

## Information and instructions for completing the “Resolution Statement” for paternity and legal decision-making cases

### GENERAL INFORMATION

Arizona Rule of Family Law Procedure 49 (Rule 49) requires both parties to share information in family law cases. It requires each party send to the other party a detailed statement with the specific positions the party proposes to resolve all issues. It also requires parties to exchange detailed facts and documents concerning issues of child support, legal decision-making, parenting time, spousal maintenance, witnesses, attorney fees, property, and debt.

Rule 49 allows full discovery of important facts to avoid “litigation by ambush.” The Rule promotes greater professionalism among counsel, with the ultimate goal of increasing voluntary cooperation and exchange of information. The Rule is also meant to help the parties focus on the problems that are truly in dispute by resolving (by the free exchange of information) issues where they unexpectedly agree. Disclosure rules also encourage the trial courts to deal with discovery abuse in a strong and forthright fashion. Ultimately, obedience to the discovery rules enables a more efficient, less expensive, and more accessible Arizona judicial system.

### RESOLUTION STATEMENT

1. What is a “Resolution Statement?” A Resolution Statement is a detailed description of the position a party proposes to resolve all the issues in a Family Law case. The Resolution Statement is one part of the fact sharing process required by Rule 49 of the Arizona Rules of Family Law Procedure.
2. When do I file the “Resolution Statement?” You file the Resolution Statement 30 days after exchanging with the other party your initial disclosure information, or as ordered by the Court.
3. Where do I file the “Resolution Statement?” You file the Resolution Statement with the Clerk of Superior Court, Family Case Filing Counter.
4. Who must file a “Resolution Statement?” Every party involved in a divorce, or any non-divorce case involving paternity, legal decision-making, parenting time or child support must file a resolution statement, unless the court permits otherwise.
5. Do I have to serve the “Resolution Statement” on the other party? Yes. A Resolution Statement must be served upon all parties, or their attorneys. In addition to filing the original statement with the Clerk of Superior Court, a party must provide a file-stamped copy to the assigned judge and serve (either mail or hand-deliver) a copy on all other parties or their attorneys.
6. What is the difference between a “Resolution Statement” and a “Disclosure Statement?” The Resolution Statement requests different information than the Disclosure Statement. Also, the Resolution Statement *is filed* with the Clerk of Superior Court, whereas the Disclosure Statement is *not filed* with the Clerk of Superior Court.

## INSTRUCTIONS

How to fill out the "Resolution Statement" in a paternity or legal decision-making case.

- **HEADING:**

1. In the top left corner of the first page, fill out the following: YOUR name; address (if not protected); city, state and zip code; telephone number; and your ATLAS number, if you are receiving or have received AFDC from the Arizona Department of Economic Security.
2. Fill in the space that says "Petitioner / Plaintiff" and "Respondent / Defendant."
3. Place one check mark in the box appropriate, Father or Mother.

- **ITEM NUMBERS:**

Item 1: IV-D Case: Place a check mark in the box or boxes that best describe(s) your situation regarding the listed forms of public assistance, or the state Division of Child Support Enforcement.

Item 2: Legal Decision-Making (legal custody): List the names, birthdates, and ages of minor children in common with your spouse. Then check the appropriate boxes and fill in the blanks describing how you want to manage the Legal Decision-Making (legal custody).

Item 3: Child Support: If there are no minor or disabled children common to the parties – and – if there were no minor or disabled children from the date the parties separated, skip to Item number 5. Otherwise, on the space provided state your monthly income and that of your spouse. Then check the appropriate boxes regarding your position on the financial factors necessary to calculate child support.

Past Support: check the appropriate boxes and then complete the sentence regarding your position concerning past support.

Direct Payments: Enter the amount of direct payments that have already been made. Include the time period during which those payments were made.

Past Medical Expenses: Enter the total amount of medical expenses that you have incurred and the time period during which you incurred them. Also enter the percent of those expenses for which you think the other parent is responsible.

Pregnancy, Childbirth, and/or Genetic Testing: Enter the total amount of the expenses you have incurred due to pregnancy, childbirth, and/or genetic testing. Also enter the percent of those expenses for which you think the other parent is responsible.

Item 4: Attorneys' Fees: You may ask that each party be responsible for his or her own attorneys' fees and other costs, or you may request that each party pay a specific amount of the total attorneys' fees and costs incurred by both parties.

Item 5: Name Change: If you are requesting that the child(ren)'s names be changed, write the child(ren)'s current names and what you request they be changed to.

Item 6: Other Issues: State any other issues that you believe must be resolved to fully settle this case.

Item 7: Settlement: By signing this document, you verify that what you have stated in it is true to the best of your knowledge and that you will be prepared to support what you have stated with documentation at the time of your hearing. You also verify that you will settle the case if the terms you state above are met.

## PROCEDURES

What to do after filling out the “Resolution Statement.”

1. Fill out the “Resolution Statement” and sign it.
2. Make 3 copies.
3. File the original and 3 copies with the Clerk of Superior Court. The Clerk will keep the original and give you back 2 copies.
4. Mail and/or hand-deliver a copy to Judge assigned to your case and the opposing party or his/her attorney. Keep a copy for your records.

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_

FOR CLERK'S USE ONLY

Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
Petitioner / Party A

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

\_\_\_\_\_  
Respondent / Party B

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

### PROPOSED PATERNITY / LEGAL DECISION-MAKING RESOLUTION STATEMENT OF:

- Party A  
 Party B

I, the person signing this document (or his or her attorney), believe the issues in this case should be resolved as follows: (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.  
 Not applicable.

**2. Legal Decision-Making (legal custody) and Parenting Time: 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  Party A OR  Party B and to have parenting time with the other parent as follows (check all that apply):

- In accordance with Maricopa 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:  
 \_\_\_\_\_  
 \_\_\_\_\_

This should be a  sole OR  joint legal decision-making (legal custody) arrangement.

Party A or  Party B or  both parties should make the 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 Arizona Child Support Guidelines is as follows (complete in full):**

Party A's Gross Monthly Income: \$ \_\_\_\_\_

Party B's Gross Monthly Income: \$ \_\_\_\_\_

- Party A has \_\_\_\_\_ other child(ren) not listed above who live(s) in his/her household.
- Party A has \_\_\_\_\_ other child(ren) not listed above for whom he/she pays court-ordered child support in the amount of \$ \_\_\_\_\_ per month.
- Party B has \_\_\_\_\_ other child(ren) not listed above who live(s) in her/his household.
- Party B has \_\_\_\_\_ other child(ren) not listed above for whom she/he pays court-ordered child support in the amount of \$ \_\_\_\_\_ per month.
- Medical Insurance should be paid by  Party A  Party B. The monthly cost for the child(ren) is \$ \_\_\_\_\_.
- Dental Insurance should be paid by  Party A  Party B.  
 The monthly cost for the child(ren) in this case is \$ \_\_\_\_\_.

Vision Care Insurance should be paid by  Party A  Party B.  
The monthly cost for the child(ren) in this case is \$ \_\_\_\_\_.

Neither parent has insurance which is accessible and available at a reasonable cost.  
 Party A  Party B 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	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 Party A and \_\_\_\_\_% paid by Party B.

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  Party A  Party B 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 request the Court to order (choose one):

- Each party to pay his or her own attorneys' fees and costs.
- Party A to pay \$ \_\_\_\_\_ of my attorneys' fees and costs within \_\_\_\_\_ days.
- Party B to pay \$ \_\_\_\_\_ to other party for attorneys' fees and costs within \_\_\_\_\_ days.

**5. Name Change:** I want the child(ren)'s names 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  Party A  Party B  
 Attorney for  Party A  Party B

**This page must be completed and attached  
to the LAST page of your Document**

I filed the ORIGINAL of the attached document(s) with the Clerk of Superior Court in Maricopa County on: \_\_\_\_\_  
Month Date Year

I mailed/delivered a COPY of the attached document(s) to the Judicial Officer assigned to my case, Judge or Commissioner: \_\_\_\_\_, on \_\_\_\_\_  
(Judicial Officer assigned to your case)  
Month Date Year

I mailed/delivered a COPY of the attached document(s) to the Office of the Attorney General (the State of Arizona) on this date (if applicable): \_\_\_\_\_  
Month Date Year Address

I mailed/delivered a COPY of the attached document(s) to the Opposing Party and/or his/her Attorney on: \_\_\_\_\_  
Month Date Year  
Name of Other Side Name of Other Side's Lawyer  
Address Lawyer's Address  
City, State, Zip City, State, Zip

***(You must mail a copy of all documents to the other side and his/her lawyer)***

By signing below, I state to the Court, under penalty of law, that the information stated on these pages is true and correct to the best of my knowledge and belief.  
I further state that I have filed/mailed the attached document(s) as shown above. I understand that if I do not file/mail the attached document(s) as shown above, the Judge in my case will not read the attached document.

\_\_\_\_\_  
Your signature