Pers	on Filing:			
Maili	ng Address (if not protected):			
City,	State, Zip Code:			
	phone Number:			
_	ARES Number (if applicable)			
	epresenting Self (No Attorney) OR 🗌 F			
	torney, Bar Number:			
	· · ·			
		R COURT OF ARIZONA PHAVE COUNTY		
		Case Number		
 (Nam	ne of Petitioner)	MOTION FOR TEMPORARY ORDERS (PRE-DECREE) Check all that apply:  For Legal Decision Making		
		□ For Parenting Time (Visitation)		
/Nom	as of Despendent)	□ For Child Support		
(IVali	ne of Respondent)	□ Other:		
1. 2.	My Relationship to the child(ren) is:   Mother or  Father or  Other  You CANNOT file a <i>Motion For Temporary Orders</i> 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 f	iled:		
	B. Name of Court where Petition was filed:			
	<ul><li>C. Information about court hearing scheduled for that Petition (if hearing is scheduled):</li><li>1) DATE and TIME OF HEARING:</li></ul>			
	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:	Birth date:		
	Current Address:			
	County of residence:	County of residence:		
	Father:	Father:		
	Mother:	Mother:		

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	Nam	e: Name:
	Birth	date: Birth date: ent Address: Current Address:
	Cour	nty of residence: County of residence:
	Fath Moth	er: Father: her: Mother:
	WOU	ner: Mother:
		<b>HAT I WANT THE COURT TO ORDER:</b> (Check the box in front of each item that you want. want the Court to enter an Order for that item, do not check the box.)
5.		<b>MEDICAL INSURANCE AND/OR COSTS:</b> 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)
		TIOLIDATS AND BIRTHDATS. (explain specifically)
		TELEPHONE CALLS: (explain specifically)
		OTHER: (explain specifically)
8.		<b>CHILD SUPPORT:</b> An Order requiring $\square$ Mother or $\square$ Father to pay a reasonable sum for child support as determined by the current guidelines for child support, and according to the <i>Parent Worksheet for Child Support</i> 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:

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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.)	
REQ	UESTS	TO THE COURT:	
1. 2.		Enter a Temporary Order granting what I requested. For any other Orders of the Court that are just.	
I decl	are unde	er penalty of perjury that the foregoing is true and correct.	
Signa	ture:	Date:	

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