

Name of Person Filing: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Phone Number(s): _____
 ATLAS Number (if applicable): _____
 Attorney Bar Number (if applicable): _____
 Representing: Self (Without a Lawyer) OR
 Attorney for: Petitioner Respondent

SUPERIOR COURT OF ARIZONA MOHAVE COUNTY

Case Number _____

 Name of Petitioner

MOTION FOR TEMPORARY ORDERS

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

2. **INFORMATION ABOUT THE PETITION FOR LEGAL DECISION MAKING, 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 Legal Decision Making, Parenting Time and/or Support."*)
 - A. Date *"Petition for Legal Decision Making, 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: _____

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: _____

