Name:  Mailing Address:  City, State, Zip Code:		
Daytime Phone Number:  State Bar Number (if applicable):		
ARIZONA SUPERI	OR COURT, COUNTY OF PINAL	
Petitioner	Case No. DO	
Respondent	PARENTING COORDIN AND RECOMMENDATI	
ISSUE(S):		
POSITION(S) OF THE PARTIES:		
OTHER INFORMATION CONSIDERED:		
AGREEMENTS OF THE PARTIES:		
FINDINGS:		
RECOMMENDATIONS:		
Date	Parenting Coordinator	
ORIGINAL of the foregoing filed with the Cle COPIES of the foregoing mailed/delivered/trans	-	date.
The Honorable		
Attorney for Petitioner		
Attorney for Respondent		
Bv·		