

Name of person filing: _____
Mailing Address (if not protected): _____
City, State, Zip Code: _____
Phone Number: _____
Email Address: _____
Representing ☐ Self or ☐ Attorney for _____
If attorney, Lawyer's Bar Number: _____

For Clerk's Use Only

ARIZONA SUPERIOR COURT, COUNTY OF YAVAPAI

Case No. _____

Name of Petitioner

PROPOSED PATERNITY RESOLUTION STATEMENT OF

Name of Respondent

☐ PETITIONER
☐ RESPONDENT

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 which may include AFDC, TANF, or AHCCCS for my child(ren) or me.
- ☐ I have a case with the Division of Child Support Services.

2. Legal Decision-Making and Parenting Time: The parties have the following natural or adopted child(ren) in common.

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

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

- ☐ Generally, in accordance with Yavapai County Guidelines for reasonable parenting time.
- ☐ Every other weekend from _____ (day) at _____ a.m./ p.m. to _____ (day) at _____ a.m./ p.m.
- ☐ One-half of the holiday/school break/vacation on an alternating basis.
- ☐ For _____ weeks in the summer from _____ to _____ (inclusive).
- ☐ Spring Break from school.
- ☐ Fall Break from school.
- ☐ Winter Break from school.
- ☐ Other:

- ☐ Petitioner or ☐ Respondent should have sole legal decision-making,
- OR
- ☐ Petitioner and Respondent 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):

Petitioner's gross monthly income: \$_____

Respondent's gross monthly income: \$_____

- ☐ Petitioner has _____ other child(ren) not listed above who they are supporting and who live(s) in their household.
- ☐ Petitioner has _____ other child(ren) not listed above for whom they pay court-ordered child support in the amount of \$_____ per month.
- ☐ Respondent has _____ other child(ren) not listed above who they are supporting and who live(s) in their household.
- ☐ Respondent has _____ other child(ren) not listed above for whom they pay court-ordered child support in the amount of \$_____ per month.

- ☐ Medical insurance should be paid by ☐ Petitioner ☐ Respondent. Monthly cost for the child(ren) in this case is \$_____
- ☐ Dental insurance should be paid by ☐ Petitioner ☐ Respondent. Monthly cost for the child(ren) in this case is \$_____
- ☐ Vision insurance should be paid by ☐ Petitioner ☐ Respondent. Monthly cost for the child(ren) in this case is \$_____
- ☐ Neither parent has insurance which is accessible and available at a reasonable cost.

☐ Petitioner ☐ Respondent 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 by Petitioner and _____% paid by Respondent.
- ☐ Tax exemptions for the child(ren) should be divided (choose one):
- ☐ Pro rata based upon each party's income, as provided in the Guidelines;
or
- ☐ Other:

- ☐ Past support should be paid by ☐ Petitioner ☐ Respondent 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 _____ (date) through _____ (date) 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. Attorney's Fees: If the case is settled today, I want the court to order (choose one):
- ☐ Each of us is to pay our own attorney's fees and costs.
- ☐ The other Parent should pay \$_____ of my attorney's fees and costs within _____ days.
- ☐ I should pay \$_____ to the other Parent for attorney's 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 order of protection, no contact order, or a 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 ☐ Petitioner ☐ Respondent
☐ Attorney for ☐ Petitioner ☐ Respondent

NOTE: You are required to provide a copy to the other party(ies) – or their attorney(s). You must also complete the certificate of service below.

A copy has been (or will be) ☐ mailed ☐ hand-delivered ☐ emailed (I have written permission) on _____ to: ☐ Petitioner ☐ Respondent ☐ Third Party at the following address(es):

Name: _____

Address: _____

City, State, Zip: _____