

# SUPERIOR COURT OF ARIZONA IN PINAL COUNTY

\_\_\_\_\_  
Name of Petitioner

Case Number: \_\_\_\_\_

\_\_\_\_\_  
Name of Respondent

Assigned to Judge: \_\_\_\_\_

## JOINT REQUEST FOR MEDIATION

We do **not** agree about the custody and/or parenting time issues involving our child(ren), but we **do** agree to participate in mediation. We ask that the Court refer this matter to Conciliation Services for mediation of the issues, based on the following:

**1. Check one box only.**

- Divorce or Separation Pending:** My spouse or I have filed papers with the Court for divorce or legal separation. No final orders about legal custody or parenting time have been entered by the Judge.
  
- After Divorce or Separation:** My spouse or I want to change the court ordered custody and parenting time orders.
  
- Other:** (please describe)

**2. Check one box only.**

- We **have not** participated in mediation before OR
- We **have** participated in mediation before. If so, when and where?  
When: \_\_\_\_\_ Where: \_\_\_\_\_  
When: \_\_\_\_\_ Where: \_\_\_\_\_

**3. Describe the disagreement.** Be brief and specific. (The disagreement must involve the custody and/or parenting time of your minor child(ren):

\_\_\_\_\_  
\_\_\_\_\_

|                                                |                                         |                                                |                                         |
|------------------------------------------------|-----------------------------------------|------------------------------------------------|-----------------------------------------|
| _____<br><b>Date</b>                           | _____<br><b>Signature of Petitioner</b> | _____<br><b>Date</b>                           | _____<br><b>Signature of Respondent</b> |
| Address: _____                                 |                                         | Address: _____                                 |                                         |
| City, State, Zip Code: _____                   |                                         | City, State, Zip Code: _____                   |                                         |
| Telephone Number: _____                        |                                         | Telephone Number: _____                        |                                         |
| Email Address: _____                           |                                         | Email Address: _____                           |                                         |
| _____<br>Petitioner's Attorney (if applicable) |                                         | _____<br>Respondent's Attorney (if applicable) |                                         |

**NOTICE TO BOTH PARTIES:** After this Joint Petition is filed, Conciliation Services will mail an "Order to Attend Mediation" to both parties. **WARNING: THERE IS A \$166 FEE FOR FAILURE TO ATTEND!**