

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: DO2

\_\_\_\_\_  
 Name of Respondent

**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. Legal Decision-Making:** The parties have the following natural or adopted child(ren) in common. (If there are no minor or disabled children common to the parties, skip to paragraph 3)

Child's Name	Date of Birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 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.
- Spring Break from school.

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This should be a  Sole Legal Decision-Making  Joint Legal Decision-Making arrangement.

Mother  Father  Both parents should make 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 statewide child support guidelines is as follows: (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 Gross Monthly Income: \$ \_\_\_\_\_

Mother's Gross Monthly 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/Dental/Vision Insurance should be paid by  Mother  Father. What if one parent is paying medical and the other dental? The monthly cost for the child(ren) in this case is \$ \_\_\_\_\_
- Monthly Child Care Costs for \_\_\_ child(ren) in this case 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/Dental/Vision 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:
- 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. **Spousal Maintenance:** My position on spousal maintenance is:

- No spousal maintenance need be paid by either me or my spouse.
- I should pay my spouse \$ \_\_\_\_\_ per month for \_\_\_\_\_ months.
- I should receive from my spouse \$ \_\_\_\_\_ per month for \_\_\_\_\_ months.
- I pay spousal maintenance ordered for another marriage.

6. **Separate Property:** I believe the following property is my sole and separate property (describe):

\_\_\_\_\_  
\_\_\_\_\_

7. **Community Liens on Separate Property:** I believe I have a community interest in the following sole and separate property of my spouse:

\_\_\_\_\_  
\_\_\_\_\_



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 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 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  Husband  Wife  
 Attorney for  Husband  Wife