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_____

ORDER FOR CONCILIATION COURT SERVICES

Respondent's Name:

_____

This case is transferred to Conciliation Court for these services:

[ ] **Reconciliation/separation counseling**

[ ] **Custody/parenting time mediation**

[ ] **[ ] Custody and/or [ ] parenting time evaluation**

There is a stay on this case, and the parties may not ask for any court orders (except for in an emergency*) until 1) the parties receive a court order terminating the case from Conciliation Court or 2) 60 days have passed, whichever happens sooner.

Your Safety: If you think these services would endanger you because of domestic violence, you can tell the court by using the self-help packet called *Telling the Court That Conciliation Court Services Would Endanger You*, available at the Law Library in the Coconino County Courthouse or online at www.coconino.az.gov/forms.

Do not sign. This is for the judge to sign.

Date: _____ Superior Court Judge: _____

cc: Petitioner/Attorney, Respondent/Attorney, Guidance Center, Sid Buckman, Division _____

*Emergencies: During the stay, the parties may still ask the court for an Order of Protection, for orders based on an emergency the party can prove to the court, or to enforce a court order for parenting time.