Name:		
Mailing Address:		
City, State, Zip Code:		
Daytime Phone Number:		
Email Address:		
Lawyer's Bar Number:		
Representing: \square Self \square Petitioner \square Responde	ent For Clerk's Use Only	
IN THE SUPERIOR COURT OF ARIZONA IN YAVAPAI COUNTY		
	Case No	
Petitioner	ATLAS No	
Respondent	PETITION FOR CONCILIATION (Reconciliation Services) A.R.S. § 25-381.09	
	Do you need an interpreter? ☐ Yes ☐ No If yes, what language?	
My name is, I ar		
	address, city, state, zip code)	
A controversy exists between the spouses, and to avoid further litigation, I am requesting service	d for the purpose of preserving the marriage and ces of the Conciliation Court in this matter.	
The name of the other party is	.	
Their address is	•	
(Mailing	address, city, state, zip code)	
Other information that may be pertinent in this obelow).	case is as follows: (handwrite or type in the box	

I am asking the court to send this case to the Conciliation Court for Reconciliation Services to preserve our marriage or to resolve controversies (per A.R.S. § 25-381.09 and ARFLP Rules 68(a)(1) and 68(b)).		
I understand that I am required to provide a copy of this request to the other party (or their attorney) and a copy to the Conciliation Court (120 S. Cortez St, Room 402, Prescott AZ 86303 or by email yavapaiadr@courts.az.gov).		
I declare that everything I have said in this request is true and correct.		
Date File the Original with the Clerk of the Supe - or their attorney – and a copy to the Cor	Signature of □ Petitioner □ Respondent erior Court and provide a copy to the other party inciliation Court.	
On (date), I delivered a copy to \square Petitioner \square Respondent By \square mail \square hand-delivery \square email (I have written permission) to:		
Name:	Name:	
Address:	Address:	
City, State, Zip:	City, State, Zip:	
On (date), I delivered a copy to the Conciliation Court by: □ mail (120 S. Cortez St, Room 402, Prescott AZ 86303) □ hand-delivery □ email (yavapaiadr@courts.az.gov)		

Case No.