

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

 Petitioner Case No. _____
 ATLAS No. _____

 Respondent **AFFIDAVIT OF DIRECT PAYMENTS**

	YEAR	YEAR	YEAR	YEAR
(Insert year)				
January	\$	\$	\$	\$
February	\$	\$	\$	\$
March	\$	\$	\$	\$
April	\$	\$	\$	\$
May	\$	\$	\$	\$
June	\$	\$	\$	\$
July	\$	\$	\$	\$
August	\$	\$	\$	\$
September	\$	\$	\$	\$
October	\$	\$	\$	\$
November	\$	\$	\$	\$
December	\$	\$	\$	\$

By signing this document I state under penalty of perjury that I made the following payments directly to the person ordered to receive the payments or I received the following payments directly from the person ordered to make the payments. These payments were not made through the Support Payment Clearinghouse or the Clerk of the Court.

SIGNATURES

 Signature of Person Receiving Payments and/or Signature of Person Making Payments

Printed Name of Person Receiving Payments Printed Name of Person Making Payments

STATE OF _____ STATE OF _____

COUNTY OF _____ COUNTY OF _____

Subscribed and sworn to or affirmed before me this: Subscribed and sworn to or affirmed before me this:

_____ (date) _____ (date)

By _____ By _____

 Deputy Clerk or Notary Public Deputy Clerk or Notary Public

(notary seal) (notary seal)