

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

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

 Petitioner/Plaintiff

Case No. _____

 Respondent/Defendant

ATLAS No. _____

**PROPOSED PATERNITY RESOLUTION
 STATEMENT OF:**

FATHER
 MOTHER

I, the person signing this document (or his or her attorney), believe the issues in this case should be resolved as follows:
 (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 Enforcement.

2. Custody: The other parent and I have the following natural or adopted children in common:

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

I want the child[ren] to live primarily with Mother OR Father - and to have parenting time with the other parent as follows (check all that apply):

- In accordance with _____ County Guidelines for reasonable parenting time.
- 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 Father Both parents should make the decisions about the child(ren), such as schools, doctors, etc. This should be a sole custody joint custody arrangement.

3. Child Support: My position on the financial factors necessary to calculate child support under the Arizona Child Support Guidelines is 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. The monthly cost for the child(ren) is \$ _____.
- Dental Insurance should be paid by [] Mother [] Father. The monthly cost for the child(ren) in this case is \$ _____.
- Vision Care Insurance should be paid by [] Mother [] Father. The 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) 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	Monthly Amount
_____	_____
_____	_____
_____	_____

- Uninsured Medical 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: _____

4. Past Support should be paid by [] Mother [] Father for the period of _____ through _____ in the amount of \$ _____.

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

6. 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.

7. 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.

8. 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.

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

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

11. Settlement: I verify that the above statements are true upon my best information and belief and I am willing to settle and resolve this case based upon the information provided above. I will be prepared to show documentation to support my position at the time of the conference or hearing.

Date

Signature of Mother Father
 Attorney for Mother Father