

FORM 5: PROPOSED PATERNITY 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. _____

Respondent/~~Defendant~~

ATLAS No. _____

PROPOSED PATERNITY RESOLUTION STATEMENT OF:

[] FATHER

[] MOTHER

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 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:

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

I want the child[ren] to 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 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.~~

Mother or Father should have sole legal custody,

OR

Mother and Father should have joint legal custody.

3. Child Support: ~~My position on~~ 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):

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

Mother's ~~G~~gross ~~M~~monthly ~~I~~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 ~~I~~nsurance should be paid by Mother Father. ~~The m~~ 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 \$ _____.

Monthly ~~C~~child ~~C~~are ~~C~~osts for ___ child[ren] is \$ _____.

Extra ~~E~~ducation ~~E~~xpenses or ~~E~~xtraordinary ~~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/dental/vision ~~E~~xpenses should be paid:

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

Other: _____

Past ~~S~~upport 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 **M**edical **E**xpenses 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 ~~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 Mother Father