

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**

_____ **CASE NUMBER: DO2** _____
Name of Petitioner

_____ **PROPOSED PATERNITY RESOLUTION**
STATEMENT OF:
 FATHER
 MOTHER

_____ **DATE OF MARRIAGE:** _____
Name of Respondent

The undersigned party provides the following specific positions on each of the issues in this case (BE SPECIFIC):

- 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: 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 Father and have parenting time with Mother Father 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: _____

Mother Father Both parents should make the decisions about the child(ren), such as schools, doctors, etc.
 This should be a Sole Legal Decision-Making Joint Legal Decision-Making arrangement.

3. **Child Support:** My position on the financial factors necessary to calculate child support under the statewide 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 \$ _____.
- 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:

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

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