Person Filing:	
Address (if not protected):	
City, State, Zip Code:	
Telephone:	
Email Address:	FOR CLERK'S USE ONLY
ATLAS Number:	
Lawyer's Bar Number:	
-	

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

# SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

CASE NO: \_\_\_\_\_

ATLAS #\_\_\_\_\_

Petitioner

and

AFFIDAVIT OF NON-COMPLIANCE

Respondent

#### IMPORTANT INFORMATION ABOUT THIS DOCUMENT

This Affidavit is an important document. You must fill out this Affidavit completely, and provide accurate information. Once filed you must provide a copy of this Affidavit to the Family Court Conference Center before further action can be taken by the Court.

#### 1. INFORMATION REGARDING CURRENT SUPPORT ORDER

On (date), the Honorable,	а	Judicial
Officer of the Superior Court of Arizona, ordered		
(obligor/person ordered to pay support) to pay		
<ul> <li>Child Support</li> <li>Spousal Maintenance</li> <li>Unreimbursed Medical/Dental/Vision Expenses</li> </ul>		
as follows:		

## 2. INFORMATION REGARDING ORDER TO MONITOR

On(date) the Honorable,	a
Judicial Officer of the Superior Court of Arizona, authorized a party to file an	Affidavit
of Non-compliance in lieu of filing another petition for enforcement and/or	ordered
that this case be monitored for compliance with	

- Child Support
- Spousal Maintenance
- Unreimbursed Medical/Dental Expenses

### 3. DESCRIPTION ON HOW THE COURT ORDER HAS BEEN VIOLATED

Please provide a description on why you believe the other party is in violation of the current court order regarding support.

# OATH OR AFFIRMATION:

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

Date	
	by
(date)	
·	
	:

(notary seal)

Deputy Clerk or Notary Public