

Person Filing: _____
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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"/>	\$ _____	
		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