

Name of Person Filing: _____

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Email Address: _____

ATLAS Number (if applicable): _____

Representing Self (No Attorney) or Represented by Attorney

If Attorney, Bar Number: _____

**SUPERIOR COURT OF ARIZONA
PINAL COUNTY**

Name of Petitioner

CASE NUMBER: S1100DO

DECREE OF PATERNITY

Name of Respondent

HONORABLE: _____

SERVICE BY PUBLICATION:

If Respondent was served by publication and was not personally served this Court may be unable to make a legal order with respect to issues of child support, medical and dental insurance, payments, expenses for the minor child(ren), community property or debt, or spousal maintenance/support. The Court reserves jurisdiction until personal service is made upon Respondent to consider the maintenance/support of either spouse, the disposition of community property or debts, child support, and any other relief requested in the Petition or orders deemed necessary by the court.

THE COURT FINDS:

1. This case has come before this Court for a final Judgment. The Court has taken all testimony needed to enter this Judgment, or the court has determined testimony is not needed to enter the Judgment.

2. This Court has jurisdiction over the parties under the law, and the provisions of this Judgment are fair and reasonable under the circumstances and are in the best interests of the minor child(ren) as to legal decision-making, parenting time, and support.

3. **90 Day Requirement:** At the time this action was filed, Petitioner or Respondent had lived in Arizona for more than 90 days or had been stationed in Arizona while a member of the United States Armed Forces for more than 90 days.

4. **Domestic Violence:**

INSTRUCTIONS: Domestic violence may affect a request for legal decision-making. Check the relevant box below.

- Domestic violence has not occurred during this relationship.
 - Significant domestic violence occurred during this relationship.
 - Domestic violence has occurred during this relationship. Even though domestic violence has occurred, it was not significant or committed by both parties and joint legal decision-making is in the best interest of the minor child(ren) because:
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5. **Substance Abuse:**

INSTRUCTION: Substance abuse may affect a request for legal decision-making. Check the relevant boxes below.

- Neither party has abused drugs or alcohol or has been convicted of a drug offense or drug violation within the twelve months before the Petition was filed.
- Petitioner has abused drugs or alcohol or has been convicted of a drug offense or drug violation within the twelve months before the Petition was filed.
- Respondent has abused drugs or alcohol or has been convicted of a drug offense or drug violation within the twelve months before the Petition was filed.

6. **Paternity of Minor Children:**

INSTRUCTIONS: List **all** children under the age of 18 that are common to you and the other party. List all addresses where the child(ren) have lived within the past six months. Use and attach additional pages if necessary.

Child's Name: _____ **Birth Date:** _____

Addresses for the last 6 months:

Address: _____

_____ Length of time at address _____

Address: _____

_____ Length of time at address _____

Child's Name: _____ **Birth Date:** _____

Addresses for the last 6 months:

Address: _____

_____ Length of time at address _____

Address: _____

_____ Length of time at address _____

Child's Name: _____ **Birth Date:** _____

Addresses for the last 6 months:

Address: _____

_____ Length of time at address _____

Address: _____

_____ Length of time at address _____

Child's Name: _____ **Birth Date:** _____

Addresses for the last 6 months:

Address: _____

_____ Length of time at address _____

Address: _____

_____ Length of time at address _____

7. Child Support Deviation

INSTRUCTIONS: Within this packet you will find a child support calculator form for the Parent's Worksheet. You must fill out the child support calculator entry form online; there are instructions in this packet. **Fill this section out ONLY if the child support to be ordered is a different amount than what is given on the child support calculator.**

- First, fill in the amount the child support calculator gives.
- Second, give reasons why the amount of child support should be different.
- Third, fill in the amount of child support that should be ordered.

The amount of child support based on the Parent's Worksheet for Child Support is \$_____ however, this amount is inappropriate or unjust and not in the best interest of the child(ren) because

The amount of child support should be \$_____.

8. Ability to Pay Child Support: The court finds that the person responsible for paying child support has the ability to pay the child support amount on the child support order attached hereto and incorporated herein.

9. Parent Information Program:

- Petitioner has attended the Parent Information Program class.
- Petitioner has not attended the Parent Information Program class and shall be denied any requested relief to enforce or modify this Decree until Petitioner has completed the class.
- Respondent has attended the Parent Information Program class.
- Respondent has not attended the Parent Information Program class and shall be denied any requested relief to enforce or modify this Decree until Respondent has completed the class.

10. Supervised or No Parenting Time:

INSTRUCTIONS: Check and complete only if supervised or no parenting time is ordered. If supervised or no parenting time is ordered, reasons must be listed.

Supervised parenting time between the minor child(ren) and Petitioner **OR** Respondent for the following reasons:

No Parenting Time by Petitioner **OR** Respondent is in the best interest of the child(ren) for the following reasons:

THE COURT ORDERS:

1. Parenting Plan

There is a parenting plan attached to this Petition which addresses parenting time and legal decision-making.

2. Children’s Name Change *Optional*

INSTRUCTIONS: If you are changing your child(ren)’s last name(s), list each child’s current legal name and the new name you are requesting.

The names of one or more of the minor children shall be changed as follows:

Current Legal Name

New Name

3. Financial Information Exchanges

INSTRUCTIONS: Under Arizona law it is REQUIRED that parties with minor children exchange financial information every 24 months.

The parties shall exchange financial information (tax returns, spousal affidavits, earning statements and/or other related financial statements) every twenty-four months.

4. Child Support

INSTRUCTIONS: Tell the court who will pay child support by checking either Petitioner or Respondent. On the space provided, enter the amount calculated on the Parent’s Worksheet for Child Support OR the amount previously requested on #11. Choose whether you want the child support payments to begin the month after this Decree is signed by a judge or on a previous date.

Petitioner **OR** Respondent shall pay child support to the other party in the amount of \$_____per month, beginning

the month following the date this Decree is signed by the judge

OR

_____(date)

until further Order of the court. Child Support is based on the information in the Parent's Worksheet for Child Support calculated pursuant to the Arizona Child Support Guidelines attached hereto and incorporated by reference. All child support payments shall be made by wage assignment (if applicable) through the Support Payment Clearinghouse and must include the statutory fee by the Income Withholding Order or the Order of Assignment.

Neither party shall pay child support until further Order of the court.

5. Medical, Dental, and Vision Insurance for Minor Children

INSTRUCTIONS: Tell the court who will be paying for medical, dental, and vision insurance for the children.

Petitioner is responsible for providing insurance: Medical Dental Vision

Respondent is responsible for providing insurance: Medical Dental Vision

The child(ren) are on AHCCCS. Both parents are responsible for providing medical insurance for the minor children as soon as it becomes accessible and available at a reasonable cost, as neither parent currently has the ability to obtain such insurance.

The party ordered to pay must keep the other party informed of the insurance company name, address and telephone number, and must give the other party the documents necessary to submit insurance claims.

6. Uncovered Medical, Dental, and Vision Expenses

INSTRUCTIONS: Tell the court who will pay for medically necessary (as defined by Internal Revenue Service Publication 502) uncovered medical, dental, and vision expenses such as co-pays. You can request that each party pays a percentage of any uncovered medical expenses or that you each pay in proportion to your respective incomes.

All reasonable uncovered and/or uninsured medical, dental, vision care, prescription and other health care charges for the minor child(ren), including co-payments shall be allocated as follows:

Petitioner and Respondent are to pay in proportion to their respective incomes according to the child support calculator.

OR

Petitioner to pay _____%

Respondent to pay _____%

7. Tax Exemptions

INSTRUCTIONS: The child support calculator provides guidelines regarding who should claim the child(ren) as tax exemptions each year. If you wish to deviate from these guidelines check the “other” box and write in what you are requesting.

The parents shall claim the child(ren) as income tax dependency exemptions on federal and state tax returns as follows:

- Petitioner OR Respondent will claim the children every year.
 - Petitioner OR Respondent will claim the children every odd year.
 - Petitioner OR Respondent will claim the children every even year.
 - Other: _____
-

The parent required to pay child support is only entitled to claim the child(ren) as an income tax dependency exemption if that parent has paid all of the child support due and owing for the year.

8. Other Requests:

INSTRUCTIONS: Use this space to add any more Orders the court is making.

1. FINAL APPEALABLE ORDER: Pursuant to Arizona Rules of Family Law Procedure, Rule 81, this final judgment/decre is settled, approved and signed by the court and shall be entered by the clerk.

SIGNATURES

DONE IN OPEN COURT: _____

JUDGE OR COURT COMMISSIONER

If this Decree was issued as a “Default,” *and* the Petitioner served the papers to begin this case by any means other than by publication, a copy of this Decree shall be mailed or delivered to the Respondent within 24 hours of the court hearing as follows:

Respondent’s Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Email Address: _____

By Petitioner: _____

Date: _____

Petitioner’s Signature: _____