

LAW OFFICE OF DALE R. THORSON, P.C.  
31 S. 63rd Street, Suite 2  
Mesa, Arizona 85206-1606  
(480) 641-3000  
FAX: (480) 807-1099

**INPUT SHEET - MARRIAGE DISSOLUTION - WITH CHILDREN** (For client to complete)

Petitioner's full name (p1): \_\_\_\_\_

Petitioner's first name (pf1): \_\_\_\_\_

Petitioner's address (pa1): \_\_\_\_\_

Petitioner's date of birth (pdb): \_\_\_\_-\_\_\_\_-\_\_\_\_

Petitioner's email (peml) \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Petitioner's current occupation (pco@): \_\_\_\_\_

Petitioner's current employer (pce@): \_\_\_\_\_

Petitioner's employer's address (pca@): \_\_\_\_\_

Petitioner's employer's telephone # (pct@): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Petitioner's Social Security No. (pssn): \_\_\_\_-\_\_\_\_-\_\_\_\_

Petitioner's initials for Exhibits (pi9): \_\_\_\_\_

Petitioner's telephone numbers:

work (\_\_\_\_)\_\_\_\_-\_\_\_\_ (ptw1); home (\_\_\_\_)\_\_\_\_-\_\_\_\_ (pth1)

cell phone or pager (\_\_\_\_)\_\_\_\_-\_\_\_\_ (ptlcp#)

email \_\_\_\_\_ (peml)

In General

Date & Address of Marriage (dam1): \_\_\_\_\_ at \_\_\_\_\_

example: July 7, 1985, at Mesa, Arizona"

Restore Wife's maiden name: \_\_\_ Yes \_\_\_ No, if Yes, so, restore to:

\_\_\_\_\_ (i.e. JANE DOE) (rpmn)

Date of separation (for division of debts, etc.) (dss1): \_\_\_\_-\_\_\_\_-\_\_\_\_

**DESCRIPTION OF PETITIONER:**

SEX RACE D.O.B. HGT WGT EYE HAIR SOC. SEC. NO.  
pdb pssn

**DESCRIPTION OF RESPONDENT:**

SEX RACE D.O.B. HGT WGT EYE HAIR SOC. SEC. NO.  
rdb rssn

Respondent's Information

Respondent's full name (r1): \_\_\_\_\_

Respondent's first name (rf1): \_\_\_\_\_

Respondent's address (ra1): \_\_\_\_\_

Respondent's Date of birth (rdb): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Respondent's current occupation (rco@): \_\_\_\_\_

Respondent's current employer (rpco@): \_\_\_\_\_

Respondent's employer's address (rca@): \_\_\_\_\_

Respondent's employer's telephone # (rct@): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Respondent's email (reml) \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Respondent's Social Security No. (rssn): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Respondent's initials for Exhibits (ri9): \_\_\_\_\_

Respondent's telephone numbers:

work (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (rtw1); home (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (rth1)

cell phone or pager (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (rtlcp#)

email \_\_\_\_\_ (reml)

Children Information

Number of children - i.e. type as - two (2) (#c): \_\_\_\_\_

child or children (chld2): \_\_\_\_\_

Name of 1st Child (c1): \_\_\_\_\_

Date of Birth of 1st child (July 1, 1988) (cb1a): \_\_\_\_-\_\_\_\_-\_\_\_\_

City, State of birth of 1st child (Mesa, Arizona) (cbadd1): \_\_\_\_\_

1st child social security number (cbssn1): \_\_\_\_-\_\_\_\_-\_\_\_\_

Name of 2nd Child (c2): \_\_\_\_\_

Date of Birth of 2nd child (July 7, 1988) (cb2a): \_\_\_\_-\_\_\_\_-\_\_\_\_

City, State of birth of 2nd child (Mesa, Arizona) (cbadd2): \_\_\_\_\_

2nd child social security number (cbssn2): \_\_\_\_-\_\_\_\_-\_\_\_\_

Name of 3rd Child, etc (c3): \_\_\_\_\_

Date of Birth of 3rd child (July 1, 1998) (cb3a): \_\_\_\_-\_\_\_\_-\_\_\_\_

City, State of birth of 3rd child (Mesa, Arizona) (cbadd3): \_\_\_\_\_

3rd child social security number (cbssn3): \_\_\_\_-\_\_\_\_-\_\_\_\_

Name of 4th Child, etc (c4): \_\_\_\_\_

Date of Birth of 4th child (July 1, 1998) (cb4a): \_\_\_\_-\_\_\_\_-\_\_\_\_

City, State of birth of 4th child (Mesa, Arizona) (cbadd4): \_\_\_\_\_

4th child social security number (cbssn4): \_\_\_\_-\_\_\_\_-\_\_\_\_

Name of 5th Child, etc (c5): \_\_\_\_\_

Date of Birth of 5th child (July 1, 1998) (cb5a): \_\_\_\_-\_\_\_\_-\_\_\_\_

City, State of birth of 5th child (Mesa, Arizona) (cbadd5): \_\_\_\_\_

5th child social security number (cbssn5): \_\_\_\_-\_\_\_\_-\_\_\_\_

Name of 6th Child, etc (c6): \_\_\_\_\_

Date of Birth of 6th child (July 1, 1998) (cb6a): \_\_\_\_-\_\_\_\_-\_\_\_\_

City, State of birth of 6th child (Mesa, Arizona) (cbadd6): \_\_\_\_\_

6th child social security number (cbssn6): \_\_\_\_-\_\_\_\_-\_\_\_\_

NOTE: IF MORE THAN 6 MINOR CHILDREN - USE SEPARATE SHEET



**EXHIBIT "A"**  
**ASSETS AWARDED TO Husband**

1. All of **Husband's** Personal Property & Effects, whether separate property or community property, including but not limited to household furnishings, clothing, jewelry, sporting equipment, tools, kitchen appliances and dishes, as well as all other items now in Husband's possession. Any specific items can be listed here. If more room is needed, attach separate pages, have each party date and initial.
  
2. All bank & savings accounts, including any held solely in Husband's name:
  
3. Investment accounts:
  
4. Life Insurance Policies:
  
5. The following described motor vehicle(s):
  
6. Retirement Plan Benefits payable by
  
7. Real Property located at:

INITIALS \_\_\_\_\_

**EXHIBIT "B"**  
**ASSETS AWARDED TO Wife**

1. All of Wife's Personal Property & Effects, whether separate property or community property, including but not limited to household furnishings, clothing, jewelry, sporting equipment, tools, kitchen appliances and dishes, as well as all other items now in Wife's possession. Any specific items can be listed here. If more room is needed, attach separate pages, have each party date and initial.
  
2. All bank & savings accounts, including any held solely in r1's name:
  
3. Investment accounts:
  
4. Life Insurance Policies:
  
5. The following described motor vehicle(s):
  
6. Retirement Plan Benefits payable by
  
7. Real Property located at:

INITIALS \_\_\_\_\_

**EXHIBIT "C"**  
**DEBTS PAYABLE BY Husband - \***

A. Automobile Loan on \_\_\_\_\_ with \_\_\_\_\_, Account # \_\_\_\_\_  
\_\_\_\_\_ in the amount of approximately \$ \_\_\_\_\_  
\_\_\_\_\_.

B. Other Debts or Loans to Third Parties:  
Personal Line of Credit -

Home Loan -

Home Equity Loan -

Internal Revenue Service -

Arizona Department of Revenue -

C. Credit Card Accounts:

\* Any separate debts not identified on Exhibit "C" or "D" shall remain separate debts of the respective parties in whose name such debt now exists or as incurred as separate property debt prior to marriage.

INITIALS \_\_\_\_\_

**EXHIBIT "D"**  
**DEBTS PAYABLE BY Wife -\***

A. Automobile Loan on \_\_\_\_\_ with \_\_\_\_\_, Account # \_\_\_\_\_  
\_\_\_\_\_ in the amount of approximately \$ \_\_\_\_\_.

B. Other Debts or Loans to Third Parties:  
Personal Line of Credit -

Home Loan -

Home Equity Loan -

Internal Revenue Service -

Arizona Department of Revenue -

C. Credit Card Accounts:

\* Any separate debts not identified on Exhibit "C" or "D" shall remain separate debts of the respective parties in whose name such debt now exists or as incurred as separate property debt prior to marriage.

INITIALS \_\_\_\_\_



**DOMESTIC RELATIONS - DISSOLUTION - WITH CHILDREN**  
**ADDITIONAL QUESTIONS - TO FILE**

(use additional sheets if needed)

Names: Mother \_\_\_\_\_ Father \_\_\_\_\_

Have there been any other cases (EXCLUDING minor traffic offenses) in any Court involving member of this family? \_\_\_\_ Yes \_\_\_\_ No. If yes, please describe, and provide case numbers if known:

<u>CASE NUMBER</u>	<u>DESCRIPTION</u>
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**DOMESTIC VIOLENCE SECTION:**

Is anyone mentioned on this cover sheet currently a victim of any family or domestic violence ? \_\_\_\_ Yes \_\_\_\_ No

Has anyone listed on this cover sheet been the plaintiff or defendant, or named in a petition for an Order of Protection ?  
 \_\_\_\_ Yes \_\_\_\_ No

If Yes, was the Order of Protection granted by the Maricopa County Superior Court ? \_\_\_\_ Yes \_\_\_\_ No

If No, in what Court was the Order of Protection granted ? \_\_\_\_\_

**CHILDREN'S ISSUES SECTION**

Are any of the children named above in any physical danger due to abuse or neglect ? \_\_\_\_ Yes \_\_\_\_ No

Has anyone named on this cover sheet had any involvement with Child Protective Services in Arizona ("CPS") ? \_\_\_\_ Yes \_\_\_\_ No If Yes, please provide the CPS or Juvenile Court case #: \_\_\_\_\_

**NOTE:** The following worksheet - chart form can be used as a shorthand versions to answer the questions listed below the chart. Each question must be answered for each child on a new Court form. Use additional sheets if more space is needed to provide us with all information available to assist us in completing the filing. Use the child's first name only due to space limitations. You should abbreviate - M - Mother; F - Father.

CHILD'S NAME	LIVE WITH	# DAYS/WK		PAYS MEDINS	DAY CARE	WHO PAYS	COST /MO
		MOTHER	FATHER				
_____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____

These are the full questions which must be answered - the chart above can be used in lieu of writing out each answer.

- A. With whom does each of your children live most of the time? \_\_\_  
Mother or \_\_\_ Father
- B. Where do the children live now (Please give a complete address for each child.)
- C. About how many days each week does the other parent see the child(ren)? \_\_\_ days  
About how much time each day? \_\_\_ hours
- D. **MEDICAL INSURANCE:**  
Who provides medical insurance for the child(ren)? \_\_\_ Mother or \_\_\_ Father

How much does that parent pay each month for the child(ren)'s medical insurance? \$\_\_\_\_\_

- E. **DAY CARE:**  
Do the child(ren) require day care? \_\_\_ Yes \_\_\_ No
- When is day care required: \_\_\_ All year; \_\_\_ Summer or School Breaks only; \_\_\_ Only on occasion;
- If the child(ren) require day care, who pays it?  
\_\_\_ Mother or \_\_\_ Father
- How much does it cost for day care each month on average over the entire year? \$\_\_\_\_\_

(new set of questions - post chart)

4. **INFORMATION ABOUT SPOUSAL MAINTENANCE.**
- A. ● Does Mother regularly pay court-ordered spousal maintenance (alimony)? \_\_\_ Yes \_\_\_ No
- B. ● Does Father regularly pay court-ordered spousal maintenance (alimony)? \_\_\_ Yes \_\_\_ No
5. **INFORMATION ABOUT INCOME - for child support worksheet**
- A. What is Mother's gross (total) monthly income (before deductions and taxes)? \$\_\_\_\_\_
- B. What is Father's gross (total) monthly income (before deductions and taxes)? \$\_\_\_\_\_
6. **INFORMATION ABOUT OTHER CHILDREN.**
- A. Does Mother pay court-ordered child support for any other children?  
\_\_\_ Yes \_\_\_ No
- B. Does Father pay court-ordered child support on any other children?  
\_\_\_ Yes \_\_\_ No
- C. Does Mother support any other natural or adopted children who also live with Mother? \_\_\_ Yes \_\_\_ No
- D. Does Father support any other natural or adopted children who also live with Father \_\_\_ Yes \_\_\_ No
7. **OTHER CHILD SUPPORT ORDERS.**

- Are there any other child support orders in effect for any of the children above? \_\_\_ Yes \_\_\_ No

**IN BOTH PARTIES AGREE:** If you have previously discussed the issue of child support with your spouse, and have reached an agreement on how much child support should be paid and who should pay it and who should receive it, fill in the information below. Then both you and your spouse must sign the form in the space provided.

The amount of child support to be paid each month \$\_\_\_\_\_

The name of the person who will pay child support is:

\_\_\_ Mother \_\_\_ Father

We came up with the amount of child support by considering the following things: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Due to the limited amount of income made by Petitioner, Respondent has agreed to pay support at the rate of \$600.00 in favor of Petitioner keeping the minor child of \_\_\_\_\_ the parties insured medically.

Have you and your spouse agreed that one spouse will pay the bills instead of paying child support? \_\_\_ Yes \_\_\_ No.

If the answer is "yes", list each bill and the amount to be paid.

Who Pays	Est Amount	Freq	Description of Bills
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Other Information Attorney should have to assist with preparing case for filing. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LAW OFFICE OF DALE R. THORSON, P.C.

Dale R. Thorson, State Bar #7280

31 S. 63rd Street, Suite 2

Mesa, Arizona 85206-1606

(480) 641-3000

//

Attorney for Petitioner / Respondent

SUPERIOR COURT OF THE STATE OF ARIZONA COUNTY OF cty1

In re the Marriage of ) No.  
 p1, ) JOINT CUSTODY  
 ) Petitioner, ) PARENTING PLAN  
 and )  
 r1 )  
 )  
 Respondent. )

The parties have agreed upon the following Joint Parenting Plan relating to the custody, access and rearing of their minor children. This agreement has been entered into voluntarily and without duress or coercion. There has been no domestic violence between the parties. Each parent has completed the Court approved "Parenting Class".

MINOR CHILDREN. The parties #c minor children are:

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
c1	cb1a	cbadd1
c2	cb2a	cbadd2
c3	cb3a	cbadd3

JOINT CUSTODY: The parties shall have joint legal custody of their #c minor children. Neither parent shall be considered primary parent, as there will be equal parenting time, access and decision making in all matters. Custodial parent to be considered whichever parent has minor children in his or her care at that time. Non-custodial parent refers to the other parent. This will change on a continual basis depending on which parent has access.

CUSTODIAL ACCESS ARRANGEMENTS: Both parties shall have substantially equal time with the #c youngest minor children

sharing the parenting duties as the parties mutually agree. The #c youngest minor children shall be with Father on Monday and Tuesday each week, with Mother on Wednesday and Thursday each week and shall rotate weekends (Friday, Saturday and Sunday) between the parents, except on long, three-day holiday weekends the custodial parent shall have the option to continue access through Monday. The oldest minor child shall reside primarily with Father, with Mother having access every other weekend during the period the other #c minor children are with Mother. This schedule is to alternate annually on the first day following the end of the academic school year, i.e. Father having Wednesday and Thursday as regular days, Mother having Monday and Tuesday as regular days starting in 1999.

BIRTHDAYS & HOLIDAYS: The following access/visitation arrangements shall have priority over regular access schedule unless otherwise agree to by the parent having the birthday or holiday access/visitation as set forth below.

Birthdays: Each party shall have access to the child on his or her birthday by telephone (if out of town with the other parent) or otherwise by personal visitation, at a time to be determined by the parent having regular visitation that day.

Mother's Day: The minor children shall always be with Mother on Mother's Day.

Father's Day: The minor children shall always be with Father on Father's Day.

Other Holidays: Father and Mother shall be with the minor children on the holidays that fall on his or her scheduled access days. If any other arrangements are desired, the parents believe they can make adjustments as necessary which are in the minor children's best interest without a formal plan before the Court.

VACATION PERIOD. Father and Mother shall each have a minimum of four (4) weeks each year with the minor children for vacation. On or before March 1st of each year, the designated party shall submit to the other party a schedule of dates during the upcoming year which such designating party has already made plans with the

children. On or before March 15th of each year, the other party shall deliver his or her choice of weeks for their vacation time with the children, which shall not conflict with the schedule delivered by that year's designating party. If the designing party fails to submit their proposal for vacation time by March 15th, the other party shall then have first choice of the dates. The dates for such vacation periods shall prevail over the access schedule for Holidays and Birthdays, except for the telephone contact arrangements on Birthday and if the minor children are in town on the other specially designated days. If a genuine conflict of dates exists, the parties agree to mutually work out vacation plans in the best interests of the children. Each party will notify the other in writing as to location of children during any out of town or out of state vacations (address/phone number), as agreed to and as set forth below. Neither party may remove the children from the State of Arizona without the express written consent of the other parent or written order of the Court.

TRANSPORTATION. The parties shall cooperate and share the responsibility for picking up and returning the children at the other party's residence, the day care facility, school, or other location as mutually agreeably. If a conflict or disagree should arise, the parent to commence access shall be responsible for transportation otherwise the parent having access shall be responsible if no change of access is involved. If either parent chooses to move or reside away from the school districts listed in "Education" section of this agreement, that parent shall be responsible to transport the minor children to and from school each day and to and from the other parent's home for scheduled access.

Both parties understand the importance of safety when transporting the children and agree to utilize child car seats and seat belts at all times. Both parties also agree to maintain adequate auto insurance for the protection of the children. Both parties agree to not operate any motor vehicle with the minor children in it while under the influence of **any** alcoholic or other chemical substance which could impair their ability to operate a

motor vehicle safely and would place the minor children at risk.

OUT-OF-STATE TRAVEL: Whenever either of them take the minor children away from their home for travel or vacation, that parent will notify the other parent in writing of such travel plans, mode of transportation, destination(s), address(es), and telephone number(s) at which the children and/or that parent can be reached. Arrangements will be made for regular contact (check-in with other parent) if no phone is available.

TELEPHONE ACCESS. Both parents, when they are in the position of being the non-custodial parent, shall be granted liberal telephone access to the child throughout the year during normal waking hours. Each parent shall provide the other with his or her current telephone number and shall have an answering machine on their home phone line.

EDUCATIONAL ARRANGEMENTS FOR THE CHILDREN: Both parents to have right of access to school records and information, right to participation in school conference, events and activities, and right to consult with teachers and other school personnel.

The parents agree to reside within an area which will allow the minor children to stay in the schools presently enrolled in which are: Franklin Elementary, Taylor Jr. High and Mesa High School.

DAY CARE SERVICES: Both parties will cooperate and discuss the decision in selecting a day care in light of any issues of quality, and the best interest of the child. The day care needs to be located in an area accessible to both parties without undue burden on either party. The parties have agreed that the youngest child shall attend "Step by Step Day Care" at least three days per week until and unless both parties' agree on a different number of days and/or day care provider. Father's Mother or other agreed upon family member shall provide day care the other two days per week, as agreed by the parties in order to reduce child care expenses for the parties. Father shall pay for day care and receive full credit for such on his income tax returns.

RELIGIOUS EDUCATION ARRANGEMENTS FOR THE CHILDREN: The custodial parent shall decide the choice of religious education, subject to

input from the non-custodial parent. The children shall have the opportunity to make the final decision as they get older.

MEDICAL AND DENTAL ARRANGEMENTS FOR THE CHILDREN:

Medical Matters Both parents have the right to authorize emergency medical treatment if needed, right of access to medical records and information, and right to consult with physicians and other medical practitioners. Both Parents agree to advise the other parent within twenty-four (24) hours of any emergency medical or dental care sought for the children, to cooperate on health matters pertaining to the children and to keep one another reasonably informed. Custodial parent shall provide other parent with names and addresses of all health care providers.

Insurance Coverage Medical and dental insurance shall be provided by Father with Mother to also provided additional dental insurance coverage if it is available through her employment. Both parties agree to utilize the health care and dental providers covered under the respective medical and dental plans, whenever reasonably available. All reasonable and necessary uninsured medical, dental, psychological, psychiatric, optical, ophthalmologist, or orthodontic expenses are to be borne // equally by the parties. // according to their respective percentages as shown on the Parent's Worksheet for Child Support Amount, now \_\_\_\_% Father and \_% Mother. // Neither parent shall be responsible for payment of any discretionary or cosmetic medical costs which have not been discussed and agreed upon in writing. The parent providing the insurance coverage shall deliver appropriate insurance cards to the other parent and keep the other parent informed as to the list of approved medical providers and deductibles or co-pay amounts.

Each party shall provide the other party with immediate notice of any health or dental premium lapse or lapse in coverage. In the event that medical and dental coverage ceases to be available through his/her employer or he/she is required to pay for such coverage, then the parties shall share insurance premium amounts // equally. // according to their respective percentages as shown on the Parent's Worksheet for Child Support Amount, now 76% Father



and 24% Mother. //

The parent paying for agreed upon medical costs for health care and dental not covered by such insurance shall submit written invoice along with proof of such services and paid thereof to the other parent who agrees to reimburse the paying parent for any such expenses within thirty (30) days after receipt of such invoice. Any such amount not paid within thirty (30) days after receipt of an invoice shall begin to accrue interest at a rate of ten (10) percent per annum until paid in full.

SCHOOL CLOTHES AND SUPPLIES: Father agrees to purchase school clothes, shoes and supplies for the minor children at the beginning of each school year in an amount of as agreed upon by the parties as a reduction in the amount of monthly child support which would otherwise be paid to Mother. If the amount of said clothing, shoes and supplies exceed ONE THOUSAND TWO HUNDRED DOLLARS (\$1,200.00) for any year, the parties shall share the excess expenses, as supported by actual receipts, // equally. // in accordance with the percentages as shown on Parent Worksheet, currently set at \_\_\_\_\_% Father, \_\_\_\_\_% Mother.

CHILD SUPPORT: Father shall pay Mother child support in the amount of FOUR HUNDRED TEN DOLLARS (\$410.00) per month which shall be due and payable one half on the 15th and one half on the 30th of each and every month, except that Father shall pay the July payment in full on July 30, 1998. In the future such amounts shall be paid through the Clerk of the Superior Court in and for ct1 County, Arizona, at his sole cost and expense by wage assignment. Until such wage assignment shall take effect, Father shall make payment directly to Mother and shall receive full credit for any such payments. Father agrees that any unpaid child support shall begin to accrue interest at the rate of ten (10) percent per annum or at such higher rate in accordance with Arizona law.

Mother waives any claim to arrearages of child support for any time prior to this date.

A pro rata portion of child support for each child shall terminate the earlier of either the child's 18th birthday, June 1st

of the school year during which the child becomes 18 (the later of these two provisions), the child's death, or the child's emancipation. Such reduction shall be determined in the same manner as the parties' computed the initial child support amount.

CHILD SUPPORT MODIFICATIONS: The parties' agree to exchange financial information, including, but not necessarily be limited, to tax returns, spousal affidavits and earning statements, once every two years or upon the emancipation of each child, whichever comes first, for purposes of Child Support Modification. Each party shall be responsible for his or her own Attorneys' fees and Court Costs associated with modification of child support.

TAX EXEMPTIONS AND CREDITS: Father shall be allowed to claim the #c oldest minor children on his State and Federal Income Tax returns every year and shall be allowed to claim the day care deduction/credit for the youngest child, provided his child support is current for that year on the last day of the year. Father shall also be entitled to claim all child care credits or deductions. Mother shall be allowed to claim the #c youngest minor child on her State and Federal Income Tax returns every year.

MODIFICATIONS, ADDITIONAL ARRANGEMENTS AND DISPUTES: If any major dispute occurs or changes, such as relocation/moving, remarriage or present child care arrangements, which render this parenting plan no longer feasible or unreasonable, the parents shall agree to renegotiate and revise this plan with the aid of a Conciliation Service counselor or private mediator prior to any court actions being initiated.

COURT REQUIRED PROVISIONS: Pursuant to A.R.S. § 25-403 (I), the parties agree to review the terms of the joint access plan with each other or with the assistance of a private counselor or a Conciliation Services mediator, every two years.

If major changes arise which make the present plan no longer feasible, the parents shall agree to renegotiate their plan with a Conciliation Service counselor or private mediator prior to any changes taking place or any court actions being initiated.

Parents are advised that pursuant to A.R.S. 25-322(I) unless

otherwise provided by court order or law, both parents are entitled to have equal access to the child's medical, school and other records directly from the custodian or from the other parent.

Parenting plans with joint legal custody require the parties agree to address all of the following matters, as set forth in A.R.S. §25-403(1) and the parties therefore confirm the following:

- a. The best interests of the child is served;
- b. This parenting plan was not influenced by duress or coercion;
- c. This parenting plan is logistically possible;
- d. Each parent's rights and responsibilities for personal care of the child and for decisions in the areas of education, health care and religious training are designated;
- e. A schedule of the physical residence of the child including holidays and school vacations is included;
- f. The plan includes a procedure for periodic review;
- g. The plan includes a procedure by which proposed changes, disputes and alleged breaches may be mediated or resolved, which may include the use of Conciliation Services or private counseling; and
- h. The parties understand that joint custody does not necessarily mean equal parenting time.

The parties agree that each of these enumerated matters have been properly addressed and that these requirements have been satisfied.

APPROVED as to form and  
content for entry this  
\_\_\_\_\_, y1,  
by:

APPROVED as to form and  
content for entry this  
\_\_\_\_\_, y1,  
by:

\_\_\_\_\_  
p1, Petitioner r1, Respondent

LAW OFFICE OF DALE R. THORSON, P.C.  
DALE R. THORSON, State Bar #7280  
31 S. 63rd Street, Suite 2  
Mesa, Arizona 85206-1606  
(480) 641-3000  
Attorney for drt1

SUPERIOR COURT - STATE OF ARIZONA - Cty1 COUNTY

In re the Marriage of ) NO. dr#

pl, ) PARENT'S WORKSHEET FOR

Petitioner, ) CHILD SUPPORT AMOUNT

and ) Prepared By:

rl, ) [ ] FATHER [ ] MOTHER

Respondent.) [ ] COURT [ ] STATE

MONTHLY GROSS INCOME

FATHER MOTHER

Total Monthly Gross Income

(7) Estimated/Attributed to: [ ] Father [ ] Mother \_\_\_\_\_ (8) \_\_\_\_\_  
Explanation is required on the sheets following  
the signature page at Item 7.

ADJUSTMENTS TO MONTHLY GROSS INCOME

(Can be an addition or deduction)

Court Ordered Spousal Maintenance

Actually Received +/- Paid \_\_\_\_\_ (9) \_\_\_\_\_

Court Ordered Child Support Actually Paid

Contributed for Children of Other  
Relationships \_\_\_\_\_ (10) \_\_\_\_\_

Cost of Supporting Other Children \_\_\_\_\_ (11) \_\_\_\_\_

(Explanation is required on the sheets  
following the signature page at Item 11)

Adjusted Monthly Gross Income for Each Parent

(add or subtract lines 9 thru 11 from line 8) \_\_\_\_\_ (12) \_\_\_\_\_

COMBINED ADJUSTED MONTHLY GROSS INCOME

(13) \_\_\_\_\_

(add both amounts from line 12 together)

BASIC CHILD SUPPORT OBLIGATION

Number of Children for whom support is requested:

provide details on the sheets following the  
signature page at Item 14).

(14) \_\_\_\_\_

Basic Child Support Obligation  
(from the Schedule)

(15) \_\_\_\_\_

**ADJUSTMENTS FOR NECESSARY EXPENSES**

You may need to complete Items 30-31; (Explanation is required on the sheets following the signature page).

	<u>Father</u>	<u>Mother</u>
Medical/Dental Insurance Costs for Minor Children	_____	(16) _____
Child Care Costs (Calculation Worksheet is available on the sheets following the signature page at Item 17.)	_____	(17) _____
Adjusted for Tax Exempt	_____	(17a) _____
Extra Education Costs	_____	(18) _____
Extraordinary/Special Needs Child Costs	_____	(19) _____
Court Ordered Visitation/Exchange Costs	_____	(20) _____
Number of Children 12 & Over _____ 0 -10% _____	_____	(21) _____
<b>Total Adjustments for Necessary Expenses</b>	_____	(22) _____

**TOTAL CHILD SUPPORT OBLIGATION**

(add lines 15 and 22)

(23) \_\_\_\_\_

**EACH PARENT'S PERCENTAGE (%) OF COMBINED INCOME**

	<u>Father</u>	<u>Mother</u>
Calculate for each parent:		
Parent's Adjusted Monthly Gross from line 12	_____	(24) _____
Comb adj monthly gross income from line 13	_____	(25) _____
Parent's adj monthly gross income line 24 DIVIDED BY Comb adj monthly gross income from line 25 EQUALS	_____ %	(26) _____ %

**EACH PARENT'S PERCENTAGE OF TOTAL SUPPORT OBLIGATION**

	<u>Father</u>	<u>Mother</u>
Calculate for each parent:		
Total child support obligation (from line 23)	_____	(27) _____
Percentage of comb adj gross monthly income (from line 26)	_____ %	(28) _____ %
Percentage <b>TIMES</b> the total obligation <b>EQUALS</b> the amount of the parent's support obligation	_____	(29) _____

COMPLETE THIS SECTION FOR COSTS PAID BY THE NON-CUSTODIAL PARENT:

ADJUSTMENT FOR COSTS ASSOCIATED WITH VISITATION

Requested Adjustment to be completed for paying parent ONLY

Using \_\_\_ Table A or \_\_\_ Table B

Number of Visitation Days \_\_\_\_\_ Per Year (Explain on page 7)

Visitation Table % \_\_\_\_\_ x line 15 + \_\_\_\_\_ (30) \_\_\_\_\_

MEDICAL/DENTAL INSURANCE PREM ADJUSTMENT

Enter the monthly amount of medical/dental insurance premium paid directly to an insurance carrier by the non-custodial parent (from line 16). [Guidelines 11]

\_\_\_\_\_ (31a) \_\_\_\_\_

CHILD CARE ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial parent for work related child care (from line 17a)

\_\_\_\_\_ (31b) \_\_\_\_\_

EXTRA EDUCATIO ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial parent for extra education costs agreed upon by both parties or ordered by the Court (from line 18)

\_\_\_\_\_ (31c) \_\_\_\_\_

EXTRAORDINARY/SPECIAL NEEDS CHILD ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial parent for costs associated with special needs of gifted or handicapped children (from line 19)

\_\_\_\_\_ (31d) \_\_\_\_\_

COURT ORDERED VISITATION/EXCHANGE COSTS

Enter the monthly amount paid directly by the non-custodial parent for costs associated with Court-imposed supervised exchanges. (from line 20)

\_\_\_\_\_ (31e) \_\_\_\_\_

ADJUSTMENTS - SUBTOTAL

(add lines 30 and 31)

\_\_\_\_\_ (32) \_\_\_\_\_

PRELIMINARY CHILD SUPPORT AMOUNT

(deduct lines 32 from line 29)

\_\_\_\_\_ (33) \_\_\_\_\_

IF YOU HAVE SOLE CUSTODY, PERFORM THE SELF-SUPPORT RESERVE TEST (LINE 36) AND GO TO LINE 38.

IF YOU HAVE ALTERNATIVE CUSTODY ARRANGEMENTS, COMPLETE EQUAL TIME SHARING (LINE 34) OR MULTIPLE CHILDREN (LINE 35) SECTIONS AND THE SELF SUPPORT RESERVE TEST (LINE 36); THEN GO TO LINE 38.

EQUAL TIME SHARING, WHEN INCOMES ARE UNEQUAL

Prepare a Parent's Worksheet where neither party party receives a visitation adjustment. Determine which parent has the lower support amount on line 33, deduct the lower amount from the higher amount, divide that amount in half. The resulting amount is paid by the parent with the higher preliminary child support amount to the parent with the lower preliminary child support amount. Explain on the sheets following the signature page at Item 34.

\_\_\_\_\_ (34) \_\_\_\_\_

**MULTIPLE CHILDREN, DIVIDED CUSTODY**

Prepare a Parent's Worksheet to determine support for children in the Mother's household and a separate worksheet for children in the Father's household. Determine which parent has the lower support amount on line 33, deduct the lower amount from the higher amount. The resulting amount is paid to the parent with the lower obligation. Explain on the sheets following the signature page at Item 35.

\_\_\_\_\_ (35) \_\_\_\_\_

**SELF SUPPORT RESERVE TEST**

Paying Party's Adj Gross Income  
from line 12 \_\_\_\_\_ (12) \_\_\_\_\_

Minus Reserve (36a) ( 710 ) ( 710 )

Minus Arrears (36b) ( \_\_\_\_\_ ) ( \_\_\_\_\_ )

RESULT \_\_\_\_\_ (37) \_\_\_\_\_

If the amount from line 37 above is less than the Preliminary Child Support Amount, line 33, the Court MAY order the resulting amounts as child support order on line 37, absent a deviation.

**AMOUNT TO BE ORDERED BY THE PARENT ORDERED TO PAY  
BASED ON THESE CALCULATIONS**

Enter the lesser of the amounts shown  
on line 33, 34 or 37. \_\_\_\_\_ (38) \_\_\_\_\_

**DEVIATIONS FROM THE GUIDELINES SUPPORT AMOUNT**

If you believe the Guidelines support amount on line 36 is too high or too low in your case, enter the amount which you believe the Court should order as child support in this case. Explain why on the sheets following the signature page at Item 39.

\_\_\_\_\_ (39) \_\_\_\_\_

**RESPONSIBILITY FOR MEDICAL/DENTAL EXPENSES  
NOT PAID BY INSURANCE**

Percentage of uninsured or unreimbursed medical .

dental expenses that each parent should pay. \_\_\_\_\_%(41)\_\_\_\_\_%

I have read this document, and the facts are true and correct to the best of my knowledge or belief.

Date: \_\_\_\_\_, y1

(42) \_\_\_\_\_  
Signature of Person Filing  
p1 r1

STATE OF ARIZONA            )  
  )    ss.  
COUNTY OF MARICOPA        )

Subscribed and sworn to before me by p1 / r1 on \_\_\_\_\_  
\_, y1.

\_\_\_\_\_  
Notary Public

I have read this document, and the information is an accurate representation of the facts as supplied to me by p1 r1.

Date: \_\_\_\_\_, y1

(43) \_\_\_\_\_  
Signature of Attorney Filing  
Representing // Petitioner / Respondent



**BASIS FOR AMOUNTS SHOWN ON WORKSHEET**

(7) Estimated/Attributed Income - Explain why you believe the other party is or could be earning the amount you indicated. Be as specific as possible. See the instructions for item 7 for examples. (Guidelines 4.e.)

(11) Cost of Supporting Other Children - List the names and ages of the natural or adopted children for whom you are requesting an adjustment and describe the support you provide for these children. (Guidelines 5a. 5b. and 5c.)

Name(s)	Dates of Birth	Soc Sec No.
_____	____-____-____	____-____-____
_____	____-____-____	____-____-____
_____	____-____-____	____-____-____
_____	____-____-____	____-____-____

(14) Children for whom Support is Requested - List the names and ages of the natural or adopted children for whom you are requesting support.

Name(s)	Dates of Birth	Soc Sec No.
_____	____-____-____	____-____-____
_____	____-____-____	____-____-____
_____	____-____-____	____-____-____
_____	____-____-____	____-____-____

(17) Child Care Costs -

(19) Child 12 and OVER - Follow the instructions for item 19. On this page tell why you need extra money to support the child(ren) age 12 and OVER. Enter the monthly dollar amount of the increase you are requesting on line 19.

(31) Physical Custody Adjustment - If you believe the basic needs of the children are met in the primary care home and you want the court to make an adjustment in recognition of your physical custody arrangements, calculate the numbers of visitation days per year. See Guidelines Section 10.

(36) Deviation From the Guidelines Support Amount - If you believe the Guidelines support amount is too high or too low in your case, explain why. READ THE GUIDELINES GENERALLY AND SECTION 17 IN PARTICULAR. (This does not include physical custody adjustments; those are considered in items 29 and 32) Show the

total support amount you believe should be ordered. A deviation can only be ordered if the court makes appropriate findings.

Requested Support Amount \$ \_\_\_\_\_

**(37) Visitation-Related Travel Expenses** - Describe the anticipated visitation plan and related travel/transportation costs. The court may consider how the conduct of each parent has contributed to such costs. Explain how you think the cost should be divided between the parents. Enter the amount or percentage you think each parent should pay on line 36. The allocation of travel expenses does not change the amount of the support ordered.

**OTHER REQUESTS** - Identify and explain any additional issues you want the court to address.