

ARIZONA SUPERIOR COURT, PIMA COUNTY

REGARDING THE MATTER OF:

Petitioner

and

Respondent

SUPERIOR COURT CASE NO: _____

**VOLUNTARY AGREEMENT TO MEDIATE
CHILD CUSTODY AND/OR PARENTING TIME**

If a Spanish-speaking mediator is required please check. (Si necesita un mediador que habla español, favor de indicarlo aquí.)

NOTICE TO PARTIES: This form is for voluntary mediation only and must be signed by both parties. In pre-decree cases if you sign this form you will both be ordered to attend mediation.

If one party will not sign this form, use a request for mediation form, which can be obtained at the self-service center located on the 2nd floor of the Superior Court or by contacting the Conciliation Court. There are two different request for mediation and order forms. One form is to request mediation when there is a current action pending before the court and the other form is to request mediation and an order for mediation in post-decree and post-judgment (paternity) cases when there is not a current action pending before the court.

We agree to use voluntary mediation at the Conciliation Court to attempt to attempt to resolve our differences regarding:

- Child Custody Parenting Time Child Custody and Parenting Time

Currently there is a court action pending is no court action pending

Have the parties previously participated in Mediation? yes no If yes, state where and when:

The most recent court order regarding custody and/or parenting time of our child(ren) is dated:_____.

Please describe the current disagreement(s) and what you would like to accomplish in mediation. Be brief and specific. The disagreements must involve the custody and/or parenting time of your minor children. Attach additional pages if necessary and include the case number. _____

This mediation request pertains to the following minor child(ren).

Child's name and age

Signature of Petitioner or Petitioner's Attorney

Signature of Respondent or Respondent's Attorney

Date

Date

NAMES AND ADDRESSES OF THE PARTIES:

Petitioner:

Respondent:

Name

Name

Mailing Address

Mailing Address

City, State and Zip Code

City, State and Zip Code

Daytime or Message Phone

Daytime or Message Phone

Attorney for Petitioner (Please Print)

Attorney for Respondent (Please Print)

File the original request with the Clerk of the Superior Court and mail/deliver a copy to:

Conciliation Court
Petitioner
Respondent
Attorney for Petitioner
Attorney for Respondent