

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_  
Representing: ☐ Self ☐ Petitioner ☐ Respondent

For Clerk's Use Only

IN THE SUPERIOR COURT OF ARIZONA  
IN YAVAPAI COUNTY

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

Case No. 1300DO

**PETITION FOR MEDIATION**

☐ Pre-Decree ☐ Post Decree

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

**IMPORTANT – PLEASE READ**

**You may not request mediation to resolve the following issues:**

- **Child Support**
- **Enforcement of current court orders**
- **Cases in which there are allegations of child abuse or DCS involvement**
- **Modification of legal decision-making (custody) order earlier than one year after the date of the previous order.**

**\*\*\* If you file this Petition in error, the filing fee will NOT be refunded to you. \*\*\***

My name is \_\_\_\_\_, I am the ☐ Petitioner ☐ Respondent.  
We **do not** agree about legal decision-making (custody) and/or parenting time issues involving our child(ren) and I am asking Alternative Dispute Resolution Services (ADRS) to set a mediation of the issues, based on the following:

1. There is a pending Petition for (choose one option)

- ☐ Dissolution of Marriage (Divorce), Legal Separation, or Annulment **OR**  
☐ Petition for Establishment of Legal Decision-Making, Parenting Time (with or without a request to establish Paternity) **OR**  
☐ Petition for Modification of Legal Decision-Making, Parenting Time, or Relocation **OR**  
☐ Other \_\_\_\_\_ (write in name of petition filed)

2. Have you already participated in mediation?
- ☐ Yes, we have participated in mediation before **OR**
- ☐ No, we have not already participated in mediation.
3. We disagree about the following things. **NOTE:** the disagreement must involve the legal decision-making (custody) and/or parenting time of your minor child(ren). (Be brief and specific – attach an additional sheet if needed.):

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4. Information about the other party:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Attorney (if known): \_\_\_\_\_

☐ I understand that I am required to serve a copy of this Petition for Mediation on all other parties in this case and file proof of service. (See Arizona Rules of Family Law Procedure Rules 40(f)(1), 41, or 43.)

☐ I understand that an Order Referring Parties to Mediation will not be issued until service is completed, proof of service is filed, and the required response time is complete.

I declare that everything I have said in this request is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of ☐ Attorney for ☐ Petitioner ☐ Respondent

### NOTICE TO BOTH PARTIES

If your order is signed by the Judicial Officer, Alternative Dispute Resolution Services will mail an “*Order to Appear Mediation*” to both parties.

**WARNING: FAILURE TO ATTEND CARRIES A \$200.00 REIMBURSEMENT COST FOR THE MISSED MEDIATION SESSION.**