

SETTLEMENT CONFERENCE MEMORANDUM FOR CASES WITHOUT CHILDREN

YOU CAN USE THIS PACKET IF ALL THIS IS TRUE:

- You have a Settlement Conference scheduled in your divorce or legal separation case.
- There are no children in your 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 SPOUSAL SUPPORT OR THE DIVISION OF PROPERTY AND DEBTS:

1. 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.

2. Fill Out The Inventory Of Debts And Community Property

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
 - Inventory of Debts and Community Property

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 _____

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

Petitioner's Name on the Petition for divorce or legal separation: _____ Case Number: DO _____

SETTLEMENT CONFERENCE
MEMORANDUM

Respondent's Name: _____

For Divorce Or Legal Separation Without Children

I am the Petitioner or Respondent.

SPOUSAL SUPPORT:

We agree on spousal support.

We disagree about spousal support. This is how we disagree:

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

PROPERTY AND DEBTS:

[] We agree on all or part of how to divide our property and debts. This is what we agree on:

[] We disagree about all or part of how to divide our property and debts. This is what we disagree about:

[] We disagree about all or part of how to divide our property and debts, and if there's a trial, I'm going to bring these witnesses and evidence to support what I'm asking for:

AFFIDAVIT OF FINANCIAL INFORMATION:

If we disagree about spousal support or the division of our property and debts, I'm attaching an Affidavit of Financial Information and an Inventory of Debts and Community Property.

OTHER DISAGREEMENTS:

HOW WE’VE TRIED TO SETTLE THIS CASE:

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

OTHER INFORMATION:

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

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:

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.* _____ \$ _____

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 \$ _____
--

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	\$ _____
---	-----------------

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

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 _____

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

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

**INVENTORY OF DEBTS AND
COMMUNITY PROPERTY**

Respondent's Name: _____

Community Debts: <i>Enter the name on the account, the creditor's name, and a description (for example, "credit card").</i>	Amount Owed	Currently Paying the Debt	
		Petitioner	Respondent
_____	\$ _____	<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"/>

Separate Debts: <i>Enter the name on the account, the creditor's name, and a description (for example, "credit card").</i>	Amount Owed	Responsible for the Debt	
		Petitioner	Respondent
_____	\$ _____	<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"/>

	Date Acquired	Current Value	Amount of Any Encumbrance (mortgage, lien, etc.)
Community Property:			
Real Estate:			
Address: _____	_____	\$ _____	\$ _____
Legal Description: _____			

Address: _____	_____	\$ _____	\$ _____
Legal Description: _____			

Bank Accounts:			
<i>Enter the name on the account and the account description (for example, "savings").</i>			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Motor Vehicles:			
Make: _____	_____	\$ _____	\$ _____
Model: _____			
Lienholder: _____			
Last Four Digits of VIN: _____			
Make: _____	_____	\$ _____	\$ _____
Model: _____			
Lienholder: _____			
Last Four Digits of VIN: _____			
Employment Benefits:			
<i>Examples: 401K, retirement accounts, pensions. Enter name on the account and the fund name.</i>			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Household Furniture and Appliances:			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Other:	Date Acquired	Current Value	Amount of Any Encumbrance (mortgage, lien, etc.)
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Date: _____

My Signature: _____