

FORM 5: PROPOSED PATERNITY 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. \_\_\_\_\_

\_\_\_\_\_  
Respondent

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

PROPOSED PATERNITY RESOLUTION  
STATEMENT OF:

[ ] FATHER

[ ] MOTHER

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 that may include AFDC, TANF, or AHCCCS for my children or me.

[ ] I have a case with the Division of Child Support Enforcement.

2. Custody: The other parent and I have the following natural or adopted children in common:

Child(ren)'s Name(s)	Date(s) of Birth	Age(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The child(ren) should 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.

[ ] 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: 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 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. Monthly cost for the child(ren) is \$ \_\_\_\_\_.
  - Dental insurance should be paid by  Mother  Father. Monthly cost for the child(ren) is \$ \_\_\_\_\_.
  - Vision insurance should be paid by  Mother  Father. Monthly cost for the child(ren) 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] 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 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 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: \_\_\_\_\_
  - Past support should be paid by  Mother  Father 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 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.

5. Name Change: I want the child(ren)'s name(s) 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  Mother  Father