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

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

Petitioner: _____ Case Number: DO_____

ORDER WAIVING MEDIATION OR RECONCILIATION/SEPARATION COUNSELING, OR FOR REASONABLE SAFETY PROCEDURES

Respondent: _____

[ ] Petitioner or [ ] Respondent filed a Motion to Waive Mediation or Reconciliation/Separation Counseling or for Reasonable Safety Procedures.

THE COURT ORDERS:

[ ] Mediation is waived.

[ ] Mediation shall be conducted only with the following safety procedures in place:

_____
_____
_____
_____

[ ] Reconciliation/Separation Counseling is waived.

[ ] Reconciliation/separation counseling shall be conducted only with the following safety procedures in place:

_____
_____
_____
_____

Do not sign. The court will sign this form

Date: _____ Superior Court Judge: _____