

FORM 4: PROPOSED DISSOLUTION RESOLUTION STATEMENT

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 _____

Petitioner/~~Plaintiff~~

Case No. _____

ATLAS No. _____

Respondent/~~Defendant~~

PROPOSED RESOLUTION STATEMENT

OF:
[] HUSBAND
[] WIFE
Date of Marriage: _____

The undersigned party provides the following **specific** positions 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 Enforcement.
2. Custody: The parties have the following natural or adopted child(ren) in common. (If there are no minor or disabled child(ren) common to the parties, skip to paragraph 3)

Table with 3 columns: Child(ren)'s Name(s), Date(s) of Birth, Age(s). Includes four rows of blank lines for data entry.

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

- [] Generally 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: _____

~~This should be a sole custody joint custody arrangement.~~

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

Mother or Father should have sole legal custody.

OR

Mother and Father should have joint legal custody.

3. Child Support: ~~(If there are no minor or disabled children common to the parties and were no minor or disabled children from the date the parties separated, skip to paragraph 5.)~~ My position ~~on the~~ The financial factors necessary to calculate child support under the ~~statewide child support guidelines~~ Arizona Child Support Guidelines ~~is are~~ as follows (complete in full): ~~(If there are no minor or disabled children common to the parties and were no minor or disabled children from the date the parties separated, skip to paragraph 5.)~~

Father's ~~G~~ gross ~~M~~ monthly ~~I~~ income: \$ _____

Mother's ~~G~~ gross ~~M~~ monthly ~~I~~ income: \$ _____

Father has ___ other child(ren) not listed above whom he is supporting 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 whom she is supporting 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/~~D~~dental/~~V~~ision ~~I~~ nsurance should be paid by Mother Father. ~~What if one parent is paying medical and the other dental? The m~~ Monthly cost for the child(ren) in this case is \$ _____

Dental insurance should be paid by Mother Father. Monthly cost for the child(ren) in this case is \$ _____

Vision insurance should be paid by Mother Father. Monthly cost for the child(ren) in this case is \$ _____

Monthly ~~C~~ child ~~C~~ care ~~C~~ costs for ___ child(ren) in this case ~~is are~~ \$ _____.

Extra ~~E~~ education ~~E~~ xpenses or ~~E~~ extraordinary ~~C~~ child ~~A~~ adjustments - I believe the court should add the following to the child support calculation (leave blank if none claimed):

Description <u>of expense</u>	Monthly Amount
_____	_____
_____	_____

Uninsured ~~M~~ medical/~~D~~ dental/~~V~~ ision ~~E~~ xpenses should be paid:

Pro rata based upon each party's income, as provided in the g Guidelines; or

Other: _____ % paid d by Father and _____ % paid by Mother.

Tax ~~E~~ xemptions for the child(ren) should be divided:

Pro rata based upon each party's income, as provided in the g Guidelines; or

Other: _____

IRAs, 401(k)s , Pensions (including Survivor Benefits) IRAs, Roth IRAs			
Vehicle(s)			
Boat(s)			

9. Tangible Personal Property. I believe that the value of the tangible personal property (household furniture, furnishings, jewelry etc.) in the possession of each party is as follows:

Husband has tangible personal property in his possession valued at approximately \$ _____
 Wife has tangible personal property in her possession valued at approximately \$ _____

My preference to divide the tangible personal property is to (list your order of preference 1 – 4 with 1 being most important and 4 being the least):

_____ Each party should keep the tangible personal property currently in his/her possession with the exception of the following items I want from my spouse:

_____ An equalization payment/credit should be made based upon the above values so each of us gets the same value.

_____ We should make a list of all the tangible personal property and alternately select items from the list until all the property is divided.

_____ One of us should make two (2) lists of tangible personal property both equal in value, and the other one be awarded all property on the list of his or her choice.

_____ Other: _____

10. Debts: The community debts should be divided as follows (complete in detail):

[] All of the debt should be paid _____% by Husband and _____% by Wife; or

[] Each of us should pay the following debts and amounts:

Amount To Be Paid By Husband	Amount To Be Paid By Wife	Creditor	Total Amount
\$	\$		\$
\$	\$		\$
\$	\$		\$
\$	\$		\$
\$	\$		\$

11. Attorney's Fees: If the case is settled today, I want the court to order (choose one):

- Each of us is to pay his/her own attorney's fees and costs.
- My spouse should pay \$ _____ of my attorney's fees and costs within ____ days.
- I should pay \$ _____ to my spouse for attorney's fees and costs within ____ days.

12. Name Change: I want ~~to be restored to~~ my ~~former~~ name changed to of (List full name you want restored):

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

14. 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 ~~upon~~ based on my best information and belief, and I am willing to settle and resolve this case based upon ~~the information~~ 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 Husband Wife
 Attorney for Husband Wife