

DISCLOSURE

FOR PARENTING TIME, LEGAL DECISION-MAKING, AND CHILD SUPPORT

YOU CAN USE THIS PACKET IF ALL THIS IS TRUE:

- A Petition and Response have been filed in your court case for parenting time, legal decision-making, and child support.

Before signing a court document or getting involved with a court case, it's important to see an attorney to make sure you understand your legal rights and responsibilities. The Self-Help Center has information on finding an attorney.

INSTRUCTIONS

**STEP 1: BY 40 DAYS AFTER THE RESPONSE IS FILED:
COMPLETE STEPS 2 THROUGH 6**

If you have a Resolution Management Conference or Temporary Orders hearing scheduled: Make sure you complete Steps 2 through 6 by the deadlines listed in the court order that scheduled your court date.

STEP 2: MEET WITH THE OTHER PARTY, IN PERSON OR BY PHONE, AND TRY TO AGREE ON THE ISSUES IN THE CASE

If there has been domestic violence between you and other party: Skip this step.

STEP 3: FILL OUT THE PROPOSED RESOLUTION STATEMENT

**STEP 4: IF YOU AND THE OTHER PARENT DISAGREE ABOUT CHILD SUPPORT:
FILL OUT THE AFFIDAVIT OF FINANCIAL INFORMATION**

Otherwise, skip this form.

STEP 5: FILL OUT THE DISCLOSURE STATEMENT

STEP 6: FILE THE FORMS – BUT NOT THE ATTACHMENTS – WITH THE COURT

File the following with the court:

- Proposed Resolution Statement
- Disclosure Statement – but do not file any attachments (like bank statements and W-2 forms)

Take or mail the original and two copies, all single-sided, to the Clerk's Office in the Coconino County Courthouse at 200 N. San Francisco St., Flagstaff, AZ 86001.

The Clerk will stamp your copies with the filing date and return them to you for your records. If you file by mail, include a self-addressed, stamped envelope and a note asking the Clerk to return the date-stamped copies to you.

STEP 7: DELIVER THE FORMS TO THE OTHER PARTY

Mail or hand-deliver the following to the other party (if the other party has an attorney, deliver them to the attorney):

- A copy of the Proposed Resolution Statement

- [] A copy of the Disclosure Statement, with any attachments
- [] Affidavit of Financial Information, if applicable

**STEP 8: IF YOU AND THE OTHER PARTY COME TO AGREE ON EVERYTHING:
USE THE LAW LIBRARY PACKET CALLED *CONSENT DECREE***

**STEP 9: IF YOU AND THE OTHER PARTY STILL DO NOT AGREE ON EVERYTHING:
USE THE LAW LIBRARY PACKET CALLED *FINISHING A CASE: A RESPONSE WAS FILED: THE OTHER PARTY WON'T SIGN***

You must file this by the deadline. See the Instructions for the deadline.

Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self _____

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

Petitioner's Name on the Petition for divorce,
legal separation, or parenting time:

Case Number: DO _____

PROPOSED RESOLUTION
STATEMENT

- DIVORCE/SEPARATION**
- PARENTING TIME/LEGAL DECISION-MAKING**

Respondent's Name:

I am the Petitioner or Respondent.

TITLE IV-D CASE:

- I and/or my children receive or have received public assistance that may include AFDC, TANF, or AHCCCS.
- I have a case with the Division of Child Support Enforcement.

MINOR CHILDREN:

The following children are under 18, or are 18 and in high school, and are my and the other party's biological or adopted children:

Name:	Birthdate:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____

LEGAL DECISION-MAKING ABOUT THE CHILDREN:

I want legal decision-making as follows.

- The other party agrees.

Joint Legal Decision-Making: Award the parents joint legal decision-making about the children as stated in the Joint Legal Decision-Making Agreement we signed. No significant domestic violence has occurred between the parties. The Joint Legal Decision-Making Agreement is attached or the Joint Legal Decision-Making Agreement dated _____ was filed previously.

Sole Legal Decision-Making: Award Mother or Father sole legal decision-making about the children. Joint legal decision-making is not in the children's best interest because (*you must fill in this blank if you ask for sole legal decision-making*):

CHILDREN'S PRIMARY RESIDENCE:

- Children will live mostly with Mother.
- Children will live mostly with Father.
- Children will live equally with Mother and Father.

PARENTING TIME:

I want parenting time as follows.

- The other party agrees.

Order This Parenting Time Plan:

The children will be in Father's care at these times:

At the start of Father's time with the children, Mother will drop them off or Father will pick them up at this time: _____ at this location: _____

The children will be in Mother's care at these times:

At the start of Mother's time with the children, Father will drop them off or Mother will pick them up at this time: _____ at this location: _____

While we understand the court may enforce this drop-off and pick-up schedule, we will be reasonably flexible about it.

Other scheduling arrangements:

During Summer school breaks, parenting time will be:

- the same as always
- with Petitioner or Respondent
- at both households according to this schedule:

We each are entitled to an annual _____-week vacation with the children. We will work out the details of the vacation at least _____ days in advance.

Neither party will travel with the children outside Arizona for longer than _____ days without notifying the other party ahead of time.

We will inform each other of plans to travel out of the area with the children and of addresses and phone numbers where we and children can be reached during travel.

Holidays:

	Even Years		Odd Years	
	Petitioner	Respondent	Petitioner	Respondent
Spring Vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother's Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father's Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 th of July	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall Break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Halloween	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thanksgiving Weekend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hanukkah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter Break: Week 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter Break: Week 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Birthdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Each party will have the children on that party's birthday.

On three-day weekends, which include Martin Luther King Day, President's Day, Memorial Day, Labor Day, and Columbus Day, the children will remain in the care of the party who has them for the weekend.

Holiday times will begin and end as follows: _____

Phone access:

Each parent may contact the children by phone during the children's normal waking hours.

Other: _____

Religion:

Each parent may take the children to a place of worship of that parent's choice while the children are in that parent's care.

The children may be instructed in the following faith: _____

Religious arrangements do not apply to this Plan.

Communicating with each other: We will communicate with each other about the children by phone by email by text in person at least every _____ days.

We may change the parenting plan by written agreement only, except in an emergency.

Reviewing the plan: We will review this Plan every _____ months and ask the court for any necessary or desired changes.

Other: _____

Order Supervised Parenting Time:

Unsupervised parenting time would endanger the children's physical, mental, moral, or emotional health because:

Parenting time may take place only in the presence of another person, named as follows:

Other restrictions on parenting time:

The cost of supervised parenting time, if any, will be paid by the parent being supervised or by the custodial parent or equally by both parties.

Order No Parenting Time:

Even supervised parenting time with the other parent would endanger the children's physical, mental, moral, or emotional health because:

CHILD SUPPORT:

Parent's Worksheet for Child Support Amount: The attached Worksheet or the Worksheet dated _____, filed previously, shows the financial factors necessary to calculate child support under the Arizona Child Support Guidelines.

The other party agrees.

Past Support: Past support should be paid by Mother or Father for the period of _____ through _____ in the amount of \$_____.

The other party agrees.

Medical, Dental, Vision Care for Minor Children:

Mother should be responsible for providing medical dental vision care insurance.

Father should be responsible for providing medical dental vision care insurance.

Insurance is not available to either parent at a reasonable cost. So, mother father should pay \$_____ a month to the other parent for medical support.

For Parenting Time/Paternity Cases:

Direct Payments: I received or paid direct payments for support for the period of _____ through _____ in the amount of \$_____

Past Medical Expenses: Mother or Father should pay the other party \$_____ for the cost of pregnancy, childbirth, and/or the children’s past medical expenses.

The other party agrees.

TAX EXEMPTIONS:

I want our income tax dependency exemptions divided as follows.

The other party agrees.

Parent Entitled to Claim:

Me	My Spouse	Child’s Name	Tax Years
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SPOUSAL SUPPORT (for Divorce and Separation cases only):

I want spousal support as follows.

The other party agrees.

Neither party is entitled to spousal support.

Award Petitioner or Respondent \$_____ per month in spousal support from the other party beginning the first day of the month after the Decree is signed. Order that payments be made by the first day of each month thereafter and continue until the receiving party is remarried or deceased or until _____, whichever is sooner.

PROPERTY AND DEBTS (for Divorce and Separation cases only):

Community property and debts should be divided and separate property and debts should be confirmed as listed below in the Petition in the Response.

The other party agrees.

	Value	Petitioner	Respondent
Community Property:			
Real Estate:			
Address: _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Legal Description: _____			
Address: _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Legal Description: _____			
Bank Accounts:			
<i>Enter the name on the account and the account description (for example, "savings").</i>			
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicles:			
Make: _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Model: _____			
Lienholder: _____			
Last Four Digits of VIN: _____			
Make: _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Model: _____			
Lienholder: _____			
Last Four Digits of VIN: _____			
Employment Benefits:			
<i>Examples: 401K, retirement accounts, pensions.</i>			
<i>Enter name on the account and the fund name.</i>			
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

Other Community Property:

The parties have already divided all remaining property, and the court confirms that division, except as follows.

	Value	Me	My spouse
Household Furniture and Appliances:			
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Other:			
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

	Value	Me	My spouse
_____	\$ _____	[]	[]
_____	\$ _____	[]	[]

Community Debts:

Enter the name on the account, creditor, and description (for example, "credit card").

_____	\$ _____	[]	[]
_____	\$ _____	[]	[]
_____	\$ _____	[]	[]
_____	\$ _____	[]	[]

Separate Property:

_____	\$ _____	[]	[]
_____	\$ _____	[]	[]
_____	\$ _____	[]	[]
_____	\$ _____	[]	[]

Separate Debts:

_____	\$ _____	[]	[]
_____	\$ _____	[]	[]
_____	\$ _____	[]	[]
_____	\$ _____	[]	[]

Each party shall pay all debts unknown to the other party. Each party shall pay his or her debts forward from the date the Petition was served on Respondent. This Decree can be used as a transfer of title and can be recorded. Parties shall sign all documents necessary to complete all transfers of title ordered in this Decree, such as for motor vehicles, houses, and bank accounts. The parties shall transfer all real and personal property to the other party as ordered within 10 calendar days after the judge signs the Decree.

ATTORNEY'S FEES:

If the case is settled today, I want the court to order attorney's fees as follows.

- The other party agrees.
- Each party to pay his or own attorney's fees and costs.
- Petitioner to pay the other party \$_____ for attorneys' fees and costs within _____ days.
- Respondent to pay the other party \$_____ for attorneys' fees and costs within _____ days.

NAME CHANGE:

Restoration of Former Name (for Divorce cases only):

Restore me to my former name of _____

Children’s Name Change (for Paternity cases only):

I want the following name changes.

- The other party agrees.
- Order that Father’s name be added to each child’s birth certificate. If the children’s birth certificates already list the name of a father other than Father, order that the name be changed to Father’s name.
- Order each child’s last name changed to Father’s last name and a new birth certificate issued for each child showing the new name.

OTHER ISSUES:

I believe the following other issues must be resolved to fully settle this case:

SETTLEMENT:

I understand I am required to meet with the other party (and their attorney, if they have one) at least five days before my court date to try to come to as many agreements as possible. We are not required to meet if there is a protective order or a significant history of domestic violence between us. The above statements are true based on my best information and belief and I am willing to settle and resolve this case based on that information. I will be prepared to show documentation to support my position at the time of the conference or hearing.

Date: _____

Signature: _____

Name of Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

Petitioner's Name on the Petition that started this case: _____ Case Number: DO_____

AFFIDAVIT OF FINANCIAL INFORMATION

Respondent's Name: _____

I am the Petitioner or Respondent

INSTRUCTIONS:

DON'T LEAVE ANYTHING BLANK: If a question doesn't apply, write "NA" for "not applicable". If you don't know the answer or are guessing, say that.

Round all amounts to the nearest dollar.

If there's not enough room for your answers, attach more paper.

After completing the form, **file the following with the court:**

- Affidavit of Financial Information
- Copies of your two most recent pay stubs
- If you're court-ordered to pay child support or arrears for children of other relationships: Proof of your payments over the last 12 months

And **give copies of the following to the other party:**

- Affidavit of Financial Information and any attachments
- Proof of your year-to-date income from all sources, including your two most recent pay stubs
- Complete copies of your federal income tax returns for the last three years with all schedules and attachments
- Your W-2 and 1099 forms from all sources of income for the last three years
- If you are self-employed, a member of a partnership, or a shareholder of a closely held corporation: Complete copies of the business federal income tax returns for the last three years with all schedules and attachments

Are you sending copies of the items listed above to the other party? Yes No. If No, why not?

OATH:

I've read this Affidavit. The facts and financial information in it are true and correct. I understand that it might be perjury if I list false information. I understand that if I leave anything blank or list wrong information, the judge might order sanctions against me, including fees and expenses under Rule 31, Arizona Rules of Family Law Procedure.

Date: _____ My Signature: _____

GENERAL INFORMATION:

My Name: _____ Birthdate: _____

Current Address: _____

Last date that I and the other party lived together: _____

For married or divorced parties:

Date of Our Marriage: _____

Our divorce is pending or final. If final: Date of Divorce: _____

Children: These are all the children who are under 18 and are my and the other party's biological or adopted children:

Name	Birthdate	Last 4 Digits of Social Security Number

Household: These are all the people who live in my household:

Name	Relationship to Me	Birthdate	Gross Monthly Income

Other People I Support: These are all other people who I support and who are not already listed above:

Name	Relationship to Me	Age	Lives with Me? (Y/N)	I'm Court-Ordered to Support Them? (Y/N)

Attorney's Fees: Attorney's fees I've paid in this case: \$ _____

Where I got the money to pay those fees: _____

Employment:

My job/occupation/profession/title: _____

My current employer's name: _____

Current employer's address: _____

Date current employment began: _____

How often I'm paid: Weekly Every other week Monthly Twice a month
 Other: _____

If I'm not working, it's because: _____

Previous employer's name: _____

Previous employer's address: _____

Previous job/occupation/profession/title: _____

Date previous job began: _____ Date previous job ended: _____

Why I left previous job: _____

Gross monthly pay at previous job: \$ _____

Total gross income from last three years' tax returns:

Year _____ \$ _____ Year _____ \$ _____ Year _____ \$ _____

My total gross income from January 1 of this year to the date of this Affidavit: \$ _____

Education/Training:

	School Name	# of Years There	Last Year There	Degree Earned
High School				
College				
Post-Graduate				
Occupational Training				

INCOME:

Gross Monthly Income:

What to list: List all income you receive from any source, whether private or governmental, taxable or not. List all income payable to you individually and all non-wage income payable jointly to you and your spouse.

Monthly average: Use a monthly average for items that change from month to month.

Monthly total for weekly or biweekly income: Multiply weekly income by 4.33 to get the monthly total. Multiply income received every other week by 2.165 to get the monthly total.

Gross monthly salary/wages \$ _____

Rate of Pay: \$ _____ per [] hour [] week [] month [] year

Expenses my employer pays for:
Include all amounts your employer reimburses you for, including travel for work and to distant job sites, per diem, and living expenses for time spent at another job site.

 Automobile provision or allowance..... \$ _____

 Auto expenses, such as gas, repairs, and insurance \$ _____

 Lodging \$ _____

 Other (explain): _____ \$ _____

Commissions/Bonuses \$ _____

Tips \$ _____

Self-employment income \$ _____

Social Security benefits..... \$ _____

Worker's compensation and/or disability income \$ _____

Unemployment compensation \$ _____

Gifts/Prizes..... \$ _____

Spousal support (alimony) payments from a previous marriage \$ _____

Rental income (net after expenses)..... \$ _____

Contributions to household living expenses by others \$ _____

Other (explain): *Include dividends, pensions, interest, trust income, annuities, etc.* _____ \$ _____

Total Gross Monthly Income: \$ _____

Monthly child support I receive for my children from other relationships who live with me:
 \$ _____

Self-Employment:

Fill out this section if: Fill out this section only if you are self-employed, a member of a partnership, or a shareholder of a closely held corporation.

Business name: _____

Business address: _____

Business phone number: _____

Type of business entity: _____

State and date of incorporation/formation: _____

Nature of my interest: _____

Nature of business: _____

Percent ownership: _____

Number of shares of stock: _____

Total issued and outstanding shares: _____

Gross sales/revenue over the last 12 months: _____

EXPENSES:

Monthly Expenses for Children We Have in Common:

Fill out this section if: Fill out this section only if you and the other party have biological or adopted children together under age 18 or 18 and still in high school.

What to list: List only expenses that you pay yourself for those children.

Future expenses: If you list an expense you think you'll have in the future but don't have now, put an asterisk () next to the amount.*

Health Insurance:

Total monthly cost \$ _____

Premium cost to insure just me and not the children: \$ _____

Premium cost to insure just the children and not me: \$ _____

You must list these premium costs. You can get them from your Human Resources Department.

Names of all people covered by my insurance:

Name of insurance company and Policy/Group Number:

Do you have health insurance available to you? Yes No

If Yes, are you enrolled in that insurance? Yes No

Dental/Vision Insurance:

Total monthly cost \$ _____

Premium cost to insure just me and not the children: \$ _____

Premium cost to insure just the children and not me: \$ _____

You must list these premium costs. You can get them from your Human Resources Dept.

Names of all people covered by my insurance:

Name of insurance company and Policy/Group Number:

Unreimbursed Medical And Dental Expenses:

This is the cost to you that insurance doesn't reimburse.

Co-payments \$ _____
Drugs and medical supplies \$ _____
Other (*explain*): _____ \$ _____

**Total A: Total Of Health Insurance, Dental/Vision Insurance, And Unreimbursed
Medical And Dental Expenses: \$ _____**

Employer Pretax Program:

Do you participate in an employer program for pretax payment of child care expenses ("Cafeteria Plan")? Yes No

Child Care Costs:

Total monthly child care costs (*do not include amounts that DES pays*) \$ _____

Names of children receiving child care and cost per child:

Name: _____ \$ _____
Name: _____ \$ _____
Name: _____ \$ _____
Name: _____ \$ _____

Child care providers:

Name	Address

Extraordinary Expenses:

Monthly amount of extraordinary expenses for gifted or handicapped children (*explain*): _____ \$ _____

Total B: Total Of Child Care Costs and Extraordinary Expenses \$ _____

Monthly Expenses From Other Relationships:

Court-Ordered Support For Children Of Other Relationships:

These are all the children under age 18, or 18 and still in high school, who I support or who live with me and who are not the other party's children:

Name	Relationship to Me

Monthly amount of child support I'm court-ordered to pay for children of other relationships \$ _____

Monthly amount of arrears I'm court-ordered to pay for children of other relationships \$ _____

Monthly amount of that child support and those arrears that I actually paid over the last 12 months: \$ _____

Court-Ordered Spousal Support (Alimony) From Previous Marriages:

Monthly amount of court-ordered spousal support I actually pay to spouses from previous marriages \$ _____

Total C: Total Of Expenses From Other Relationships \$ _____

My Monthly Expenses:

Fill out this section if: Fill out the "My Monthly Expenses" section only if either party asked for any of the following:

- *spousal support*
- *temporary division of bills*
- *attorney's fees and costs*
- *deviation from the child support guidelines*
- *enforcement of previous court orders*

What to list: List your own expenses. Do not list expenses for the other party or for children who live with the other party unless you are paying those expenses yourself.

Monthly average: Use a monthly average for items that change from month to month.

Future expenses: If you list an expense you think you'll have in the future but don't have now, put an asterisk () next to the amount.*

Housing:

House payment:
First mortgage \$ _____
Second mortgage..... \$ _____
Homeowners association fee..... \$ _____
Rent \$ _____
Repair and upkeep..... \$ _____
Yard work/Pool/Pest control..... \$ _____
Insurance and taxes not included in house payment..... \$ _____
Other (*explain*): _____ \$ _____

Total Housing Expenses: \$ _____

Utilities:

Water, sewer, and garbage \$ _____
Electricity \$ _____
Gas \$ _____
Telephone..... \$ _____
Mobile phone/pager \$ _____
Internet provider..... \$ _____
Cable/Satellite television \$ _____
Other (*explain*): _____ \$ _____

Total Utilities Expenses: \$ _____

Food:

Food, milk, and household supplies..... \$ _____
School lunches \$ _____
Meals outside the home \$ _____

Total Food Expenses: \$ _____

Clothing:

Clothing for me..... \$ _____
Uniforms or special work clothes \$ _____
Clothing for children living with me \$ _____
Laundry and dry-cleaning \$ _____

Total Clothing Expenses: \$ _____

Transportation:

Car insurance \$ _____
These are all the cars and people covered by that insurance:

Car payment \$ _____
Car repair and maintenance \$ _____
Gas and oil \$ _____
Bus fare/parking fees \$ _____
Other (*explain*): \$ _____

Total Transportation Expenses: \$ _____

Miscellaneous:

School and school supplies \$ _____
School activities or fees \$ _____
Children's extracurricular activities..... \$ _____
Church/contributions..... \$ _____
Newspapers, magazines, and books..... \$ _____
Barber and beauty shop..... \$ _____
Life insurance (beneficiary's name: _____) \$ _____
Disability insurance \$ _____
Recreation/entertainment \$ _____
Children's allowances \$ _____
Union/Professional dues \$ _____
Voluntary retirement contributions and savings deductions..... \$ _____
Family gifts \$ _____
Pet expenses \$ _____
Cigarettes \$ _____
Alcohol..... \$ _____
Extraordinary expenses for you (*list any unusual expenses for yourself that are unique to your family and not listed anywhere else on this form*): \$ _____

Total Miscellaneous Expenses: \$ _____

Total D: Total Of Housing, Utilities, Food, Clothing, Transportation, and Miscellaneous Expenses \$ _____
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Other Debts:

List all debts and installment payments you currently owe and are paying that are not already listed above.

Creditor Name	Purpose of Debt	Unpaid Balance	Amount of Last Payment	Date of Last Payment	Minimum Monthly Payment

Total E: Total Of Minimum Monthly Payments for Other Debts	\$ _____
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Total of All Monthly Expenses (Add together Totals A, B, C, D, and E, and enter the total here)..... **\$ _____**

*When you file this with this court, do not include any of the enclosures or attachments.
Those just go to the other party.*

Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self

COCONINO COUNTY SUPERIOR COURT

Petitioner's Name on the Petition for divorce,
legal separation, or parenting time:

Case Number: DO _____

DISCLOSURE STATEMENT

Respondent's Name:

**For Parenting Time, Legal Decision-
Making, and Child Support**

My Name: _____

Today's Date: _____

Witnesses: I plan to bring these witnesses if there's a trial in this case:

Name: _____

Phone Number: _____

Address: _____

Detailed Summary of What They'll Say in Court:

Name: _____

Phone Number: _____

Address: _____

Detailed Summary of What They'll Say in Court:

Expert Witnesses: I plan to bring these expert witnesses if there's a trial in this case:

Name: _____ Phone Number: _____

Address: _____

What Makes Them an Expert: _____

Detailed Summary of What They'll Say in Court:

Have they prepared a report about what they'll say? Yes No

Name of Person Who Has the Report: _____

Address of Person Who Has the Report: _____

Name: _____ Phone Number: _____

Address: _____

What Makes Them an Expert: _____

Detailed Summary of What They'll Say in Court:

Have they prepared a report about what they'll say? Yes No

Name of Person Who Has the Report: _____

Address of Person Who Has the Report: _____

Children’s Primary Residence, and Legal Decision-Making About the Children:

Do you and the other parent agree about the children’s primary residence and legal decision-making about the children? [] Yes [] No

If No, fill out this section, and enclose the items listed in this section.

If Yes, skip this section.

My Treatment Providers: During the five years before the Petition was filed, I was treated for psychiatric or psychological issues, anger management, substance abuse or domestic violence by:

Treatment Provider’s Name: _____

Treatment Provider’s Address: _____

Start Date of Treatment: _____ End Date of Treatment: _____

Treatment Provider’s Name: _____

Treatment Provider’s Address: _____

Start Date of Treatment: _____ End Date of Treatment: _____

My Spouse’s Treatment Providers: During the five years before the Petition was filed, my spouse was treated for psychiatric or psychological issues, anger management, substance abuse or domestic violence by:

Treatment Provider’s Name: _____

Treatment Provider’s Address: _____

Start Date of Treatment: _____ End Date of Treatment: _____

Treatment Provider’s Name: _____

Treatment Provider’s Address: _____

Start Date of Treatment: _____ End Date of Treatment: _____

I’m Enclosing The Following:

- A copy of any past or current protective order, and the petition that asked for it, involving me or my spouse or a member of one of our households.
- The date, description, location, and documentation of any criminal charge against or conviction of me or my spouse or a member of one of our households during the ten years before the Petition was filed.
- The date, description, location, and documentation of any Child Protective Services investigation or proceeding involving me or my spouse or a member of one of our households during the ten years before the Petition was filed.

Domestic Violence, Substance Abuse, Sex Offender/Murder Conviction:

- I want the court to deny legal decision-making about the children to the other party because:
- The other party has committed an act of domestic violence against me, and I have not committed an act of domestic violence.
 - The other party has abused drugs or alcohol or been convicted of a drug offense under the Arizona Revised Statutes, Title 13, Chapter 34, or sections 28-1381, 28-1382, or 28-1383 within the 12 months before the petition or request for legal decision-making was filed.
 - The other party is a registered sex offender or has been convicted of murder in the first degree and the victim of the murder was the children's other parent. I also want the court to deny the other party unsupervised parenting time with the children.

I've listed any witnesses or exhibits I plan to bring to the court date about these topics in the Witnesses and Exhibits sections above.

Child Support:

Do you and the other parent agree about child support? Yes No

If No, I'm enclosing the following:

- A completed Affidavit of Financial Information
- Proof of my income from all sources, including complete tax returns, W-2 forms, 1099 forms, and K-1 forms, for the past two completed calendar years, and year-to-date income information for the current calendar year, including, but not limited to, year-to-date pay stub, salaries, wages, commissions, bonuses, dividends, severance pay, pensions, interest, trust income, annuities, capital gains, social security benefits, worker's compensation benefits, unemployment insurance benefits, disability insurance benefits, recurring gifts, prizes, and spousal maintenance.
- Proof of all medical, dental, and vision insurance premiums I've paid for any child listed in the Petition.
- Proof of any child care expenses I've paid for any child listed in the Petition.
- Proof of any expenses I've paid for private or special schools or other particular education needs for any child listed in the Petition.
- Proof of any expenses I've for the special needs of a gifted or handicapped child listed in the Petition.
- Proof of court-ordered child support and spousal maintenance I've paid in any other court case.

Future Information and Documents:

If I learn about new or different information or documents about these topics in the future, I will mail or hand-deliver a copy of it to the other party by 30 days after I learn about it.

My Signature: _____