

# **PETITION TO MODIFY CHILD SUPPORT**

**(STANDARD PROCESS)**

**1**

**To Change an Existing Court Order  
Due to Continuing Change in Circumstances**  
(Standard Process)

**Part 1: Filing the Court Papers**  
(Instructions and Forms)

## Law Library Resource Center

# REQUEST TO MODIFY A CHILD SUPPORT ORDER (Standard Process)

### Forms and Instructions

#### CHECKLIST

**YOU MAY USE THE FORMS and instructions in this packet if . . .**

- ✓ You have a child support order from Maricopa County and believe the amount of child support should be changed because there has been a **substantial and continuing** change in your circumstances.

#### DO NOT USE THESE FORMS:

- ✗ To change spousal maintenance (alimony);
- ✗ To change the amount owed for back child support (arrears).
- ✗ If your order is from a court outside this county (unless an attorney has advised you to);
- ✗ If the reason you are requesting the change is because the living arrangements of the minor child(ren) have changed but the court order about custody and parenting time has **not** (in which case you may need to file to modify or to legally establish **CUSTODY**).

**WARNING: If the order you want to change is not from this county, ask a lawyer about the requirements to file your Petition (Request) with this Court.**

**READ ME:** Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Law Library Resource Center website.

## Modify child support due to continuing change in circumstances (Standard Process)

### Part 1: Filing the court papers

This packet contains court forms and instructions to file a Petition to Modify a Court Order for Child Support - Standard Process. Items in bold are forms that you will need to file with the Court. Non-bold items are instructions or procedures. Do not copy or file those pages!

Order	File Number	Title	# Pages
1	DRMCS1k	Checklist: You may use these forms if . . .	1
2	DRMCS1t	Table of Contents (this page)	1
3	DRMCS11i	Help to complete the Petition to Modify Child Support-Standard Process	2
4	DRMCS12p	Procedures: What to do Next	3
5	DRMCS11f	<b>Petition to Modify a Child Support Order</b> (Standard Process)	3
<p>There are two copies of the Affidavit of Financial Information (AFI) in this packet: one for you to fill out and file with the Court, <b>and</b> an extra that you must serve on the other party.</p>			
6	DROSC13f	<b>Affidavit of Financial Information (AFI)</b> (for you)	12
7	DROSC13f	<b>Affidavit of Financial Information (AFI)*</b> * Leave this copy BLANK for the other party to fill out.	12
8	DRS88f	<b>Current Employer Information Sheet</b>	1

The documents you have received are copyrighted by the Superior Court of Arizona in Maricopa County. You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

## Instructions: How to complete the Petition to modify (change) a child support order (Standard Process)

To complete this form you will need:

- ✓ A copy of your current child support order.
- ✓ A completed Affidavit of Financial Information.
- ✓ While not required, it will be useful to have a new Child Support Worksheet completed.

**Fees to file:** There are fees for filing petitions, responses, requests, motions, objections, and various forms with the Court. Cash, AMEX/VISA/MasterCard debit or credit cards, or money order made payable to the “Clerk of Superior Court” are acceptable forms of payment.

Go online to <http://clerkofcourt.maricopa.gov/fees.asp> or the Law Library Resource Center for a list of current fees.

If you cannot afford the filing fee and/or the fee for having the papers served by the Sheriff or by publication, you may request a deferral (payment plan) when you file your papers with the Clerk of Superior Court. Deferral Applications are available at no charge from the Law Library Resource Center.

**Instructions:** The letters next to the paragraphs below correspond to the letters in the Petition. Match the letter in front of the instruction below to the letter in the Petition. Write clearly. Use black ink.

- (A) Fill in the information requested at top left for the person who is filing this form. If there is a current court order declaring your address is protected, write “protected” on the line provided for your address. Make sure the Clerk of Superior Court has valid contact information on file.) Write the ATLAS number if you have one. The spaces marked “representing” and “state bar number” are used only if an attorney is preparing this form.
- (B) Fill in the section where it says Name of Petitioner/Party A and Name of Respondent/Party B, exactly as it appears on your original Divorce, Paternity, or Child Support and/or Spousal Maintenance papers. If your original case was a Paternity case, remember that the Plaintiff is now called the Petitioner or Party A and the Defendant is now called the Respondent or Party B. If this is the first court case you are filing in Maricopa County, write in your name as Petitioner/Party A, and the other party as Respondent/Party B.

- (C) Fill in your Maricopa County Superior Court case number.
- 1, 2. Information about the Petitioner/Party A and Respondent/Party B. Fill in the information requested about the Petitioner/Party A and Respondent/Party B. If you were the Petitioner or Plaintiff in the original case, put your information in the spaces provided for the Petitioner. If not, put the information about the other party here and your information in the spaces provided for the Respondent.
  3. Information about the current support order I want to change. Fill in the information about your current Child Support.

You must also attach to the Petition, a copy of the Child Support Worksheet from the Order you want to change, if available. A copy should be available in the court records.

4. Information about other court cases to change this court order involving the Petitioner/Party A and the Respondent/Party B. Check each box if true. If either party has filed to modify or enforce this Order, complete the information about the case(s). If you have any current modification cases pending in any court, you cannot file this Petition unless you talk to an attorney and the attorney tells you that you can do it.
5. Department of Economic Security. If you receive services from the Child Support Enforcement Administration (DCSE) or you know the other party does, mark the box “yes.” Otherwise, mark the box “no.” If you do not know, mark the box for “unknown.”
6. I am entitled to have child support changed for the following reasons: Describe the reasons and the substantial and continuing change in your circumstances that require a change in child support.
7. Amount of child support: Based on the reasons stated in (6) above, write in the (new) amount you want the Court to order for child support and the payment period. It would be helpful to know what the Guideline Child Support would be, so it is suggested you complete a Child Support Worksheet to prepare this Petition. You can complete a Worksheet at this website:

ezCourtForms (<http://www.superiorcourt.maricopa.gov/ezcourtforms2/>)

Date and sign. You must sign in front of a notary or a Clerk of Superior Court. The Clerk of Superior Court will do this for free when you file your papers. By signing, you are stating that the information you have provided on this document is true and correct to the best of your knowledge – under penalty of perjury.

## Procedures: What to do after you have completed the “*Petition to Modify Child Support*” – Standard process

1. After you have completed the “Petition to Modify”, complete the:
  - “*Affidavit of Financial Information (AFI)*.” There are two AFI included this packet. Fill out one and leave the blank copy for the other party to complete.
  - “*Current Employer Information Sheet*”
  - Attach to the Petition the “*Child Support Worksheet*” that supports your existing child support order.
  
2. Make three (3) copies (4, IF DES/DCSE is involved\*) of the:
  - “*Petition to Modify Child Support*” – Standard Process, with the attached “*Child Support Worksheet*” from Order you wish to modify
  - “*Affidavit of Financial Information*” (completed by you)
  
3. Separate your papers into 4 sets (5, if DES / DCSE is involved).

<p>Set 1 - Originals for Clerk of Superior Court</p> <ul style="list-style-type: none"> <li>• “<i>Petition to Modify</i>” with attached “<i>Child Support Worksheet</i>” from order you wish to change</li> <li>• “<i>Affidavit of Financial Information</i>”</li> <li>• “<i>Current Employer Information Sheet</i>”</li> </ul>	<p>SET 2 - For Family Department</p> <ul style="list-style-type: none"> <li>• “<i>Petition to Modify</i>” with attached “<i>Child Support Worksheet</i>” from order you wish to change (copies)</li> <li>• “<i>Affidavit of Financial Information</i>”</li> </ul>
<p>SET 3 - Copies for other party</p> <ul style="list-style-type: none"> <li>• “<i>Petition to Modify</i>” with attached “<i>Child Support Worksheet</i>” from order you wish to change</li> <li>• “<i>Affidavit of Financial Information</i>” **</li> </ul>	<p>SET 4 - Copies for you</p> <ul style="list-style-type: none"> <li>• “<i>Petition to Modify</i>” with attached “<i>Child Support Worksheet</i>” from order you wish to change</li> <li>• “<i>Affidavit of Financial Information</i>”</li> </ul>
<p>SET 5 - Copies for the Attorney General (“the AG”) (only if DES or DCSE is involved) *</p> <ul style="list-style-type: none"> <li>▪ “<i>Petition to Modify</i>” with attached “<i>Child Support Worksheet</i>” from order you wish to change</li> <li>▪ “<i>Affidavit of Financial Information</i>”</li> </ul>	

\* For more information on when and how to serve notice on the AG, see (7) on next page.

\*\* Add a *blank* AFI to the set of papers served on the other party as stated in (7) on next page.

4. File the papers at the Court:

Go to the Clerk of Superior Court’s filing counter: Hand the originals and all sets of copies to the Clerk. The Clerk of Superior Court will keep the originals, stamp and return the extra copies to you. The stamp shows they are copies of papers filed with the Court (and are now called "conformed" copies).

You may file your papers from 8am to 5pm, Monday through Friday, at these Superior Court locations:

Central Court Building  
201 West Jefferson, 1st floor  
Phoenix, Arizona 85003

Southeast Court Complex  
222 East Javelina Avenue, 1st floor  
Mesa, Arizona 85210

Northwest Court Complex  
14264 West Tierra Buena Lane  
Surprise, Arizona 85374

Northeast Court Complex  
18380 North 40<sup>th</sup> Street  
Phoenix, Arizona 85032

FEES: There are fees for filing petitions, responses, requests, motions, objections, and various forms with the Court. Cash, AMEX/VISA/MasterCard debit or credit cards, or money order made payable to the "Clerk of Superior Court" are acceptable forms of payment. A list of current fees is available from the Law Library Resource Center website or from the Clerk of Superior Court's website.

If you cannot afford the filing fee and/or the fee for having the papers served by the Sheriff or by publication, you may request a deferral (payment plan) when you file your papers with the Clerk of Superior Court. Deferral Applications are available at no charge from the Law Library Resource Center.

5. Go to the Family Department

Central Court Building  
201 West Jefferson, 3rd floor  
Phoenix, Arizona 85003

Southeast Court Complex  
222 East Javelina Avenue, Suite 1300  
Mesa, Arizona  
85210

Northwest Court Complex  
14264 West Tierra Buena Lane  
Surprise, Arizona 85374

Northeast Court Complex  
18380 North 40<sup>th</sup> Street  
Phoenix, Arizona 85032

Deliver set 2 of the Clerk-stamped copies and pick up an "Order to Appear."

6. The Family Department will schedule a conference and hearing. You and the other party will meet with a conference officer to talk about the case to try to reach agreement. For those matters on which you are unable to reach full agreement, a hearing will be held just after your conference to decide the case.

The date, time, and location of the conference/hearing are on the "Order to Appear." Make 1 copy of the "Order to Appear," or if the State of Arizona is involved, make 2.

The State of Arizona may be involved if any parent received public assistance for the children or used the services of the State in establishing or collecting child support. If the State is involved, notice of this action must also be given to the Attorney General's Office as described in 7, below

7. Serve the papers on the other party (or parties): You must arrange for service of the papers on the other party (or parties). You must make good faith efforts to complete service promptly and within 10 days after receipt of the issued "Order to Appear." You must complete service no later than 20 days before the hearing

- Serve the original "Order to Appear" along with Set 3 of the other papers *on the other party*, and include a blank AFI for the other party to fill out.
- 
- The papers may be delivered by the Sheriff's Department, a licensed private process server, commercial delivery service or mail by which you can obtain an original or copy of the other party's signature confirming delivery, or by "Acceptance of Service" as described in the "SERVICE" packet available from the Law Library Resource Center or its website.

If DES or DCSE is involved:

- Serve a copy of the *Order to Appear* along with Set 5 of the other papers *on the Attorney General's Office*.
- NOTE: You must keep the AG's office informed. You cannot complete this change to child support without the AG's approval and signature on the Final Court Order.

SERVING PAPERS ON THE STATE: *(if required)*. The Office of the Attorney General (the "AG") will accept service by signing an "Acceptance of Service" form and returning the form *for you to file with the Court*. There are no court fees for serving the State with an *Acceptance*, as described below:

(a) You may mail or personally deliver to the Office of the Attorney General (the "AG") assigned to your case\*:

- a copy of the "*Petition to Modify*," your "*Affidavit of Financial Information*" along with
- an "*Acceptance of Service*" AND
- a self-addressed, stamped envelope (*addressed back to you*).

(b) There may also be a "drop-box" in the Clerk of Superior Court's filing counter area at which you may leave the above listed documents and the envelope for the AG. Ask the Clerk of Superior Court at the filing counter, *OR*

(c) You may mail the documents and the self-addressed stamped envelope to:

Office of the Attorney General  
Child Support Services Section  
2005 N. Central Avenue – Mail Drop 7611  
Phoenix, AZ 85004-2926

Note: The State is not considered served until the AG's signed *Acceptance of Service* is filed with the Court!

8. Go to the court conference/hearing. Be on time. Do not bring children to court. Dress neatly. Be prepared to tell the Judge why the court order should be changed. Bring the following to the hearing:

- A copy of the "*Petition to Modify Child Support*" with attached "*Child Support Worksheet*" from order you wish to change
- An "*Affidavit of Financial Information*" completed by you



Person Filing: (A) \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_

FOR CLERK'S USE ONLY

Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
Name of Petitioner / Party A (B)

Case No. \_\_\_\_\_ (C)

and

ATLAS No. \_\_\_\_\_ (C)

\_\_\_\_\_  
Name of Respondent / Party B (B)

### PETITION TO MODIFY A CHILD SUPPORT ORDER (Standard Process)

#### 1. INFORMATION ABOUT PARTY A:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Job Title: \_\_\_\_\_

#### 2. INFORMATION ABOUT PARTY B:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Job Title: \_\_\_\_\_

**3. INFORMATION ABOUT THE CURRENT CHILD SUPPORT ORDER:**  
(the Order I want to CHANGE)

The Order was issued on: \_\_\_\_\_ (Month/Day/Year)

The Order was issued by: \_\_\_\_\_ (Name of Court)

Located in this County: \_\_\_\_\_

Name of Person ordered to pay: \_\_\_\_\_

Total Current Amount Ordered Paid: \$ \_\_\_\_\_ PER \_\_\_\_\_

The current total court-ordered support payment listed above consists of:

Child Support \$ \_\_\_\_\_ per \_\_\_\_\_

Spousal Maintenance/Support \$ \_\_\_\_\_ per \_\_\_\_\_

Other (i.e. Clearinghouse fee): \$ \_\_\_\_\_ per \_\_\_\_\_

Payments in Arrears: \$ \_\_\_\_\_ per \_\_\_\_\_

The order I wish to change is on page \_\_\_\_\_, section/paragraph \_\_\_\_\_ of the Order identified above. The Order is either in the official file of this Court or attached.

You must attach to this *Petition* a copy of the *Child Support Worksheet* for the Order you want to change, if available.

**4. INFORMATION ABOUT OTHER COURT CASES TO ENFORCE OR CHANGE THIS COURT ORDER INVOLVING THE PETITIONER AND THE RESPONDENT: (check each box if true)**

No other cases are pending in any court for modification of this court order. (This must be a true statement for this Court to hear your request.)

Neither party has previously filed to enforce or modify this court order.

One or both parties has filed for enforcement or modification of this court order in the past. Information about the case(s) is below. Use additional paper if necessary.

Names of Parties: \_\_\_\_\_

Date of order, judgment, decree: \_\_\_\_\_

Explain what order or judgment said: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Court Case Number: \_\_\_\_\_

Location of court (city and county): \_\_\_\_\_

List type of Case: (modification or enforcement of legal decision making or physical custody, parenting time or support, etc.). Explain:

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

There must be a substantial and continuing change in circumstances before you can ask the court to change the current child support order.

5. **DEPARTMENT OF ECONOMIC SECURITY (DES).** Is the Division of Child Support Enforcement (DCSE) providing Child Support Services to at least one of the parties?  
 Yes (If yes, see instructions.)     No     Unknown.

6. **I AM ENTITLED TO HAVE CHILD SUPPORT CHANGED FOR THE FOLLOWING REASONS:** (Describe the substantial and continuing change in your circumstances and reasons for the change of child support.)

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

7. **For the substantial and continuing reasons listed in “6” above, the amount of the child support obligation should be changed to:**

Payments of \$ \_\_\_\_\_ PER \_\_\_\_\_ .

**UNDER OATH OR AFFIRMATION**

I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this: \_\_\_\_\_  
(date)

by \_\_\_\_\_.

(notary seal)

\_\_\_\_\_  
Deputy Clerk or Notary Public

Person Filing: \_\_\_\_\_

Address (if not protected): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

ATLAS Number: \_\_\_\_\_

Lawyer's Bar Number: \_\_\_\_\_

FOR CLERK'S USE ONLY

Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Case No. \_\_\_\_\_

\_\_\_\_\_  
Petitioner / Party A

ATLAS No. \_\_\_\_\_

### AFFIDAVIT OF FINANCIAL INFORMATION

\_\_\_\_\_  
Respondent / Party B

Affidavit of \_\_\_\_\_  
(Name of Person Whose Information is on this  
Affidavit)

#### IMPORTANT INFORMATION ABOUT THIS DOCUMENT

**WARNING TO BOTH PARTIES:** This Affidavit is an important document. You must fill out this Affidavit completely, and provide accurate information. You must provide copies of this Affidavit and all other required documents to the other party and to the judge. If you do not do this, the court may order you to pay a fine.

I have read the following document and know of my own knowledge that the facts and financial information stated below are true and correct, and that any false information may constitute perjury by me I also understand that, if I fail to provide the required information or give misinformation, the judge may order sanctions against me, including assessment of fees for fines under Rule 26, Arizona Rules of Family Law Procedure.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Making Affidavit

**INSTRUCTIONS**

1. Complete the entire Affidavit in black ink. If the spaces provided on this form are inadequate, use separate sheets of paper to complete the answers and attach them to the Affidavit. Answer every question completely! You must complete every blank. If you do not know the answer to a question or are guessing, please state that. If a question does not apply, write "NA" for "not applicable" to indicate you read the question. Round all amounts of money to the nearest dollar.
2. Answer the following statements **YES** or **NO**. If you mark **NO**, explain your answer on a separate piece of paper and attach the explanation to the Affidavit.
  - [ ] YES [ ] NO    1. I listed all sources of my income.
  - [ ] YES [ ] NO    2. I attached copies of my two (2) most recent pay stubs.
  - [ ] YES [ ] NO    3. I attached copies of my federal income tax return for the last three (3) years, and I attached my W-2 and 1099 forms from all sources of income.

**1. GENERAL INFORMATION:**

- A. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- B. Current Address: \_\_\_\_\_
- C. Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_
- D. Last date when you and the other party lived together: \_\_\_\_\_
- E. Full names of child(ren) common to the parties (in this case), their dates of birth:

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

- F. The name, date of birth, relationship to you, and gross monthly income for each individual who lives in your household:

Name	Date of Birth	Relationship to you	Income
_____	_____	_____	_____
_____	_____	_____	_____

G. Any other person for whom you contribute support:

Name	Age	Relationship to You	Reside With You (Y/N)	Court Order to Support (Y/N)
_____				
_____				

H. Attorney's Fees paid in this matter \$ \_\_\_\_\_. Source of funds \_\_\_\_\_

**2. EMPLOYMENT INFORMATION:**

A. Your job/occupation/profession/title: \_\_\_\_\_

Name and address of current employer: \_\_\_\_\_

Date employment began: \_\_\_\_\_

How often are you paid:  Weekly  Every other week  Monthly  Twice a month  
 Other \_\_\_\_\_

B. If you are not working, why not? \_\_\_\_\_

C. Previous employer name and address: \_\_\_\_\_

Previous job/occupation/profession/title: \_\_\_\_\_

Date previous job began: \_\_\_\_\_ Date previous job ended: \_\_\_\_\_

Reason you left job: \_\_\_\_\_

Gross monthly pay at previous job: \$ \_\_\_\_\_

D. Total gross income from last three (3) years' tax returns (attach copies of pages 1 and 2 of your federal income tax returns for the last three (3) years):

Year \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_

E. Your total gross income from January 1 of this year to the date of this Affidavit (year-to-date income): \$ \_\_\_\_\_

**3. YOUR EDUCATION/TRAINING:** List name of school, length of time there, year of last attendance, and degree earned:

A. High School: \_\_\_\_\_

B. College: \_\_\_\_\_

C. Post-Graduate: \_\_\_\_\_

D. Occupational Training: \_\_\_\_\_

**4. YOUR GROSS MONTHLY INCOME:**

- List **all** income you receive from **any** source, whether private or governmental, taxable or not.
- List all income payable to you individually or payable jointly to you and your spouse.
- Use a monthly average for items that vary from month to month.
- Multiply weekly income and deductions by 4.33. Multiply biweekly income by 2.165 to arrive at the total amount for the month.

A. Gross salary/wages per month \$ \_\_\_\_\_

- **Attach copies of your two most recent pay stubs.**

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

B. Expenses paid for by your employer:

1. Automobile \$ \_\_\_\_\_

2. Auto expenses, such as gas, repairs, insurance \$ \_\_\_\_\_

3. Lodging \$ \_\_\_\_\_

4. Other (Explain) \_\_\_\_\_ \$ \_\_\_\_\_

C. Commissions/Bonuses \$ \_\_\_\_\_

D. Tips \$ \_\_\_\_\_

E. Self-employment Income (See below) \$ \_\_\_\_\_

F. Social Security benefits \$ \_\_\_\_\_

G. Worker's compensation and/or disability income \$ \_\_\_\_\_

H. Unemployment compensation \$ \_\_\_\_\_

I. Gifts/Prizes \$ \_\_\_\_\_

J. Payments from prior spouse \$ \_\_\_\_\_

K. Rental income (net after expenses) \$ \_\_\_\_\_

L. Contributions to household living expense by others \$ \_\_\_\_\_

M. Other (Explain:) \_\_\_\_\_ \$ \_\_\_\_\_

(Include dividends, pensions, interest, trust income, annuities or royalties.)

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

**5. SELF-EMPLOYMENT INCOME (if applicable):**

If you are self-employed, attach a copy of the Schedule C for your business from your last tax return and the most recent income/expense statement from your business.

**If self-employed, provide the following information:**

Name, address and telephone no. of business: \_\_\_\_\_

\_\_\_\_\_

Type of business entity: \_\_\_\_\_

State and Date of incorporation: \_\_\_\_\_

Nature of your interest: \_\_\_\_\_

Nature of business: \_\_\_\_\_

Percent ownership: \_\_\_\_\_

Number of shares of stock: \_\_\_\_\_

Total issued and outstanding shares: \_\_\_\_\_

Gross sales/revenue last 12 months: \_\_\_\_\_

**INSTRUCTIONS**

Both parties must answer item 6 if either party asks for child support. These expenses include only those expenses for children who are common to the parties, which mean one party is the birth/adoptive mother and the other is the birth/adoptive father of the children.



**6. SCHEDULE OF ALL MONTHLY EXPENSES FOR CHILDREN:**

- **DO NOT LIST** any expenses for the other party, or child(ren) who live(s) with the other party, **unless** you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (\*) next to the estimated amount.

**A. HEALTH INSURANCE:**

**Do you have health insurance available?**  **Yes**  **No** **Are you enrolled?** \_\_\_\_\_

- 1. Total monthly cost \$ \_\_\_\_\_
- 2. Premium cost to insure you alone \$ \_\_\_\_\_
- 3. Premium cost to insure child(ren) common to the parties \$ \_\_\_\_\_

4. List all people covered by your insurance coverage:  
\_\_\_\_\_  
\_\_\_\_\_

5. Name of insurance company and Policy/Group Number:  
\_\_\_\_\_

**B. DENTAL/VISION INSURANCE:**

- 1. Total monthly cost \$ \_\_\_\_\_
- 2. Premium cost to insure you alone \$ \_\_\_\_\_
- 3. Premium cost to insure child(ren) common to the parties \$ \_\_\_\_\_

4. List all people covered by your insurance coverage:  
\_\_\_\_\_  
\_\_\_\_\_

5. Name of insurance company and Policy/Group Number:  
\_\_\_\_\_

**C. UNREIMBURSED MEDICAL AND DENTAL EXPENSES:**

(Cost to you after, or in addition to, any insurance reimbursement)

- 1. Drugs and medical supplies \$ \_\_\_\_\_
- 2. Other \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**D. CHILD CARE COSTS:**

- 1. Total monthly child care costs \$ \_\_\_\_\_

(Do not include amounts paid by D.E.S.)

- 2. Name(s) of child(ren) cared for and amount per child:

	\$ _____
	\$ _____
	\$ _____

- 3. Name(s) and address(es) of child care provider(s):

\_\_\_\_\_

\_\_\_\_\_

**E. EMPLOYER PRETAX PROGRAM:**

Do you participate in an employer program for pretax payment of child care expenses?  
(Cafeteria Plan)?     YES     NO

**F. COURT ORDERED CHILD SUPPORT:**

- 1. Court ordered current child support for child(ren)  
**not common to the parties** \$ \_\_\_\_\_
- 2. Court ordered cash medical support for child(ren)  
**not common to the parties** \$ \_\_\_\_\_
- 3. Amount of any arrears payment \$ \_\_\_\_\_
- 4. Amount per month actually paid in last 12 mos. \$ \_\_\_\_\_
  - **Attach proof that you are paying**

5. Name(s) and relationship of minor child(ren) who you support or who live with you, but are **not** common to the parties.

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

**G. COURT ORDERED SPOUSAL MAINTENANCE/SUPPORT (Alimony):**

1. Court ordered spousal maintenance/support you actually pay to previous spouse: \$ \_\_\_\_\_

**H. EXTRAORDINARY EXPENSES:**

1. For **Children** (Educational Expense/Special Needs/Other): \$ \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

2. For **Self**: \$ \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS**

Both parties must answer items 7 and 8 if either party is requesting:

- Spousal maintenance
- Division of expenses
- Attorneys' fees and costs
- Adjustment or deviation from the child support amount
- Enforcement

**7. SCHEDULE OF ALL MONTHLY EXPENSES:**

- Do NOT list any expenses for the other party, or children who live with the other party unless you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (\*) next to the estimated amount.

**A. HOUSING EXPENSES:**

- 1. House payment:
    - a. First Mortgage \$ \_\_\_\_\_
    - b. Second Mortgage \$ \_\_\_\_\_
    - c. Homeowners Association Fee \$ \_\_\_\_\_
    - d. Rent \$ \_\_\_\_\_
  - 2. Repair & upkeep \$ \_\_\_\_\_
  - 3. Yard work/Pool/Pest Control \$ \_\_\_\_\_
  - 4. Insurance & taxes not included in house payment \$ \_\_\_\_\_
  - 5. Other (Explain): \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL: \$ \_\_\_\_\_**

**B. UTILITIES:**

- 1. Water, sewer, and garbage \$ \_\_\_\_\_
  - 2. Electricity \$ \_\_\_\_\_
  - 3. Gas \$ \_\_\_\_\_
  - 4. Telephone \$ \_\_\_\_\_
  - 5. Mobile phone/pager \$ \_\_\_\_\_
  - 6. Internet Provider \$ \_\_\_\_\_
  - 7. Cable/Satellite television \$ \_\_\_\_\_
  - 8. Other (Explain): \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL: \$ \_\_\_\_\_**

**C. FOOD:**

- 1. Food, milk, and household supplies \$ \_\_\_\_\_
  - 2. School lunches \$ \_\_\_\_\_
  - 3. Meals outside home \$ \_\_\_\_\_
- TOTAL: \$ \_\_\_\_\_**

**D. CLOTHING:**

- |                                          |                 |
|------------------------------------------|-----------------|
| 1. Clothing for you                      | \$ _____        |
| 2. Uniforms or special work clothes      | \$ _____        |
| 3. Clothing for children living with you | \$ _____        |
| 4. Laundry and cleaning                  | \$ _____        |
| <b>TOTAL:</b>                            | <b>\$ _____</b> |

**E. TRANSPORTATION OR AUTOMOBILE EXPENSES:**

- |                                           |                 |
|-------------------------------------------|-----------------|
| 1. Car insurance                          | \$ _____        |
| 2. List all cars and individuals covered: |                 |
| _____                                     |                 |
| _____                                     |                 |
| 3. Car payment, if any                    | \$ _____        |
| 4. Car repair and maintenance             | \$ _____        |
| 5. Gas and oil                            | \$ _____        |
| 6. Bus fare/parking fees                  | \$ _____        |
| 7. Other (explain): _____                 | \$ _____        |
| <b>TOTAL:</b>                             | <b>\$ _____</b> |

**F. MISCELLANEOUS:**

- |                                             |          |
|---------------------------------------------|----------|
| 1. School and school supplies               | \$ _____ |
| 2. School activities or fees                | \$ _____ |
| 3. Extracurricular activities of child(ren) | \$ _____ |
| 4. Church/contributions                     | \$ _____ |
| 5. Newspapers, magazines and books          | \$ _____ |
| 6. Barber and beauty shop                   | \$ _____ |
| 7. Life insurance (beneficiary: _____)      | \$ _____ |
| 8. Disability insurance                     | \$ _____ |

- 9. Recreation/entertainment \$ \_\_\_\_\_
  - 10. Child(ren)'s allowance(s) \$ \_\_\_\_\_
  - 11. Union/Professional dues \$ \_\_\_\_\_
  - 12. Voluntary retirement contributions and savings deductions \$ \_\_\_\_\_
  - 13. Family gifts \$ \_\_\_\_\_
  - 14. Pet Expenses \$ \_\_\_\_\_
  - 15. Cigarettes \$ \_\_\_\_\_
  - 16. Alcohol \$ \_\_\_\_\_
  - 17. Other (explain): \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**8. OUTSTANDING DEBTS AND ACCOUNTS:** List all debts and installment payments you currently owe, but **do not include items listed in Item 7** "Monthly Schedule of Expenses". Follow the format below. Use additional paper if necessary.

Creditor Name	Purpose of Debt	Unpaid Balance	Min. Monthly Payment	Date of Your Last Payment	Amount of Your Payment

**This page must be completed and attached  
to the LAST page of your Document**

I filed the ORIGINAL of the attached document(s) with the Clerk of Superior Court in Maricopa County on: \_\_\_\_\_  
Month Date Year

I mailed/delivered a COPY of the attached document(s) to the Judicial Officer assigned to my case, Judge (or Commissioner): \_\_\_\_\_, on \_\_\_\_\_  
(Judicial Officer assigned to your case)  
Month Date Year

I mailed/delivered a COPY of the attached document(s) to The Office of the Attorney General (The State of Arizona) on this date (if applicable): \_\_\_\_\_  
Month Date Year Address

I mailed/delivered a COPY of the attached document(s) to the Opposing Party and/or his/her Attorney on: \_\_\_\_\_  
Month Date Year

\_\_\_\_\_  
Name of Other Side Name of Other Side's Lawyer  
\_\_\_\_\_  
Address Lawyer's Address  
\_\_\_\_\_  
City, State, Zip City, State, Zip

***(You must mail a copy of all documents to the other side and his/her lawyer)***

By signing below, I state to the Court, under penalty of law, that the information stated on these pages is true and correct to the best of my knowledge and belief.

I further state that I have filed/mailed the attached document(s) as shown above. I understand that if I do not file/mail the attached document(s) as shown above, the Judge in my case will not read the attached document.

\_\_\_\_\_  
Your signature

Leave the following “Affidavit of  
Financial Information” form blank. Serve  
the blank form on the other party along  
with the other forms you file.



Person Filing: \_\_\_\_\_

Address (if not protected): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

ATLAS Number: \_\_\_\_\_

Lawyer's Bar Number: \_\_\_\_\_

FOR CLERK'S USE ONLY

Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Case No. \_\_\_\_\_

\_\_\_\_\_  
Petitioner / Party A

ATLAS No. \_\_\_\_\_

### AFFIDAVIT OF FINANCIAL INFORMATION

\_\_\_\_\_  
Respondent / Party B

Affidavit of \_\_\_\_\_  
(Name of Person Whose Information is on this  
Affidavit)

#### IMPORTANT INFORMATION ABOUT THIS DOCUMENT

**WARNING TO BOTH PARTIES:** This Affidavit is an important document. You must fill out this Affidavit completely, and provide accurate information. You must provide copies of this Affidavit and all other required documents to the other party and to the judge. If you do not do this, the court may order you to pay a fine.

I have read the following document and know of my own knowledge that the facts and financial information stated below are true and correct, and that any false information may constitute perjury by me I also understand that, if I fail to provide the required information or give misinformation, the judge may order sanctions against me, including assessment of fees for fines under Rule 26, Arizona Rules of Family Law Procedure.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Making Affidavit

**INSTRUCTIONS**

1. Complete the entire Affidavit in black ink. If the spaces provided on this form are inadequate, use separate sheets of paper to complete the answers and attach them to the Affidavit. Answer every question completely! You must complete every blank. If you do not know the answer to a question or are guessing, please state that. If a question does not apply, write "NA" for "not applicable" to indicate you read the question. Round all amounts of money to the nearest dollar.
2. Answer the following statements **YES** or **NO**. If you mark **NO**, explain your answer on a separate piece of paper and attach the explanation to the Affidavit.
  - [ ] YES [ ] NO    1. I listed all sources of my income.
  - [ ] YES [ ] NO    2. I attached copies of my two (2) most recent pay stubs.
  - [ ] YES [ ] NO    3. I attached copies of my federal income tax return for the last three (3) years, and I attached my W-2 and 1099 forms from all sources of income.

**1. GENERAL INFORMATION:**

- A. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- B. Current Address: \_\_\_\_\_
- C. Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_
- D. Last date when you and the other party lived together: \_\_\_\_\_
- E. Full names of child(ren) common to the parties (in this case), their dates of birth:

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

- F. The name, date of birth, relationship to you, and gross monthly income for each individual who lives in your household:

Name	Date of Birth	Relationship to you	Income
_____	_____	_____	_____
_____	_____	_____	_____

G. Any other person for whom you contribute support:

Name	Age	Relationship to You	Reside With You (Y/N)	Court Order to Support (Y/N)
_____				
_____				

H. Attorney's Fees paid in this matter \$ \_\_\_\_\_. Source of funds \_\_\_\_\_

**2. EMPLOYMENT INFORMATION:**

A. Your job/occupation/profession/title: \_\_\_\_\_

Name and address of current employer: \_\_\_\_\_

Date employment began: \_\_\_\_\_

How often are you paid:  Weekly  Every other week  Monthly  Twice a month  
 Other \_\_\_\_\_

B. If you are not working, why not? \_\_\_\_\_

C. Previous employer name and address: \_\_\_\_\_

Previous job/occupation/profession/title: \_\_\_\_\_

Date previous job began: \_\_\_\_\_ Date previous job ended: \_\_\_\_\_

Reason you left job: \_\_\_\_\_

Gross monthly pay at previous job: \$ \_\_\_\_\_

D. Total gross income from last three (3) years' tax returns (attach copies of pages 1 and 2 of your federal income tax returns for the last three (3) years):

Year \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_

E. Your total gross income from January 1 of this year to the date of this Affidavit (year-to-date income): \$ \_\_\_\_\_

**3. YOUR EDUCATION/TRAINING:** List name of school, length of time there, year of last attendance, and degree earned:

A. High School: \_\_\_\_\_

B. College: \_\_\_\_\_

C. Post-Graduate: \_\_\_\_\_

D. Occupational Training: \_\_\_\_\_

**4. YOUR GROSS MONTHLY INCOME:**

- List **all** income you receive from **any** source, whether private or governmental, taxable or not.
- List all income payable to you individually or payable jointly to you and your spouse.
- Use a monthly average for items that vary from month to month.
- Multiply weekly income and deductions by 4.33. Multiply biweekly income by 2.165 to arrive at the total amount for the month.

A. Gross salary/wages per month \$ \_\_\_\_\_

- **Attach copies of your two most recent pay stubs.**

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

B. Expenses paid for by your employer:

1. Automobile \$ \_\_\_\_\_

2. Auto expenses, such as gas, repairs, insurance \$ \_\_\_\_\_

3. Lodging \$ \_\_\_\_\_

4. Other (Explain) \_\_\_\_\_ \$ \_\_\_\_\_

C. Commissions/Bonuses \$ \_\_\_\_\_

D. Tips \$ \_\_\_\_\_

E. Self-employment Income (See below) \$ \_\_\_\_\_

F. Social Security benefits \$ \_\_\_\_\_

G. Worker's compensation and/or disability income \$ \_\_\_\_\_

H. Unemployment compensation \$ \_\_\_\_\_

I. Gifts/Prizes \$ \_\_\_\_\_

- J. Payments from prior spouse \$ \_\_\_\_\_
- K. Rental income (net after expenses) \$ \_\_\_\_\_
- L. Contributions to household living expense by others \$ \_\_\_\_\_
- M. Other (Explain:) \_\_\_\_\_ \$ \_\_\_\_\_

(Include dividends, pensions, interest, trust income, annuities or royalties.)

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

**5. SELF-EMPLOYMENT INCOME (if applicable):**

If you are self-employed, attach a copy of the Schedule C for your business from your last tax return and the most recent income/expense statement from your business.

**If self-employed, provide the following information:**

Name, address and telephone no. of business: \_\_\_\_\_

\_\_\_\_\_

Type of business entity: \_\_\_\_\_

State and Date of incorporation: \_\_\_\_\_

Nature of your interest: \_\_\_\_\_

Nature of business: \_\_\_\_\_

Percent ownership: \_\_\_\_\_

Number of shares of stock: \_\_\_\_\_

Total issued and outstanding shares: \_\_\_\_\_

Gross sales/revenue last 12 months: \_\_\_\_\_

**INSTRUCTIONS**

Both parties must answer item 6 if either party asks for child support. These expenses include only those expenses for children who are common to the parties, which mean one party is the birth/adoptive mother and the other is the birth/adoptive father of the children.

**6. SCHEDULE OF ALL MONTHLY EXPENSES FOR CHILDREN:**

- **DO NOT LIST** any expenses for the other party, or child(ren) who live(s) with the other party, **unless** you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (\*) next to the estimated amount.

**A. HEALTH INSURANCE:**

**Do you have health insurance available?**  **Yes**  **No** **Are you enrolled?** \_\_\_\_\_

- 1. Total monthly cost \$ \_\_\_\_\_
- 2. Premium cost to insure you alone \$ \_\_\_\_\_
- 3. Premium cost to insure child(ren) common to the parties \$ \_\_\_\_\_

4. List all people covered by your insurance coverage:  
\_\_\_\_\_  
\_\_\_\_\_

5. Name of insurance company and Policy/Group Number:  
\_\_\_\_\_

**B. DENTAL/VISION INSURANCE:**

- 1. Total monthly cost \$ \_\_\_\_\_
- 2. Premium cost to insure you alone \$ \_\_\_\_\_
- 3. Premium cost to insure child(ren) common to the parties \$ \_\_\_\_\_

4. List all people covered by your insurance coverage:  
\_\_\_\_\_  
\_\_\_\_\_

5. Name of insurance company and Policy/Group Number:  
\_\_\_\_\_

**C. UNREIMBURSED MEDICAL AND DENTAL EXPENSES:**

(Cost to you after, or in addition to, any insurance reimbursement)

- 1. Drugs and medical supplies \$ \_\_\_\_\_
- 2. Other \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**D. CHILD CARE COSTS:**

- 1. Total monthly child care costs \$ \_\_\_\_\_

(Do not include amounts paid by D.E.S.)

- 2. Name(s) of child(ren) cared for and amount per child:

	\$ _____
	\$ _____
	\$ _____

- 3. Name(s) and address(es) of child care provider(s):

\_\_\_\_\_

\_\_\_\_\_

**E. EMPLOYER PRETAX PROGRAM:**

Do you participate in an employer program for pretax payment of child care expenses?  
(Cafeteria Plan)?     YES     NO

**F. COURT ORDERED CHILD SUPPORT:**

- 1. Court ordered current child support for child(ren)  
**not common to the parties** \$ \_\_\_\_\_
- 2. Court ordered cash medical support for child(ren)  
**not common to the parties** \$ \_\_\_\_\_
- 3. Amount of any arrears payment \$ \_\_\_\_\_
- 4. Amount per month actually paid in last 12 mos. \$ \_\_\_\_\_
  - **Attach proof that you are paying**

5. Name(s) and relationship of minor child(ren) who you support or who live with you, but are **not** common to the parties.

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

**G. COURT ORDERED SPOUSAL MAINTENANCE/SUPPORT (Alimony):**

1. Court ordered spousal maintenance/support you actually pay to previous spouse: \$ \_\_\_\_\_

**H. EXTRAORDINARY EXPENSES:**

1. For **Children** (Educational Expense/Special Needs/Other): \$ \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

2. For **Self**: \$ \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS**

Both parties must answer items 7 and 8 if either party is requesting:

- Spousal maintenance
- Division of expenses
- Attorneys' fees and costs
- Adjustment or deviation from the child support amount
- Enforcement

**7. SCHEDULE OF ALL MONTHLY EXPENSES:**

- Do NOT list any expenses for the other party, or children who live with the other party unless you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (\*) next to the estimated amount.



**A. HOUSING EXPENSES:**

- 1. House payment:
    - a. First Mortgage \$ \_\_\_\_\_
    - b. Second Mortgage \$ \_\_\_\_\_
    - c. Homeowners Association Fee \$ \_\_\_\_\_
    - d. Rent \$ \_\_\_\_\_
  - 2. Repair & upkeep \$ \_\_\_\_\_
  - 3. Yard work/Pool/Pest Control \$ \_\_\_\_\_
  - 4. Insurance & taxes not included in house payment \$ \_\_\_\_\_
  - 5. Other (Explain): \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL: \$ \_\_\_\_\_**

**B. UTILITIES:**

- 1. Water, sewer, and garbage \$ \_\_\_\_\_
  - 2. Electricity \$ \_\_\_\_\_
  - 3. Gas \$ \_\_\_\_\_
  - 4. Telephone \$ \_\_\_\_\_
  - 5. Mobile phone/pager \$ \_\_\_\_\_
  - 6. Internet Provider \$ \_\_\_\_\_
  - 7. Cable/Satellite television \$ \_\_\_\_\_
  - 8. Other (Explain): \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL: \$ \_\_\_\_\_**

**C. FOOD:**

- 1. Food, milk, and household supplies \$ \_\_\_\_\_
  - 2. School lunches \$ \_\_\_\_\_
  - 3. Meals outside home \$ \_\_\_\_\_
- TOTAL: \$ \_\_\_\_\_**

**D. CLOTHING:**

- |                                          |                 |
|------------------------------------------|-----------------|
| 1. Clothing for you                      | \$ _____        |
| 2. Uniforms or special work clothes      | \$ _____        |
| 3. Clothing for children living with you | \$ _____        |
| 4. Laundry and cleaning                  | \$ _____        |
| <b>TOTAL:</b>                            | <b>\$ _____</b> |

**E. TRANSPORTATION OR AUTOMOBILE EXPENSES:**

- |                                           |                 |
|-------------------------------------------|-----------------|
| 1. Car insurance                          | \$ _____        |
| 2. List all cars and individuals covered: |                 |
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| _____                                     |                 |
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| 4. Car repair and maintenance             | \$ _____        |
| 5. Gas and oil                            | \$ _____        |
| 6. Bus fare/parking fees                  | \$ _____        |
| 7. Other (explain): _____                 | \$ _____        |
| <b>TOTAL:</b>                             | <b>\$ _____</b> |

**F. MISCELLANEOUS:**

- |                                             |          |
|---------------------------------------------|----------|
| 1. School and school supplies               | \$ _____ |
| 2. School activities or fees                | \$ _____ |
| 3. Extracurricular activities of child(ren) | \$ _____ |
| 4. Church/contributions                     | \$ _____ |
| 5. Newspapers, magazines and books          | \$ _____ |
| 6. Barber and beauty shop                   | \$ _____ |
| 7. Life insurance (beneficiary: _____)      | \$ _____ |
| 8. Disability insurance                     | \$ _____ |

- 9. Recreation/entertainment \$ \_\_\_\_\_
  - 10. Child(ren)'s allowance(s) \$ \_\_\_\_\_
  - 11. Union/Professional dues \$ \_\_\_\_\_
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  - 13. Family gifts \$ \_\_\_\_\_
  - 14. Pet Expenses \$ \_\_\_\_\_
  - 15. Cigarettes \$ \_\_\_\_\_
  - 16. Alcohol \$ \_\_\_\_\_
  - 17. Other (explain): \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**8. OUTSTANDING DEBTS AND ACCOUNTS:** List all debts and installment payments you currently owe, but **do not include items listed in Item 7** “Monthly Schedule of Expenses”. Follow the format below. Use additional paper if necessary.

Creditor Name	Purpose of Debt	Unpaid Balance	Min. Monthly Payment	Date of Your Last Payment	Amount of Your Payment

**This page must be completed and attached to the LAST page of your Document**

I filed the ORIGINAL of the attached document(s) with the Clerk of Superior Court in Maricopa County on: \_\_\_\_\_  
Month Date Year

I mailed/delivered a COPY of the attached document(s) to the Judicial Officer assigned to my case, Judge (or Commissioner): \_\_\_\_\_, on \_\_\_\_\_  
(Judicial Officer assigned to your case)  
Month Date Year

I mailed/delivered a COPY of the attached document(s) to The Office of the Attorney General (The State of Arizona) on this date (if applicable): \_\_\_\_\_  
Month Date Year Address

I mailed/delivered a COPY of the attached document(s) to the Opposing Party and/or his/her Attorney on: \_\_\_\_\_  
Month Date Year

\_\_\_\_\_  
Name of Other Side Name of Other Side's Lawyer

\_\_\_\_\_  
Address Lawyer's Address

\_\_\_\_\_  
City, State, Zip City, State, Zip

***(You must mail a copy of all documents to the other side and his/her lawyer)***

By signing below, I state to the Court, under penalty of law, that the information stated on these pages is true and correct to the best of my knowledge and belief.

I further state that I have filed/mailed the attached document(s) as shown above. I understand that if I do not file/mail the attached document(s) as shown above, the Judge in my case will not read the attached document.

\_\_\_\_\_  
Your signature

# **CURRENT EMPLOYER\* INFORMATION**

You may also fill out this form online at the Family Support Center Website.

For Clerk's Use Only

## **THIS FORM MUST BE COMPLETED FOR:**

- AN INCOME WITHHOLDING ORDER**
- ORDER TO STOP AN INCOME WITHHOLDING ORDER**
- NOTIFICATION OF A CHANGE OF EMPLOYER (or OTHER PAYOR)**

**CASE NUMBER:** \_\_\_\_\_ **ATLAS NUMBER:** \_\_\_\_\_

**NAME OF PERSON ORDERED TO MAKE PAYMENTS:**

---

**LIST THE NAME OF THE EMPLOYER\* AND THE ADDRESS OF THE PAYROLL OR FINANCIAL DEPARTMENT (for the person named above) WHERE THE INCOME WITHHOLDING ORDER OR STOP ORDER SHOULD BE MAILED.**

**EMPLOYER\* NAME:** \_\_\_\_\_

**PAYROLL ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMPLOYER\* TELEPHONE:** \_\_\_\_\_

**EMPLOYER\* FAX:** \_\_\_\_\_

*\*or other payor or source of funds*

---

**FOR COURT USE ONLY. DO NOT WRITE BELOW THIS LINE.**

**WA/FSC**

WA/LOG ID: \_\_\_\_\_  
TYPE OF W/A \_\_\_\_\_  
DATE \_\_\_\_\_  
AMOUNT OF ORDER \_\_\_\_\_  
EMPLOYER STATUS \_\_\_\_\_  
ENTERED BY \_\_\_\_\_  
NEW W/A \_\_\_\_\_ SUB \_\_\_\_\_  
AG \_\_\_\_\_ DCSE \_\_\_\_\_