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

COCONINO COUNTY SUPERIOR COURT

Person Filing: Case Number *(leave blank)*: DO_____

_____

The Other Party's Name:

_____

PETITION FOR CONCILIATION COURT SERVICES BEFORE A CASE HAS BEEN STARTED

I STATE THE FOLLOWING:

Neither party has filed a Petition 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.**

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

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: _____