

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 MOHAVE COUNTY

 Petitioner / Party A

Case No. _____

ATLAS No. _____

 Respondent / Party B

PROPOSED PATERNITY / LEGAL DECISION-MAKING RESOLUTION STATEMENT OF:

Party A

Party B

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.
- Not applicable.

2. Legal Decision-Making (legal custody) and Parenting Time: 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 Party A OR Party B and to have parenting time with the other parent as follows (check all that apply):

- In accordance with Maricopa 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 (legal custody) arrangement.

Party A or Party B or both parties 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):

Party A's Gross Monthly Income: \$ _____

Party B's Gross Monthly Income: \$ _____

- Party A has _____ other child(ren) not listed above who live(s) in his/her household.
- Party A has _____ other child(ren) not listed above for whom he/she pays court-ordered child support in the amount of \$ _____ per month.
- Party B has _____ other child(ren) not listed above who live(s) in her/his household.
- Party B has _____ other child(ren) not listed above for whom she/he pays court-ordered child support in the amount of \$ _____ per month.
- Medical Insurance should be paid by Party A Party B. The monthly cost for the child(ren) is \$ _____.
- Dental Insurance should be paid by Party A Party B.
 The monthly cost for the child(ren) in this case is \$ _____.

Vision Care Insurance should be paid by Party A Party B.

The monthly cost for the child(ren) in this case is \$ _____.

Neither parent has insurance which is accessible and available at a reasonable cost.
 Party A Party B 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 Party A and _____% paid by Party B.

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: _____

Past Support should be paid by Party A Party B 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 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. Attorneys' Fees: If the case is settled today, I request the Court to order (choose one):

- Each party to pay his or her own attorneys' fees and costs.
- Party A to pay \$ _____ of my attorneys' fees and costs within _____ days.
- Party B to pay \$ _____ to other party for attorneys' fees and costs within _____ days.

5. Name Change: I want the child(ren)'s names 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 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 Party A Party B
 Attorney for Party A Party B

**This page must be completed and attached
to the LAST page of your Document**

I filed the ORIGINAL of the attached document(s) with the Clerk of Superior Court in Mohave County on: _____
Month Date Year

I mailed/delivered a COPY of the attached document(s) to the Judicial Officer assigned to my case, Judge or Commissioner: _____, on _____
(Judicial Officer assigned to your case)
Month Date Year

I mailed/delivered a COPY of the attached document(s) to the Office of the Attorney General (the State of Arizona) on this date (if applicable):

Month Date Year Address

I mailed/delivered a COPY of the attached document(s) to the Opposing Party and/or his/her Attorney on:

Month Date Year

Name of Other Side Name of Other Side's Lawyer

Address Lawyer's Address

City, State, Zip City, State, Zip

(You must mail a copy of all documents to the other side and his/her lawyer)

By signing below, I state to the Court, under penalty of law, that the information stated on these pages is true and correct to the best of my knowledge and belief.

I further state that I have filed/mailed the attached document(s) as shown above. I understand that if I do not file/mail the attached document(s) as shown above, the Judge in my case will not read the attached document.

Your signature