

SUPREME COURT OF ARIZONA

In the Matter of:) Arizona Supreme Court
) No. R-08-0031
 PETITION TO AMEND RULES 74, 76,)
 79, 97, and FORMS 2, 4, 5, 7)
 and 8; and ADD FORM 16,)
 ARIZONA RULES OF FAMILY LAW)
 PROCEDURE)
)
)
)
)
)
)

ORDER

**AMENDING RULES 74, 76, 79, 97, AND FORMS 2, 4, 5, 7 AND 8; AND ADOPTING
NEW FORM 16, ARIZONA RULES OF FAMILY LAW PROCEDURE**

A petition having been filed proposing to amend Rules 74, 76, 79, 97, and Forms 2, 4, 5, 7 and 8; and add Form 16, Arizona Rules of Family Law Procedure, and the comment period having expired, upon consideration,

IT IS ORDERED that Rules 74, 76, 79, 97, and Forms 2, 4, 5, 7 and 8, Arizona Rules of Family Law Procedure, be amended, and that new Form 16 of the same set of rules be adopted, all in accordance with the attachment hereto, effective January 1, 2010.

DATED this _____ day of September, 2009.

REBECCA WHITE BERCH
 Chief Justice

TO:
Rule 28 Distribution

mwa

ATTACHMENT¹

Arizona Rules of Family Law Procedure

Rule 74. Parenting Coordinator

A.-I. [No change in text.]

J. Court Action. The court, upon receipt of a report and recommendation from a Parenting Coordinator, may: (1) approve the recommendation and adopt it as an interim order of the court, subject to either party objecting or requesting a hearing ~~within ten (10) days from the date the report and recommendation is submitted to the court~~ not later than 10 days after the date of filing of the court's order; (2) modify the recommendation and adopt the modified recommendation as an interim order of the court, subject to either party objecting or requesting a hearing ~~within ten (10) days from the date the report and recommendation is submitted to the court~~ not later than 10 days after the date of filing of the court's order; (3) reject the recommendation report in whole or in part and affirm the current order, subject to either party objecting or requesting a hearing ~~within ten (10) days from the date the report and recommendation is submitted to the court~~ not later than 10 days after the date of filing of the court's order; or (4) set a hearing on the assigned judicial officer's calendar. The court may use Form 10, Order Regarding Parenting Coordinator's Report and Recommendations, for purposes of this paragraph.

K.-L. [No change in text.]

COMMITTEE COMMENT

This rule is based on Maricopa County Local Rule 6.12, Pima County Local Rule 8.11 and Coconino County Local Rule 20. The term "Parenting Coordinator" replaces the terms "special master" and "family court advisor" previously used in Arizona based on a national trend. Further, the Association of Family and Conciliation Courts (AFCC) has promulgated guidelines for the appointment of Parenting Coordinators. The appointment of a Parenting Coordinator is appropriate when parents have ongoing conflicts related to enforcement of custody and parenting time orders, which without a Parenting Coordinator would result in protracted litigation. The appointment of such persons to assist the court is authorized pursuant to A.R.S. § 25-405, and shall also comply with the requirements of A.R.S. § 25-406. Parenting Coordinators are used throughout the country to assist in the effective resolution of the ongoing conflicts surrounding custody and parenting time issues. This rule is not intended to transfer the authority and jurisdiction of the superior court to make custody decisions or substantially modify parenting time.

For purposes of example only, and not by limitation, short-term, emerging, and time-sensitive situations governed by paragraph G might be: 1) temporarily changing exchange day, time, or place due to an immediate need; 2) attendance at or participation in an unexpected special event or occasion by the child or a parent; 3) responsibility for care of a sick child or accompaniment to medical treatment; or 4) another unpredictable and significant need of the child or a parent.

¹ Changes or additions in rule text are indicated by underscoring and deletions from text are indicated by ~~strikeouts~~.

Additional parent information regarding the use of Parenting Coordinators may be found in Form 11, Parent Information Regarding the Use of Parenting Coordinators.

The 2009 amendment of paragraph J does not preclude a party from filing an objection to the recommendation of the parenting coordinator prior to the court acting on the recommendation.

Rule 76. Pretrial Procedures

A.-B. [No change in text.]

C. Pretrial Statement, Inventory of Property, and Financial Affidavits; Preparation; Final Pretrial Conference.

1.-5. [No change in text.]

6. The parties may comply with this paragraph by using the form of pretrial statement provided in Form 16.

D. [No change in text.]

Rule 79. Summary Judgment

A.-B. [No change in text.]

C. Motion and Proceedings Thereon.

1. Unless otherwise ordered by the court, all motions for summary judgment shall be filed not later than sixty (60) days prior to trial. Upon timely request by any party, the court shall set a time for hearing of the motion. If no request is made, the court may, in its discretion, set a time for such hearing. A party opposing the motion must file affidavits, memoranda, or both within ~~fifteen (15)~~ 30 days after service of the motion. The moving party shall have ~~five (5)~~ 15 days thereafter in which to serve reply memoranda and affidavits. The foregoing time periods may be shortened or enlarged by the court or by agreement of the parties. The judgment sought shall be rendered forthwith if the pleadings, deposition, answers to interrogatories, and admissions on file, together with the affidavits, if any, show that there is no genuine issue as to any material fact and that the moving party is entitled to a judgment as a matter of law.

2. [No change in text.]

D.-G. [No change in text.]

Rule 97. Forms

INDEX OF FORMS

- Form 1.** Notice of Limited Scope Representation
- Form 2.** Affidavit of Financial Information
- Form 3.** Confidential Sensitive Data Form
- Form 4.** Proposed Dissolution Resolution Statement
- Form 5.** Proposed Paternity Resolution Statement
- Form 6.** Joint Alternative Dispute Resolution Statement to the Court
- Form 7.** Uniform Family Law Interrogatories
- Form 8.** Consent Decree of Dissolution of Marriage (Divorce) With Children
- Form 9.** Parenting Coordinator's Report and Recommendations
- Form 10.** Order Regarding Parenting Coordinator's Report and Recommendations
- Form 11.** Parent Information Regarding the Use Of Parenting Coordinators
- Form 12.** Inventory of Property and Debts
- Form 13.** Order to Appear Temporary Orders
- Form 14.** Order to Appear Post-Judgment/Decree
- Form 15.** Request for Protected Address and Order for Protected Address
- Form 16.** Pretrial Statement

Form 2. Affidavit of Financial Information

1.-5. [No change in text.]

6. SCHEDULE OF ALL MONTHLY EXPENSES FOR CHILDREN:

- **DO NOT LIST** any expenses for the other party, or child(ren) who live(s) with the other party, **unless** you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HEALTH INSURANCE:

Do you have health insurance available? (Y/N) Are you enrolled? (Y/N)

1. Total monthly cost \$ _____
2. Premium cost to insure you alone \$ _____
3. Premium cost to insure child(ren) common to the parties \$ _____
4. List all people covered by your insurance coverage:

5. Name of insurance company and policy/group number:

B.-H. [No change in text.]

7.-8. [No change in text.]

Form 4. Proposed Dissolution Resolution Statement

1.-2. [No change in text.]

3. Child Support: (If there are no minor or disabled children common to the parties and were no minor or disabled children from the date the parties separated, skip to paragraph 5.) The financial factors necessary to calculate child support under the *Arizona Child Support Guidelines* are as follows (complete in full):

Father's gross monthly income: \$ _____

Mother's gross monthly income: \$ _____

Father has ___ other child(ren) not listed above who he is supporting who live(s) in his household.

Father has ___ other child(ren) not listed above for whom he pays court-ordered child support in the amount of \$ _____ per month.

Mother has ___ other child(ren) not listed above who she is supporting live(s) in her household.

Mother has ___ other child(ren) not listed above for whom she pays court-ordered child support in the amount of \$ _____ per month.

Medical insurance should be paid by Mother Father. Monthly cost for the child(ren) in this case is \$ _____

Dental insurance should be paid by Mother Father. Monthly cost for the child(ren) in this case is \$ _____

Vision insurance should be paid by Mother Father. Monthly cost for the child(ren) in this case is \$ _____

Neither parent has insurance which is accessible and available at a reasonable cost.

_____ Mother Father should pay cash medical support in the amount of \$ _____ per month.

Monthly child care costs for ___ child(ren) in this case are \$ _____.

Extra education expenses or extraordinary child adjustments - I believe the court should add the following to the child support calculation (leave blank if none claimed):

Description of expense	Monthly Amount
_____	_____
_____	_____

Uninsured medical/dental/vision expenses should be paid:

Pro rata based upon each party's income, as provided in the Guidelines; or

Other: _____ % paid d by Father and _____ % paid by Mother.

Tax exemptions for the child(ren) should be divided:

Pro rata based upon each party's income, as provided in the Guidelines; or

Other: _____

4.-14. [No change in text.]

Form 5. Proposed Paternity Resolution Statement

1.-2. [No change in text.]

3. Child Support: The financial factors necessary to calculate child support under the *Arizona Child Support Guidelines* are as follows (complete in full):

Father's gross monthly income: \$ _____

Mother's gross monthly income: \$ _____

Father has ___ other child(ren) not listed above who live(s) in his household.

Father has ___ other child(ren) not listed above for whom he pays court-ordered child support in the amount of \$ _____ per month.

Mother has ___ other child(ren) not listed above who live(s) in her household.

Mother has ___ other child(ren) not listed above for whom she pays court-ordered child support in the amount of \$ _____ per month.

Medical insurance should be paid by Mother Father. Monthly cost for the child(ren) is \$ _____.

Dental insurance should be paid by Mother Father. Monthly cost for the child(ren) is \$ _____.

Vision insurance should be paid by Mother Father. Monthly cost for the child(ren) is \$ _____.

Neither parent has insurance which is accessible and available at a reasonable cost.

_____ Mother Father should pay cash medical support in the amount of \$ _____ per month.

Monthly child care costs for ___ child[ren] is \$ _____.

Extra education expenses or extraordinary child adjustments: I believe the court should add the following to the child support calculation (leave blank if none claimed):

Description of expense	Monthly Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Uninsured medical/dental/vision expenses should be paid:

Pro rata based upon each party's income as provided in the Guidelines; or

Other: _____% paid by Father and _____% paid by Mother.

Tax Exemptions for the child(ren) should be divided (check one):

Pro rata based upon each party's income as provided in the Guidelines; or

Other: _____

Past support should be paid by Mother Father for the period of _____ through _____ in the amount of \$_____.

Direct payments for support have been received by me paid by me for the period of _____ through _____ in the amount of \$_____.

Past medical expenses have been incurred by me (and not reimbursed by insurance) for the period of _____ through _____ in the amount of \$_____ and the other parent should be ordered to reimburse me for _____% of those expenses.

Expenses for pregnancy, childbirth, and genetic testing have been incurred by me (and not reimbursed by insurance) in the amount of \$_____ and the other parent should be ordered to reimburse me for _____% of those expenses.

4.-7. [No change in text.]

Form 7. Uniform Family Law Interrogatories

1.-4. [No change in text.]

5. HEALTH INSURANCE

Do you have health insurance available through your present employer? (Y/N) _____. Are you and any of your dependents currently enrolled? (Y/N) _____. If yes, indicate what conversion benefits are available to your spouse at the time of the dissolution of marriage, and indicate the persons presently covered and the cost for dependent coverage, if any.

- a. Attach a copy of your current health plan.
- b. Provide documentation from your employer that sets forth the following:
 1. Cost to insure yourself only, if there is a cost;
 2. Cost to insure your spouse; and
 3. Cost to insure your child(ren).
 4. Is the insurance (geographically) accessible to the children?

6.-26. [No change in text.]

Form 8. Consent Decree of Dissolution of Marriage (Divorce) With Children

Court Findings 1.-13. [No change in text.]

Court Orders 1.-3. [No change in text.]

4. CHILD CUSTODY, PARENTING TIME, AND CHILD SUPPORT:

a.-d. [No change in text.]

e. MEDICAL AND DENTAL INSURANCE, PAYMENTS, AND EXPENSES:

(1) **Insurance.** Petitioner, **OR** Respondent is ordered to provide medical and dental insurance for the minor child(ren). Medical and dental insurance, payments and expenses are based on the information in the Parent's Worksheet for Child Support Amount attached hereto 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.

If Petitioner, **OR** Respondent does not obtain private insurance within 90 days, Obligor shall pay \$ _____ per month for cash medical support beginning _____. If private medical insurance stops Petitioner, **OR** Respondent shall pay \$ _____ per month for cash medical support beginning the first day of the month after the coverage ceases.

(2) **Alternative Cash Medical Support** Neither parent has insurance which is _____ accessible and available at a reasonable cost. Petitioner, **OR** Respondent shall pay cash medical support in the amount of \$ _____ per month.

Petitioner, **OR** Respondent shall provide private medical insurance when it becomes accessible to the children and available at a reasonable cost. Upon verification that the obligated parent has obtained private insurance, the cash medical support order will terminate on the first day of the month after the policy's effective date.

(3) **Non-Covered Expenses.** Petitioner is ordered to pay _____ %, AND Respondent is ordered to pay _____ % of all reasonable uncovered and/or uninsured medical, dental, prescription, and other health care charges for the minor child(ren), including co-payments in excess of the cash medical support amount.

Court Orders 5.-12. [No change in text.]

NEW FORM 16, ARIZONA RULES OF FAMILY LAW PROCEDURE

Name of Attorney or Party, if self-represented _____
 Mailing Address (unless protected) _____
 City, State, Zip Code _____
 Telephone _____
 State Bar of Arizona No. _____
 Representing _____

ARIZONA SUPERIOR COURT, _____ COUNTY

Regarding the Marriage of:

 Petitioner

and

 Respondent

CASE NO. _____

JOINT PRETRIAL STATEMENT

PETITIONER

RESPONDENT

The parties to this action submit:

1. _____ This joint Pretrial Statement pursuant to Rule 76(C), Arizona Rules of Family Law Procedure

OR

The _____ Petitioner _____ Respondent submits this separate Pretrial Statement and states that either
 _____ (1) after a good faith effort to do so, I was not able to submit a Joint Pretrial Statement; or
 _____ (2) I am exempt from filing a Joint Pretrial Statement under Rule 76(C)(1) because of domestic violence.

2. This is an action for:

- | | |
|-------------------------------|-------------------------------------------------------|
| _____ Dissolution of Marriage | _____ Legal Separation of Marriage |
| _____ Annulment of Marriage | _____ Custody and/or Parenting time of Minor Children |
| _____ Grandparent Visitation | _____ Modification of Custody of Minor Children |
| _____ Paternity or Maternity | _____ Support _____ Other _____ |

3. This matter is currently set for trial on _____

4. This matter is assigned to the Hon. _____

5. I/We in good faith represent that the trial will require _____ Hours **OR** _____ Days

6. **THE PARTIES ARE:**

	Petitioner		Respondent
Name	_____	Name	_____
Address	_____	Address	_____
Age	_____	Age	_____
Employer	_____	Employer	_____

7. Date of Marriage _____ City and State of Marriage _____
 Date of Service of Petition on Respondent _____

CASE NO. _____

8. **MINOR CHILDREN COMMON TO THE PARTIES:**

Name	Age	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. **WITNESSES:**

____ The Petitioner has listed the name, address, telephone number, and a brief description of their expected testimony, of all persons he/she intends to call as a witness on Petitioner's attached Witness List, and has listed his or her objections to Respondent's proposed witnesses.

____ The Respondent has listed the name, address, telephone number, and a brief description of their expected testimony, of all persons he/she intends to call as a witness on Respondent's attached Witness List, and has listed his or her objections to Petitioner's proposed witnesses.

10. **EXHIBITS:**

____ The Petitioner has listed and described in detail each and every Exhibit on Petitioner's attached Exhibit List and his or her objections to Respondent's proposed exhibits.

____ The Respondent has listed and described in detail each and every Exhibit on Respondent's attached Exhibit List and his or her objections to Petitioner's proposed exhibits.

____ Pursuant to Rule 76(C)(2), Arizona Rules of Family Law Procedure, the following exhibits are filed with this Pretrial Statement, if required by the rule:

- ____ Affidavit of Financial Information
- ____ Parent's Worksheet for Child Support Amount, if child support is an issue
- ____ Inventory of Property and Debt

11. **STIPULATIONS AND ADMISSIONS:**

12. **UNCONTESTED FACTS:**

13. **DETAILED AND CONCISE STATEMENT OF CONTESTED ISSUES OF FACT AND LAW:**

14. **PETITIONER'S DETAILED PROPOSAL FOR RESOLUTION OF CONTESTED ISSUES OF FACT AND LAW:**

CASE NO. _____

15. **RESPONDENT'S DETAILED PROPOSAL FOR RESOLUTION OF CONTESTED ISSUES OF FACT AND LAW:**

16. **DISCLOSURE AND DISCOVERY:**
____ The Petitioner ____ The Respondent ____ Both state that all pretrial disclosure and discovery requirements under Rules 49 to 64, Arizona Rules of Family Law Procedure, have been complied with, and all answers and supplemental answers to interrogatories pursuant to Rules 60 and 61, Arizona Rules of Family Law Procedure, reflect facts known as of the date of the Pretrial Statement.

17. **EXCHANGE OF INFORMATION:**
____ The Petitioner ____ The Respondent ____ Both state that each party has received a copy of the Pretrial Statement and that each party has exchanged true and correct copies of all exhibits and any written reports of experts who have been listed on the list of witnesses.

18. **SETTLEMENT:**
____ The Petitioner ____ The Respondent ____ Both certify that I/we have in good faith discussed settlement, and if not, following are the reasons:

19. **VERBATIM RECORD:**
____ The Petitioner ____ The Respondent ____ Both certify that a verbatim record of the proceedings will be made as follows:
_____.

20. **COPIES:**
On _____ I mailed/hand-delivered a copy of this Pretrial Statement to: ____ Petitioner
____ Respondent ____ Assigned Judicial Officer ____ Other _____

Petitioner's Attorney		Respondent's Attorney	
Name	_____	Name	_____
Address	_____	Address	_____
Telephone No.	_____	Telephone No.	_____
Fax No.	_____	Fax No.	_____
e-mail Address	_____	e-mail Address	_____

Dated _____ Attorney for Petitioner _____

Dated _____ Attorney for Respondent _____

CASE NO. _____

IF SELF-REPRESENTED

Petitioner

Respondent

Name _____
Address _____
(unless protected) _____
Telephone No. _____

Name _____
Address _____
(unless protected) _____
Telephone No. _____

Dated _____

Petitioner _____

Dated _____

Respondent _____

CASE NO. _____

PETITIONER'S EXHIBITS (Do not file your exhibits or attach them to this document)

PETITIONER'S PROPOSED EXHIBITS:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

PETITIONER'S OBJECTIONS TO RESPONDENT'S PROPOSED EXHIBITS:

Respondent's Exhibit Number _____	Objection _____
Respondent's Exhibit Number _____	Objection _____
Respondent's Exhibit Number _____	Objection _____
Respondent's Exhibit Number _____	Objection _____
Respondent's Exhibit Number _____	Objection _____
Respondent's Exhibit Number _____	Objection _____
Respondent's Exhibit Number _____	Objection _____
Respondent's Exhibit Number _____	Objection _____
Respondent's Exhibit Number _____	Objection _____
Respondent's Exhibit Number _____	Objection _____
Respondent's Exhibit Number _____	Objection _____

_____ The Petitioner stipulates that any of Respondent's Exhibits which are not specifically objected to above may be admitted.

CASE NO. _____

RESPONDENT'S EXHIBITS (Do not file your exhibits or attach them to this document)

RESPONDENT'S PROPOSED EXHIBITS:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

RESPONDENT'S OBJECTIONS TO PETITIONER'S PROPOSED EXHIBITS:

Petitioner's Exhibit Number _____	Objection _____
Petitioner's Exhibit Number _____	Objection _____
Petitioner's Exhibit Number _____	Objection _____
Petitioner's Exhibit Number _____	Objection _____
Petitioner's Exhibit Number _____	Objection _____
Petitioner's Exhibit Number _____	Objection _____
Petitioner's Exhibit Number _____	Objection _____
Petitioner's Exhibit Number _____	Objection _____
Petitioner's Exhibit Number _____	Objection _____
Petitioner's Exhibit Number _____	Objection _____
Petitioner's Exhibit Number _____	Objection _____

_____ The Respondent stipulates that any of Petitioner's Exhibits which are not specifically objected to above may be admitted.

CASE NO. _____

PETITIONER'S WITNESSES

Witness Name _____
Witness Address _____
Witness Telephone No. _____
Day _____ Evening _____

Witness Name _____
Witness Address _____
Witness Telephone No. _____
Day _____ Evening _____

Witness Name _____
Witness Address _____
Witness Telephone No. _____
Day _____ Evening _____

Witness Name _____
Witness Address _____
Witness Telephone No. _____
Day _____ Evening _____

Witness Name _____
Witness Address _____
Witness Telephone No. _____
Day _____ Evening _____

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Day _____ Evening _____

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Witness Address _____
Witness Telephone No. _____
Day _____ Evening _____

Witness Name _____
Witness Address _____
Witness Telephone No. _____
Day _____ Evening _____

Witness Name _____
Witness Address _____
Witness Telephone No. _____
Day _____ Evening _____

CASE NO. _____

RESPONDENT'S WITNESSES

Witness Name _____
Witness Address _____
Witness Telephone No. _____
Day _____ Evening _____

Witness Name _____
Witness Address _____
Witness Telephone No. _____
Day _____ Evening _____

Witness Name _____
Witness Address _____
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Day _____ Evening _____

Witness Name _____
Witness Address _____
Witness Telephone No. _____
Day _____ Evening _____