SUPREME COURT OF ARIZONA

In the Matter of PETITION TO AMEND RULE 43(D)(2), ARIZONA RULES OF FAMILY LAW PROCEDURE	Arizona Supreme Court No. R-12-0041 **FILED: 08/28/13**

ORDER
AMENDING RULES 3, 43, 95, AND FORMS 4 AND 5, ARIZONA RULES OF FAMILY LAW PROCEDURE

A petition having been filed proposing to amend Rule 43(D)(2), Arizona Rules of Family Law Procedure, and one comment having been received; and the Court having been informed that the Division of Child Support Enforcement of the Department of Economic Security has changed its name to the Division of Child Support Services, upon consideration,

IT IS ORDERED that Rules 3, 43, 95, and Forms 4 and 5, Arizona Rules of Family Law Procedure, be amended in accordance with the attachment hereto, effective January 1, 2014.

DATED this _______ day of August, 2013.

____
REBECCA WHITE BERCH
Chief Justice

TO:
Rule 28 Distribution
John A Furlong
Deborah Young, President, Arizona Association of Superior Court Clerks

ATTACHMENT[1]

Arizona Rules of Family Law Procedure

Rule 3. Definitions

A. [No change in text.]

B. Definitions. In these rules, unless the context otherwise requires, the following definitions shall apply:

1. – 9. [No change in text.]

10. *Title IV-D.* Title IV-D means Title IV-D of the Social Security Act, 42 U.S.C. 651 *et seq*. Title IV-D is administered in Arizona by the Division of Child Support ~~Enforcement~~ Services (DCS~~E~~S) of the Department of Economic Security.

11. [No change in text.]

Rule 43. Service and Filing of Pleadings and Other Papers; Sensitive Data Form

A. – C. [No change in text.]

D. Filing; Attachments; Public Access.

1. [No change in text.]

2. *Papers Not to be Filed.* The following papers shall not be filed separately and may be filed as attachments or exhibits to other documents only when relevant to the determination of an issue before the court:

a. – e. [No change in text.]

f. *Documents Provided in Disclosure*. Notices of compliance with the provisions of Rule 49, 50 or 91(P) or any disclosure material provided to an opposing party pursuant to the requirements for disclosure contained in Rule 49, 50 or 91(P).

3. – 6. [No change in text.]

E. – G. [No change in text.]

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[1] Changes or additions in rule text are indicated by underscoring and deletions from text are indicated by ~~strikeouts~~.

Rule 95. Other Family Law Services and Resources

In addition to services prescribed elsewhere in these rules, the court may consider the services set forth in this rule, if available, in a family law case.

A. – G. [No change in text.]

H. Title IV-D Services. Title IV-D Services may be provided in a Title IV-D case. A person may apply for Title IV-D Services at the Division of Child Support ~~Enforcement~~ Services (DCS~~E~~S) of the Department of Economic Security.

I. [No change in text.]

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 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~~ Services.

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)

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):

[ ] 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.

[ ] I should receive from my spouse $ ___________ per month for ___________ months.

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:

____

____

8. Community Property. I want to divide all of the community property (except tangible personal property) as follows:

Directions:

Column 1: List short description of each item or real and personal property.

Column 2: List your estimate of the fair market value of each item of property. List the loan or encumbrance amount(s) on the line directly below its value.

Column 3: List the amount of net value of each item you propose for Husband.

Column 4: List the amount of net value of each item you propose for Wife.

Description	Fair Market Value (minus encumbrances)	Proposed for Husband	Proposed for Wife
Real Property	$	$	$

Personal Property (e.g. stocks, bonds, life insurance, etc.)

IRAs, 401(k)s, Pensions (including survivor benefits)

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:

____

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____

____

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

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

____

Respondent

Case No. ____________________

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~~ Services.

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