

Person Filing: \_\_\_\_\_  
 Address (if not protected): \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 ATLAS Number: \_\_\_\_\_  
 Lawyer's Bar Number: \_\_\_\_\_

FOR CLERK'S USE ONLY

Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
Petitioner/Plaintiff

Case No. \_\_\_\_\_

ATLAS No. \_\_\_\_\_

\_\_\_\_\_  
Respondent/Defendant

**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. Legal Decision Making (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:  
\_\_\_\_\_  
\_\_\_\_\_

This should be a  sole OR  joint legal decision making (custody) arrangement.

- Mother  Father  Both parents should make the decisions about the child(ren), such as schools, doctors, etc.

**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:

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

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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