSETS** (Cash or cash held in financial institutions, traveler's checks, lottery winnings) Wife and Husband shall have immediate access to community funds in the proportions (or dollar amounts) listed below, held in these banks or financial institutions named below:

Name of Financial Institution	**Name of Account Holder**	Total ($) in Account	% or Dollar amount to Husband	% or Dollar amount to Wife
		$		
		$		
		$		

H. **DISCLOSURE OF COMMUNITY LIQUID ASSETS** (Cash or cash held in financial institutions, traveler's checks, lottery winnings). The Petitioner and Respondent are 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** shall 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 Husband	% or $ to be Paid by Wife
		$	**$**		
		$	**$**		
		$	**$**		
		$	**$**		
		$	**$**		

J. **EXCLUSIVE USE AND POSSESSION OF PROPERTY** is granted as follows:
To Petitioner if marked under the "**P**"; to the Respondent if marked under the "**R**".

		P	**R**
Residence at: (list address)	_____		
Car described as:	_____		
Other Property: (describe)	_____		

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Other Property: (describe)			
Other Property: (describe)			

K. ATTORNEY FEES.

☐ Petitioner or ☐ Respondent ☐ Other Party shall reimburse

☐ Petitioner or ☐ Respondent ☐ Other Party for ☐ attorney fees in the amount of

$ _____, to be paid as follows:

_____

If the ☐ Petitioner or ☐ Respondent ☐ Other Party (named above) contests (files papers to disagree with) these Temporary Orders, he or she shall pay or reimburse the other party(ies) for the costs of defending or maintaining these Orders, including:

☐ attorney fees and ☐ _____.

L. THIS ORDER SHALL CONTINUE in effect until further order of this Court or until this date: _____.

DONE IN OPEN COURT:_____. _____

JUDGE/COMMISSIONER OF THE SUPERIOR COURT

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