Reset

FOR CLERK'S USE ONLY

Name of Person Filing: _____
Mailing Address (if not protected): _____
City, State, Zip Code: _____
Daytime Phone Number: _____
Evening Phone Number: _____
AZCARES Number (if applicable): _____
Attorney Bar Number (if applicable): _____
Representing ☐ **Self** ☐ **Petitioner OR** ☐ **Respondent**

SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY

Case Number _____

_____
Name of Petitioner

MOTION FOR TEMPORARY ORDERS

Check all that apply:
☐ For child custody
☐ 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

2. INFORMATION ABOUT THE PETITION FOR CUSTODY, PARENTING TIME and/or SUPPORT. (You **cannot** file a ***"Motion for Temporary Orders"*** unless you or the other party have filed, or will file at the same time you file this paperwork, all the paperwork for a ***"Petition for Custody, Parenting time and/or Support."***)

A. Date ***"Petition for Custody, Parenting Time and/or Support"*** 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: _____	Name: _____
Birth date: _____	Birth date: _____
Current Address: _____	Current Address: _____
_____	_____
County of residence: _____	County of residence: _____
Father: _____	Father: _____
Mother: _____	Mother: _____

Case No. _____

Name:_____	Name:_____
Birth date:_____	Birth date: _____
Current Address:_____	Current Address:_____
_____	_____
County of residence:_____	County of residence:_____
Father:_____	Father:_____
Mother:_____	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. ☐ **CHILD CUSTODY (for parents only):** The temporary care, custody 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:_____

_____

_____

Case No. _____

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

_____
_____
_____

REQUESTS TO THE COURT, UNDER OATH:

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

OATH OR AFFIRMATION

STATE OF ARIZONA)
) ss.
County of Mohave)

I declare under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

SIGNATURE:_____ DATE:_____

Sworn to or affirmed before me this _____ day of _____, _____

by _____.

My Commission Expires:_____

_____
Notary Public / Deputy Clerk