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:

_____

ORDER FOR CONCILIATION COURT SERVICES BEFORE A CASE HAS BEEN STARTED

This case is transferred to Conciliation Court for these services:

[ ] **Reconciliation/separation counseling**

[ ] **Custody/parenting time mediation**

There is a stay on this case, and the parties may not file a Petition for divorce, legal separation, or custody, 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 Could 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: Person Filing/Attorney, The Other Party/Attorney, Guidance Center, Sid Buckman, Division _____