

Name: _____
 Mailing Address: _____
 City State, Zip Code: _____
 Daytime Phone Number: _____
 Evening Phone Number: _____
 Representing: [] Self [] Petitioner [] Respondent
 State Bar Number: _____



ARIZONA SUPERIOR COURT, COUNTY OF YAVAPAI

 Petitioner
 and

Case No. 1300DO

ATLAS No. _____

 Respondent

PROPOSED PATERNITY RESOLUTION
 STATEMENT OF:

- [] FATHER
- [] MOTHER

The undersigned party provides the following position on each of the issues in this case. BE SPECIFIC.

1. IV-D Case:
 I receive or have received public assistance that may include AFDC, TANF, or AHCCCS for my children or me.
 I have a case with the Division of Child Support Services.

2. Legal Decision-Making: The other parent and I have the following natural or adopted children in common:

Child(ren)'s Name(s)	Date(s) of Birth	Age(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The child(ren) should live primarily with Mother Father and have parenting time with Mother Father as follows (check all that apply):

- In accordance with _____ County Guidelines for reasonable parenting time.
- Model Parenting Time Plans (describe plan): _____.
- Every other weekend from: _____ at _____ a.m./p.m. to _____ at _____ a.m./p.m.
- One-half of the holidays on an alternating basis.
- For _____ weeks in the summer from _____ to _____ (inclusive).
- Spring Break from school.
- Other: _____
- Mother or Father should have sole legal decision-making, OR
- Mother and Father should have joint legal decision-making.

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. Attorneys' Fees: If the case is settled today, I want the court to order (choose one):
 Each party to pay his or her own attorneys' fees and costs.
 Mother to pay \$_____ of my attorneys' fees and costs within _____ days.
 Father to pay \$_____ to other party for attorneys' fees and costs within _____ days.

5. Name Change: I want the child(ren)'s name(s) to be changed as follows:

6. Other Issues: Briefly state the other issues that you believe must be resolved to fully settle this case:

7. Settlement: I understand that I am required to personally meet and confer with the opposing party and their counsel at least five court days before my court date to resolve as many issues as possible unless there is a current court order prohibiting contact or a significant history of domestic violence between us. I verify that the above statements are true based on my best information and belief, and I am willing to settle and resolve this case based upon my positions as provided above. I will be prepared to show documentation to support my positions at the time of the conference or hearing.

 Date

 Signature of Mother Father