

Person Filing: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Atlas Number (if applicable) _____

Representing Self (No Attorney) OR Represented by Attorney

If Attorney, Bar Number: _____

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

Case Number _____

(Name of Petitioner)

**MOTION FOR TEMPORARY ORDERS
(PRE-DECREE)**

Check all that apply:

For Legal Decision Making

For Parenting Time (Visitation)

For Child Support

Other: _____

(Name of Respondent)

REQUIRED INFORMATION FROM FILING PARTY, UNDER OATH:

1. My Relationship to the child(ren) is: Mother or Father or Other

2. You CANNOT file a **Motion For Temporary Orders** unless you or the other party have already filed or will file at the same time all of the paperwork for Divorce, Legal Separation, or Annulment OR to Establish Legal Decision Making/Parenting Time.

A. Date above listed Petition was filed: _____

B. Name of Court where Petition was filed: _____

C. Information about court hearing scheduled for that Petition (if hearing is scheduled):

1) DATE and TIME OF HEARING: _____

2) NAME OF JUDICIAL OFFICER TO HEAR CASE: _____

3) LOCATION OF HEARING: _____

3. **INFORMATION ABOUT OTHER TEMPORARY ORDERS:** To the best of my knowledge, no temporary orders regarding these matters have been entered in any other Court, and no Court proceedings are pending for Temporary Orders. Check this box if this statement is true. **If it is not true, do not check the box, do not file this paperwork and see a lawyer for help.**

4. INFORMATION ABOUT OUR CHILD(REN):

Name: _____

Birth date: _____

Current Address: _____

County of residence: _____

Father: _____

Mother: _____

Name: _____

Birth date: _____

Current Address: _____

County of residence: _____

Father: _____

Mother: _____

Name: _____
Birth date: _____
Current Address: _____

Name: _____
Birth date: _____
Current Address: _____

County of residence: _____
Father: _____
Mother: _____

County of residence: _____
Father: _____
Mother: _____

THIS IS WHAT I WANT THE COURT TO ORDER: (Check the box in front of each item that you want. If you do not want the Court to enter an Order for that item, do not check the box.)

5. **MEDICAL INSURANCE AND/OR COSTS:** An Order requiring the other party to provide medical and dental insurance for our child(ren) at no cost to me, OR to pay all the medical and dental expenses reasonably incurred by our minor child(ren).

6. **LEGAL DECISION MAKING (for parents only):** The temporary care, legal decision making and control of the minor child(ren) to be awarded to: _____.

7. **PARENTING TIME:** Temporary parenting time with the child(ren) as follows (be specific):

TRANSPORTATION: Mother or Father or _____ shall pick-up the child(ren). Mother or Father or _____ shall return the child(ren).

WEEKENDS: (explain specifically) _____

SUMMER MONTHS: (explain specifically) _____

HOLIDAYS AND BIRTHDAYS: (explain specifically) _____

TELEPHONE CALLS: (explain specifically) _____

OTHER: (explain specifically) _____

8. **CHILD SUPPORT:** An Order requiring Mother or Father to pay a reasonable sum for child support as determined by the current guidelines for child support, and according to the ***Parent Worksheet for Child Support*** that I am submitting with this Petition.

9. **BASIS FOR REQUEST:** This request is based on the best interests of the minor child(ren) for the following reasons: _____

10. **OTHER REASONS AND/OR OTHER REQUESTS:** (Please explain here in detail what else, if anything, you want the Judge or Commissioner to order on a temporary basis and why you need the Order.)

REQUESTS TO THE COURT:

1. Enter a Temporary Order granting what I requested.
2. For any other Orders of the Court that are just.

I declare under penalty of perjury that the foregoing is true and correct.

Signature: _____

Date: _____