Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self

COCONINO COUNTY SUPERIOR COURT

Petitioner's Name on the Petition for divorce, legal separation, or custody:

_____

Case Number: DO_____

PETITION FOR CONCILIATION COURT SERVICES

Respondent's Name:

_____

NOTICE TO THE OTHER PARTY: *If you do not agree with this Petition, you have 10 days, not including weekends and holidays, beginning the day after you received this Petition, to file a Response with the court. If you do not file a Response, the court may rule on this Petition without your input.*

I STATE THE FOLLOWING:

I am the [ ] Petitioner or [ ] Respondent.

[ ] **Pre-Decree:** I or the other party filed a Petition for divorce, legal separation, or custody, and the court has not signed a Decree yet.

[ ] **Post-Decree:** I and the other party have a Decree signed by the court for divorce, legal separation, or custody.

Children: These children are under 18 and are my and the other party's biological or adopted children.
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

The other party's address: _____

Domestic Violence:
Has there ever been domestic violence between you and the other party? [ ] Yes [ ] No
If yes, give details:

_____

_____

_____

Is there an Order of Protection between you and the other party right now? [ ] Yes [ ] No
Was there an Order of Protection between you and the other party in the past? [ ] Yes [ ] No
Have you or the other party ever been arrested for domestic violence? [ ] Yes [ ] No

I ASK THE COURT TO ORDER THE FOLLOWING:

I ask for the following services to help us reconcile and/or come to agreements outside of court.

[ ] **Reconciliation/separation counseling.** *(Available only Pre-Decree.)*

[ ] **Custody/parenting time mediation:** I want a mediator to help me and the other parent come to agreements about custody/parenting time.

[ ] **Custody/parenting time evaluation:** I want a mental health professional to evaluate the family and to recommend a [ ] custody and/or [ ] parenting time arrangement to the court.

CERTIFICATE OF SERVICE: I will [ ] mail or [ ] hand-deliver a copy of this document on the day I file it to the other party/the other party's attorney at this address:

_____

Date: _____ Signature of Person Filing: _____