

# MOTION FOR TEMPORARY ORDERS



## PINAL COUNTY

### INSTRUCTIONS AND FORMS

Provided as a Public Service by  
**AMANDA STANFORD**  
Clerk of the Superior Court

# MOTION FOR TEMPORARY ORDERS

## WHEN FILING A MOTION FOR TEMPORARY ORDERS THE FOLLOWING IS REQUIRED:

1. Please make sure your document is filled out in full, every question answered. Once filled out have your document notarized.
2. After your document is notarized you will make two copies.
3. You will bring the original and two copies when you file.
4. You will also bring a ***self addressed stamped envelope***. The envelope must be addressed to you.

Your Motion for Temporary Orders will be sent to the Judge for review. The Judge will review the motion then schedule a hearing and sign the Order to Appear. You will receive the Order to Appear by mail at a later date. Your hearing date will be listed on the Order to Appear.

**DO NOT SERVE THE MOTION FOR TEMPORARY ORDERS  
until you receive the Order to Appear in the Mail.**

Name of Person Filing: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number (if applicable) \_\_\_\_\_  
 Representing Self (No Attorney) or  Represented by Attorney  
If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
PINAL COUNTY**

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

CASE NUMBER: DO2

**MOTION FOR TEMPORARY ORDERS**

Check all that apply:

- Child Legal Decision-Making
- Parenting Time
- Child Support
- Spousal Maintenance
- Property and/or Debt
- Attorney Fees

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

HONORABLE: \_\_\_\_\_

Before you can file for Temporary Orders, one of the parties (either one) must file a Petition for Divorce, Legal Separation, Annulment, Paternity and Legal Decision-Making, Parenting Time, and/or Support, or if Paternity has already been established, a Petition for Legal Decision-Making, Parenting Time, and/or Support (without Paternity).

By signing your name at the end of this document, you are stating to the court that the information you have provided is true and correct under penalty of perjury.

**REQUIRED INFORMATION FROM FILING PARTY, UNDER OATH:**

**1. INFORMATION ABOUT THE UNDERLYING PETITION:**

- A. Date "Petition" was filed: \_\_\_\_\_
- B. Type of Petition filed (Divorce, Legal Decision-Making, or?): \_\_\_\_\_
- C. Name of Court where Petition was filed: \_\_\_\_\_
- D. Information about Court Hearing scheduled for the Petition (if hearing is scheduled):
  - i. Date and Time of Hearing: \_\_\_\_\_
  - ii. Name of Judicial Officer to Hear Case: \_\_\_\_\_
  - iii. Location of Hearing: \_\_\_\_\_

**2. INFORMATION ABOUT OTHER TEMPORARY ORDERS.**

- To the best of my knowledge, the following information is true:
  - No other court has entered temporary orders regarding what I am requesting.
  - No court proceedings are pending for temporary orders regarding what I am requesting.

(If *either* of the statements above is false, **STOP**. Do not mark the box; do not file this paperwork. This Court will not be able to grant temporary orders in your case.)

**3. BASIS FOR REQUEST:** This request is based on the best interest of the minor child(ren), and/or on the inability of one spouse to support him or her self or to maintain this action without financial assistance from the other spouse.

**4. MY RELATIONSHIP TO ANY MINOR CHILDREN WHO ARE THE SUBJECT OF THIS REQUEST FOR TEMPORARY ORDERS IS:**

Mother  Father  Other: (grandmother, friend, or?) \_\_\_\_\_

If "Other," my name is: \_\_\_\_\_

Where ever this document refers to "Other" or "Other Party," it refers to me.

**INFORMATION ABOUT THE CHILD(REN) referred to in this Motion:**

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

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

Birth Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_

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

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

County of Residence: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Father: \_\_\_\_\_

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Mother: \_\_\_\_\_

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

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

Birth Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_

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

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

County of Residence: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Father: \_\_\_\_\_

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Mother: \_\_\_\_\_

**AS INDICATED BY WHAT IS WRITTEN AND/OR BY THE BOXES CHECKED BELOW, I ASK THE COURT TO ORDER AS FOLLOWS:** (If you do *not* want the court to enter an order for a particular item, do not write in the blank spaces *or* check any boxes under that item.)

**A. TEMPORARY CHILD LEGAL DECISION-MAKING:** The *temporary* care, Legal Decision-Making and control of the minor child(ren) should be awarded as indicated below:

There having been no "significant" acts of domestic violence, temporary **JOINT LEGAL DECISION-MAKING** should be awarded to Petitioner and Respondent of the minor child(ren) subject to the attached Parenting Plan, **OR**

**SOLE LEGAL DECISION-MAKING** should be awarded to the party indicated to the right of the child's name:

Child(ren)'s Name(s)	Petitioner	Respondent	Other
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B.**  **TEMPORARY PARENTING TIME** should be ordered:

**In accord with the attached *Parenting Plan*, or**

**As described below:** (Be specific)

**TRANSPORTATION.**

Petitioner  Respondent or  \_\_\_\_\_ Shall pick up the minor child(ren).

Petitioner  Respondent or  \_\_\_\_\_ Shall return the minor child(ren).

**WEEKENDS** (*explain specifically*) \_\_\_\_\_

\_\_\_\_\_

**SUMMER MONTHS** (*explain specifically*) \_\_\_\_\_

\_\_\_\_\_

**HOLIDAYS AND BIRTHDAYS** (*explain specifically*) \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE CALLS** (*explain specifically*) \_\_\_\_\_

\_\_\_\_\_

**OTHER** (*explain specifically*) \_\_\_\_\_

\_\_\_\_\_

**C. TEMPORARY CHILD SUPPORT:**

**In accordance with the Arizona Child Support Guidelines**, and based upon the Parent's Worksheet for Child Support, the person responsible for paying child support should pay \$ \_\_\_\_\_ per month, **OR**

**DEVIATION FROM THE CHILD SUPPORT GUIDELINES, which is appropriate because:**

Application of the Guidelines is inappropriate or unjust.

The parties have signed a written agreement, free of duress and coercion, with knowledge of the amount of support that would have been ordered by the guidelines but for the agreement.

Child Support under the Guidelines would have been: \$ \_\_\_\_\_

Child Support after the deviation should be: \$ \_\_\_\_\_

**Other Reasons for Deviation from Guideline Amount:**

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**D. MEDICAL, DENTAL, VISION CARE FOR MINOR CHILDREN:**

- Petitioner to be responsible for  medical  dental  vision care insurance.  
 Respondent to be responsible for  medical  dental  vision care insurance.

Non-Covered Expenses: Petitioner to pay \_\_\_\_%, and Respondent \_\_\_\_%, of all reasonable uncovered and/or uninsured medical, dental, vision care, prescription and other health charges for the minor child(ren), including co-payments.

**SPOUSAL MAINTENANCE, PROPERTY, DEBT, and/or ATTORNEY FEES**

**E. MEDICAL AND DENTAL CARE FOR OTHER SPOUSE:**

- Petitioner to be responsible for  medical  dental insurance (for other spouse).  
 Respondent to be responsible for  medical  dental insurance (for other spouse).

All uninsured medical and dental expenses shall be paid as follows:  
 \_\_\_\_% by Petitioner and \_\_\_\_% by Respondent.

**F. SPOUSAL MAINTENANCE/SUPPORT:** shall be paid by  Petitioner or  Respondent to the other spouse in a reasonable amount as ordered by this Court based on the attached ***“Affidavit of Financial Information.”***

**G. ACCESS TO COMMUNITY LIQUID ASSETS:** (Cash or cash held in financial institutions in Checking, Savings, and other financial accounts from which cash can be withdrawn). Wife and Husband shall have immediate access to community funds in the proportions (or dollar amounts) listed below, held in the named bank or financial institution.

Name of Financial Institution	Name of Account Holder	Total (\$) in Account	% or Dollar amount to Husband	% or Dollar amount to Wife
		\$		
		\$		
		\$		
		\$		

**H. DISCLOSURE OF COMMUNITY LIQUID ASSETS:** (Cash or cash held in financial institutions). The Petitioner and Respondent should be ordered to disclose to the other party and to the court the name of all financial institutions where funds are held; the name in which the account is held; the account number; and the dollar amount in the account. (To guard against identity theft, financial account numbers may be presented on the ***“Sensitive Data Sheet”***, which is not part of the public record.)

**I. PAYMENT OF DEBTS** should be made as follows:

Creditor's Name (who the money is owed to)	Name(s) on Account	Total Amount Owed	Monthly Minimum Payment	% or \$ to be Paid by Husband	% or \$ to be Paid by Wife
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		



# INSTRUCTIONS AFTER RECEIVING AN ORDER TO APPEAR

## **SERVICE**

Service means giving legal notice to the other party that you have filed court papers. Legal notice means that the other parties have been provided copies of the papers that you have filed with the court.

You have been given an Order to Appear for a Court hearing. You need to make three (3) copies of the Order to Appear. Keep one (1) copy for your records.

You **MUST** serve all other parties with a copy of the Order to Appear and a copy of the Petition that you filed. Service must occur 10 business days prior to the scheduled hearing/conference.

The two most common methods of service are (1) personal service done by a private process server or sheriff, and (2) acceptance of service by the other party if they agree to receive the paperwork from you.

If you use the process server or sheriff, the process server or sheriff will then file an Affidavit of Service with the Court, when service is completed. This proves that party(ies) have been served.

If the other party agrees to accept service, you can serve the other party with an Acceptance of Service form. The other party must sign it in front of a notary. This form then must be filed with the Clerk of Court. This proves that the party(ies) have been served.

If the County Attorney Child Support Division has been involved with your case, you **MUST** serve the County Attorney's office. The County Attorney's office will **ACCEPT** service. You must deliver an Acceptance of Service form to the Child Support Division of the County Attorney's office.

After the Child Support Office signs the Acceptance of Service, you **MUST** file the signed Acceptance of Service form with the Clerk of Court. This proves that the County Attorney Child Support Division has been served.

If you have questions about service consult an attorney for information regarding these and other methods of service.

**For more information review the Rules of Family Law Procedure.**

**Forms can be found at:**

[www.cospinalcountyaz.gov/forms.html](http://www.cospinalcountyaz.gov/forms.html)

## **OTHER INFORMATION WITHIN THE ORDER TO APPEAR**

Read the Order to Appear carefully. It directs you to exchange documents prior to your hearing, tells you what you will need to bring to court with you, and provides other directions.

Name of Person Filing: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number (if applicable) \_\_\_\_\_  
 Representing Self (No Attorney) or  Represented by Attorney  
If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
PINAL COUNTY**

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

CASE NUMBER: DO2

**ORDER TO APPEAR TEMPORARY ORDERS**

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

HONORABLE: \_\_\_\_\_

**READ ME:** This is an important Court Order that affects your rights. Read this Order carefully. If you do not understand this Order, contact a lawyer for help.

All parties, whether represented by attorneys or not, must be present. If there is a failure to appear, the court may make such orders as are just, including granting the relief requested by the party who does appear.

Based on documents filed and pursuant to Arizona Law,

**IT IS ORDERED THAT YOU** \_\_\_\_\_ appear at the time and place stated below so the court can determine whether the relief asked for in the Petition or Motion should be granted.

**INFORMATION ABOUT COURT HEARING TO BE HELD:**

Name of Judicial Officer: \_\_\_\_\_

Date and Time Of Hearing: \_\_\_\_\_

Place of Hearing: Pinal County Superior Court, 971 N Jason Lopez Circle Bldg. A, Florence AZ

Type of Hearing:  Resolution Management  
 Evidentiary Hearing  
 Other (specify): \_\_\_\_\_

Time Allotted For Hearing: \_\_\_\_\_

Evidence  WILL or  WILL NOT be presented at the hearing.

**IT IS FURTHER ORDERED** that a true copy of this “Order to Appear - Temporary Orders” and a true copy of the documents filed with the Petition shall be served by the moving party on the parties who are required to appear and a true copy of these documents shall be mailed immediately to parties who have appeared in this action, in accordance with Arizona Rules of Family Law Procedure, Rule 43.

**IT IS FURTHER ORDERED** that the parties and counsel shall meet and confer, comply with the disclosure requirements of Rule 49, and submit a written Resolution Statement as prescribed by Rule 97, form 4 or 5 as applicable, not less than five days prior to the date set for the Resolution Management Conference or evidentiary hearing. At least three days prior to an evidentiary hearing, the parties shall exchange any exhibits to be offered at the hearing, and a list of the names, addresses and telephone numbers of all witnesses who may testify.

Requests for reasonable accommodation for persons with disabilities must be made to the office of the Judge or Commissioner scheduled to hear this case five days before your scheduled court date.

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**Date**

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**Judicial Officer**

**SUPERIOR COURT OF ARIZONA  
PINAL COUNTY**

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

CASE NUMBER: DO2

**TEMPORARY ORDER FOR**

(Check all that apply)

- Child Legal Decision-Making
- Parenting Time
- Child Support
- Spousal Maintenance/Support
- Property and/or Debt
- Attorney Fees

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

HONORABLE: \_\_\_\_\_

**NOTICE: This is a Court Order that affects your legal rights and responsibilities. Read Carefully.  
If you disagree with or you do not understand this Order, you may consult an attorney for assistance.**

**THE COURT FINDS:**

1. A sworn ***"Motion for Temporary Orders"*** was filed with the court. The court read the Motion, scheduled a hearing, took testimony as appropriate, considered all relevant matters, and issues a Temporary Order.
2. This court has jurisdiction to enter temporary orders regarding child Legal Decision-Making, parenting time, child support, and/or spousal maintenance, property or debt, and has jurisdiction over the parties under the law. Where it has the legal power to do so and where it is applicable to the facts of this case, this court has considered, approved, and made Orders relating to child Legal Decision-Making, parenting time, child support, spousal maintenance, property, and debt.
3. This order is based on the best interests of any minor children and/or the inability of one spouse to support him or her self or to maintain this action without financial assistance from the other spouse, and because the other spouse refuses to voluntarily provide support.
4. The relation of the party who requested these temporary orders to any children involved in this case is:

Mother  Father  Other Relation: \_\_\_\_\_ and

If "Other," the name of that Person is: \_\_\_\_\_

Where ever this Order refers to "Other" or "Other Person," it refers to the individual names above.

**This Order Applies to the Children Named Below:**

**Month/Date/Year of Birth**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **TEMPORARY CHILD SUPPORT:** The court, having considered the best interests of the minor child(ren), makes the following findings regarding payment of *temporary* child support:

**In accordance with the Arizona Child Support Guidelines**, and based upon the Parent's Worksheet for Child Support, the person responsible for paying child support should pay \$\_\_\_\_\_ per month, **OR**

**Deviation from the child support guidelines is appropriate because:**

Application of the **Guidelines** is inappropriate or unjust.

The parties have signed a written agreement, free of duress and coercion, with knowledge of the amount of support that would have been ordered by the guidelines but for the agreement.

The child support order would have been: \$ \_\_\_\_\_

The child support order after deviation is: \$ \_\_\_\_\_

**Other Reasons for Deviation from Guideline Amount:**

\_\_\_\_\_

6. **TEMPORARY SUPERVISED OR NO PARENTING TIME:** (if applicable)

**Supervised Parenting time** between the minor child(ren) and  Petitioner  Respondent or  Other, **OR** **No Parenting time** between the minor child(ren) and  Petitioner  Respondent or  Other, is in the best interests of the minor child(ren) for the following reasons: \_\_\_\_\_

\_\_\_\_\_

**THE COURT ORDERS:**

**A. LEGAL DECISION-MAKING**

**Temporary Joint Legal Decision-Making.** There having been no significant acts of domestic violence, Petitioner and Respondent are hereby awarded temporary **Joint Legal Decision-Making** of the minor child(ren) subject to Maricopa County Parent/Child Access Guidelines or the attached Parenting Plan, **OR**

**Temporary Sole Legal Decision-Making** of the minors named is awarded as indicated below:

Petitioner	Respondent	Other	Names of Minor Children
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**B. TEMPORARY PARENTING TIME** (or for non-parent).

**Reasonable parenting time** to \_\_\_\_\_ according to the Parent/Child Parenting time/Access Guidelines. **(OR)**

**Reasonable parenting time** to \_\_\_\_\_ according to the Parenting Plan attached. **(OR)**

**Reasonable Parenting Time** to \_\_\_\_\_ according to the Parenting Plan attached *for person other than parent.* **(OR)**

**Supervised parenting time** to \_\_\_\_\_ but only in the presence of the person named below or other person approved by the court. **(OR)**

Name of Supervisor: \_\_\_\_\_

Restrictions: \_\_\_\_\_

The cost of supervised parenting time shall be paid by:

Petitioner or  Respondent or  Other \_\_\_\_\_.

**No Parenting Time** rights to:

Petitioner or  Respondent or  Other \_\_\_\_\_.

**Other Parenting Time as Ordered by this Court:** \_\_\_\_\_

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**C. CHILD SUPPORT:**

Mother shall pay child support to the  Father  Other Party

Father shall pay child support to the  Mother  Other Party

in the amount of \$\_\_\_\_\_ per month payable on the first day of each month, beginning the first day of month following the signing of this Order until further order of the court. Child Support is based on the information in the Child Support Worksheet attached hereto and incorporated by reference. All child support payments shall be made through the Clerk of the Court/Clearinghouse, plus an applicable statutory fee by the Order of Assignment signed this date.

**D. MEDICAL, DENTAL, VISION CARE FOR MINOR CHILDREN:**

**Father** is responsible for  medical  dental  vision care insurance.

**Mother** is responsible for  medical  dental  vision care insurance.

Medical, dental, and vision care insurance, payments and expenses are based on the information in the Parent's Worksheet for Child Support attached and incorporated by reference. The party ordered to pay must keep the other party informed of the insurance company name, address and telephone number, and must give the other party the documents necessary to submit insurance claims.

**Non-Covered Expenses:** Father is ordered to pay \_\_\_\_\_%, and Mother is ordered to pay \_\_\_\_\_%, of all reasonable uncovered and/or uninsured medical, dental, vision care, prescription and other health charges for the minor child(ren), including co-payments.

**E. MEDICAL AND DENTAL CARE FOR OTHER SPOUSE:**

**Petitioner** to be responsible for  medical  dental insurance (for other spouse).

**Respondent** to be responsible for  medical  dental insurance (for other spouse).

All uninsured medical and dental expenses shall be paid as follows:

\_\_\_\_\_ % by Petitioner and \_\_\_\_\_ % by Respondent.

**F. SPOUSAL MAINTENANCE/SUPPORT:** shall be paid by  Petitioner or  Respondent to the other spouse in the amount of \$\_\_\_\_\_, due on or before the \_\_\_\_\_ day of every month until further order of this court.

**G. ACCESS TO COMMUNITY LIQUID ASSETS:** (Cash or cash held in financial institutions, traveler's checks, lottery winnings). The Wife and Husband shall have immediate access to community funds in the proportions (or dollar amounts) listed below, held in these named banks or financial institutions:

Name of Financial Institution	Name of Account Holder	Total (\$) in Account	% or Dollar amount to Husband	% or Dollar amount to Wife
		\$		
		\$		
		\$		

**H. DISCLOSURE OF COMMUNITY LIQUID ASSETS:** (Cash or cash held in financial institutions, traveler's checks, lottery winnings). The Petitioner and Respondent are ordered to disclose to the other party and to the court the name of all financial institutions where funds are held; the name in which the account is held; the account number; and the dollar amount in the account. (To guard against identity theft, financial account numbers may be presented on the **"Sensitive Data Sheet"**, which is not part of the public record.)

**I. PAYMENT OF DEBTS** should be made as follows:

Creditor's Name (who the money is owed to)	Name(s) on Account	Total Amount Owed	Monthly Minimum Payment	% or \$ to be Paid by Husband	% or \$ to be Paid by Wife
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

**J. EXCLUSIVE USE AND POSSESSION OF PROPERTY** is granted as follows:

(To Petitioner if checked under the "P" • To Respondent if checked under the "R")

<b>Residence at:</b> (list address) _____	<b>P</b>	<b>R</b>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>Car Described as:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other:</b> (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other:</b> (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other:</b> (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other:</b> (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>

**K. ATTORNEY FEES:**

Petitioner or  Respondent  Other Party (named above) contests (files papers to disagree with) these Temporary Orders, he or she shall pay or reimburse the other party(ies) for the costs of defending or maintaining these Orders, including:  attorney fees and  \_\_\_\_\_.

**L. THIS ORDER SHALL CONTINUE** in effect until further order of this Court OR until this date: \_\_\_\_\_.

**DONE IN OPEN COURT:** \_\_\_\_\_

\_\_\_\_\_  
(Judge/Commissioner of the Superior Court)