

**SETTLEMENT CONFERENCE  
MEMORANDUM**

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

**YOU CAN USE THIS PACKET IF ALL THIS IS TRUE:**

- You have a Settlement Conference scheduled in your parenting time case.

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: FILL OUT THE SETTLEMENT CONFERENCE MEMORANDUM**

**STEP 2: IF YOU DISAGREE ABOUT CHILD SUPPORT: FILL OUT THE AFFIDAVIT OF FINANCIAL INFORMATION**

If you've already filed an Affidavit of Financial Information and everything in it is still true, attach a copy of it. You do not need to fill out a new one.

**STEP 3: DELIVER THE FOLLOWING TO THE PERSON LEADING YOUR SETTLEMENT CONFERENCE**

- Settlement Conference Memorandum with the following attached if they apply:
- Affidavit of Financial Information

The Minute Entry or court order scheduling the Settlement Conference should tell you who will lead your Settlement Conference. This will usually be a judge. Mail or hand-deliver the documents to that person. Do not file them with the Clerk of Court.

*Do not file this form with the court. See the Instructions in this packet.*

My Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self \_\_\_\_\_

COCONINO COUNTY SUPERIOR COURT

Petitioner's Name on the Petition for that started this case: \_\_\_\_\_ Case Number: DO \_\_\_\_\_

**SETTLEMENT CONFERENCE**  
**MEMORANDUM**

Respondent's Name: \_\_\_\_\_

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

I am the  Petitioner or  Respondent.

**LEGAL DECISION-MAKING ABOUT THE CHILDREN:**

We agree on legal decision-making.

We disagree about legal decision-making. This is how we disagree:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- [ ] We disagree about legal decision-making, and if there's a trial, I'm going to bring these witnesses and evidence to support what I'm asking for:

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**CHILDREN'S PRIMARY RESIDENCE:**

- [ ] We agree on the children's primary residence.

- [ ] We disagree about the children's primary residence. This is how we disagree:

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- [ ] We disagree about the children's primary residence, and if there's a trial, I'm going to bring these witnesses and evidence to support what I'm asking for:

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**PARENTING TIME:**

[ ] We agree on parenting time.

[ ] We disagree about parenting time. This is how we disagree:

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[ ] We disagree about parenting time, and if there's a trial, I'm going to bring these witnesses and evidence to support what I'm asking for:

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**CHILD SUPPORT:**

[ ] We agree on child support, including who will claim the children on our taxes in which years as dependents and for the Earned Income Tax Credit.

[ ] We disagree about child support or claiming the children on our taxes. This is how we disagree:

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[ ] We disagree about child support or claiming the children on our taxes, and if there's a trial, I'm going to bring these witnesses and evidence to support what I'm asking for:

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**AFFIDAVIT OF FINANCIAL INFORMATION:**

If we disagree about child support, I'm attaching an Affidavit of Financial Information.

**OTHER DISAGREEMENTS:**

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**HOW WE'VE TRIED TO SETTLE THIS CASE:**

We've taken these steps to try to come to agreements about these issues:

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**OTHER INFORMATION:**

The following information, not covered above, might help us come to agreements:

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**EVIDENCE:**

I plan to bring these pieces of evidence to the Settlement Conference, and I will mail or hand-deliver copies of them to the other party before the Settlement Conference:

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I understand that witnesses are not allowed at the Settlement Conference and that only I, the other party, and our attorneys, if we have them, will be allowed to speak at the Settlement Conference.

Date: \_\_\_\_\_

My 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.* \_\_\_\_\_ \$ \_\_\_\_\_

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**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 ..... \$ \_\_\_\_\_

|   |
|---|
| <b>Total C: Total Of Expenses From Other Relationships ..... \$ _____</b> |
|---|

**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: \$ \_\_\_\_\_**

|  |
|--|
| <b>Total D: Total Of Housing, Utilities, Food, Clothing, Transportation, and Miscellaneous Expenses</b> ..... \$ _____ |
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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 |
|---------------|-----------------|----------------|------------------------|----------------------|-------------------------|
|               |                 |                |                        |                      |                         |
|               |                 |                |                        |                      |                         |
|               |                 |                |                        |                      |                         |
|               |                 |                |                        |                      |                         |
|               |                 |                |                        |                      |                         |

|   |                 |
|---|-----------------|
| <b>Total E: Total Of Minimum Monthly Payments for Other Debts .....</b> | <b>\$ _____</b> |
|---|-----------------|

**Total of All Monthly Expenses** (Add together Totals A, B, C, D, and E, and enter the total here)..... **\$ \_\_\_\_\_**