Darson Filing.			
Address (if not protected):			
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			For Clerk's Use Only
-			
Representing Self, without	out a Lawyer or 🗌 Attorney fo	r 🗌 Petitioner OR 🔲 F	Respondent
;	SUPERIOR COUR'		
	(2)	Case Number	(4)
Petitioner		Case Humber	
		PETITION TO EN	FORCE
	(2)		
Respondent		(5) Child Suppor	rt
		Child Suppor	rt Arrears
		☐ Spousal Mair	ntenance (alimony)
ATLAS No.	(3)	☐ Spousal Maintenance Arrears	
		Medical Insu	rance Coverage
		☐ Medical Expe	ense Reimbursement
SECTION A: Compl	ete this section ONLY if yo		e to enforce Child
	Support and/or Child	Support Arrears.	
On this date (1)	, the Honorable <b>(2</b> )		, a Judicial
Officer of the Superior Cou	ırt of Arizona, ordered (3)		to pay child
support as follows: (4)			
	<b>Id support</b> past due beginn	_	
\$, for the time peri	od beginning <b>(6)</b>	, through	·
Child support payments m	ade directly to me since the fir	st court order are (7)	(If the
amount is more than zero,	please complete an Affidavit of	Direct Payment and file it	with this Petition)

# SECTION B: Complete this section ONLY if you marked boxes above to enforce Spousal Maintenance (alimony) and/or Spousal Maintenance Arrears.

On this date (1)	, the Honorable <b>(2)</b>	, a Judicial		
Officer of the Superior Court of Arizona, ordered (3)to				
spousal maintenance as fol	lows: <b>(4)</b>			
The total amount of <b>spousa</b>	al maintenance past due and owed since the first co	ourt order is <b>(5)</b> \$,		
for the time period beginnin	g <b>(6)</b> , through	·		
Spousal maintenance paym	ents made directly to me since the first court order a	are <b>(7)</b> (If		
the amount is more than ze	ro, please complete an Affidavit of Direct Payment	and file it with this Petition.)		
	ete this section ONLY if you marked any of erage or Reimbursement of Medical / Denta			
		•		
	, the Honorable <b>(2)</b>			
	urt of Arizona, ordered (3)			
	overage and/or to pay the following percent of unir	nsured medical, dental or vision		
expenses as follows: (4)				
The time period for which	n medical insurance coverage was not provided	is from <b>(5)</b> to		
I have completed and atta	sched "Attachment A", the "Unreimbursed Med	dical Expense Worksheet", a		
chronological (earliest to n	nost recent) <b>summary</b> of all bills claimed, insurance	e payments, personal payments,		
and the remaining unpaid b	alance on each bill. The Worksheet shows the total	al amount of medical, dental or		
vision care expense reiml	bursement that is past due is (6)	Documentation of these		
expenses has been present	ted to the other party <b>and</b> reimbursement <b>is more</b> t	than 30 days past due.		

## REQUESTS TO THE COURT

I request that the Court consider any or all of the following action(s):

- Order the other person to bring to the conference those items set forth in the Order to Appear.
- Enter judgment for past-due support, un-reimbursed uninsured medical/dental/vision care expenses, clerk's fees, service costs, and other court costs against the other party.
- Enter an Income Withholding Order to require the other person's employer to take money for the following from the other person's paycheck: current child support, child support arrears, current spousal maintenance, and/or spousal maintenance arrears.
- Order the other person to pay support through the Support Payment Clearinghouse.
- Find the other party in civil contempt of court and order sanctions including but not limited to, incarceration and the posting of a surety bond.
- Issue a civil or child support arrest warrant if the other party fails to appear, and/or enter a default judgment.
- Order the other party to provide evidence of medical insurance coverage within a fixed period of time.
- Order other relief as deemed just and proper by the court.

### OATH OR AFFIRMATION for PETITION TO ENFORCE SUPPORT ORDER

I state to the Court 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:		by
	(date)	
	·	
(notary seal)	Deputy Clerk or Notary Public	

Case No.	

### IMPORTANT INFORMATION

After this petition is filed with the Clerk of the Court you must get an Order to Appear from the Family Court Conference Center. The Order to Appear will tell you what information you need to bring to court and the date and time of your conference and hearing. The person who filed the petition must arrange delivery of the petition and the **Order to Appear** to the other person.

Delivery may be by licensed process server, law enforcement officer, or by return receipt mail or commercial delivery service (such as FedEx, DHL, or UPS) where you can obtain a copy of the other party's signature of receipt to file with the Court. You may **only** hand-deliver or otherwise send without proof of delivery if the other person will sign an **Acceptance of Service**, in front of a Notary Public or a Clerk of the Superior Court, and will return that form for you to file with the Court.

The conference and hearing may last two hours and additional conferences or hearings may be scheduled if needed. Conferences are for the Petitioner and the Respondent. Attorneys are invited to attend and participate in the conference. Spouses, children, family members, significant others, and friends will **not** be allowed in the conference.

#### DO NOT BRING CHILDREN.

They will not be allowed in the conference or hearing and may NOT be left unattended.