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

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

Petitioner: _____ Case Number: DO_____

MOTION TO WAIVE MEDIATION OR RECONCILIATION/SEPARATION COUNSELING, OR FOR REASONABLE SAFETY PROCEDURES

Respondent: _____ Arizona Rules of Family Law Procedure 68(B)(2)

I am the [ ] Petitioner or [ ] Respondent.

The court has ordered these services: [ ] mediation [ ] reconciliation/separation counseling.

I ASK THE COURT TO *(check one)*:

[ ] Order the following reasonable procedures for my safety during these services:

_____
_____
_____

[ ] Waive the services. I would not feel safe at mediation and/or reconciliation/separation counseling even with reasonable safety procedures in place because:

_____
_____
_____

I MAKE THIS REQUEST BECAUSE *(check all that apply)*:

[ ] I have an Order of Protection against the other party dated: _____

[ ] The other party has committed significant domestic violence against me (*give details)*:

_____

_____

_____

[ ] The other party has the following significant mental health issues:

_____

_____

_____

[ ] One party is incarcerated.

[ ] Other:

_____

_____

_____

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.

Date: _____ Signature: _____