

FORM 4: PROPOSED DISSOLUTION 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

Case No. \_\_\_\_\_
ATLAS No. \_\_\_\_\_

\_\_\_\_\_  
Respondent

PROPOSED RESOLUTION STATEMENT
OF:

[ ] HUSBAND
[ ] WIFE
Date of Marriage: \_\_\_\_\_

The undersigned party provides the following position 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. Custody: The parties have the following natural or adopted child(ren) in common. (If there are no minor or disabled child(ren) common to the parties, skip to paragraph 3)

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

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 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 or  Father should have sole legal custody,  
OR
- Mother and Father should have joint legal custody.

3. Child Support: (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.) The financial factors necessary to calculate child support under the *Arizona Child Support Guidelines* are as follows (complete in full):

Father's gross monthly income: \$ \_\_\_\_\_

Mother's gross monthly income: \$ \_\_\_\_\_

Father has \_\_\_ other child(ren) not listed above who 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 who 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 insurance should be paid by  Mother  Father. Monthly cost for the child(ren) in this case is \$ \_\_\_\_\_

Dental insurance should be paid by  Mother  Father. Monthly cost for the child(ren) in this case is \$ \_\_\_\_\_

Vision insurance should be paid by  Mother  Father. Monthly cost for the child(ren) in this case is \$ \_\_\_\_\_

Neither parent has insurance which is accessible and available at a reasonable cost.

Mother  Father should pay cash medical support in the amount of \$ \_\_\_\_\_ per month.

Monthly child care costs for child(ren) in this case are \$ \_\_\_\_\_

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 of expense	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 d 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.



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 my name changed to:  
 \_\_\_\_\_

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

14. 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  Husband  Wife  
 Attorney for  Husband  Wife