

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

Name of Petitioner (in out-of-state case)

For Court Use Only.
Arizona Superior Court Case Number

Name of Respondent (in out-of-state case)

AFFIDAVIT TO REGISTER FOREIGN (OUT OF STATE) FAMILY SUPPORT ORDER A.R.S. § 25-1302

UNDER OATH OR AFFIRMATION

1. INFORMATION ABOUT THE CONTROLLING FOREIGN FAMILY SUPPORT ORDER:

1.A. Case Number: _____ <small>(in issuing state)</small>	Date Issued: _____ <small>(most recent, if more than one)</small>
County, State: _____ <small>(Where order was issued)</small>	IV-D Number: _____ <small>(if any)</small>
Amount Due per Payment: \$ _____	
Payment is due: <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Other: _____	
Total Arrears Owed: \$ _____ <small>(Total Amount Unpaid and Overdue as of Today's Date)</small>	
Person Ordered to PAY Support on this Order is: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other	
Person Ordered to RECEIVE Support on this Order is: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other	

1.B. Have all parties named in the other state’s order either moved out of the issuing state, OR filed a “consent to transfer to Arizona” in the issuing state?

- Yes.** All parties named in the issuing state’s order have moved out of that state.
- Yes.** A certified copy of the “consent to transfer” filed in the issuing state is included.
- No.** (If “No”, Arizona may enforce but may not have jurisdiction to modify the order.)

2. Is the order above the *only* one for which past due or current support is owed?

- Yes** **No**

If “No,” fill out section 3 below. If “Yes,” skip Section 3 and go directly to Section 4.

Note: If specific address or identifying information would endanger a party or child and the information is not already known to other parties, write “Protected” in the space for that information and supply it to the Court on the “Request for Protected Address” form available from the Law Library Resource Center or its web site.

3. INFORMATION ON ADDITIONAL SUPPORT ORDERS (Either for current support or on which arrears (“back support”) is still owed.) (If no additional support orders, skip to # 3C.)

<p>3.A. Case Number: _____ (in issuing state)</p>	<p>Date Issued: _____ (most recent, if more than one)</p>
<p>County, State: _____ (Where order was issued)</p>	<p>IV-D Number: _____ (if any)</p>
<p>Amount Due per Payment: \$ _____</p>	
<p>Payment is due: <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Other: _____</p>	
<p>Total Arrears Owed: \$ _____ (Total Amount Unpaid and Overdue as of Today’s Date)</p>	
<p>(mark the correct boxes below.)</p>	
<p>Person Ordered to PAY Support on this Order is: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other</p>	
<p>Person Ordered to RECEIVE Support on this Order is: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other</p>	
<p>Have all parties named in the foreign order moved out of the state where the order was issued? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>If “No”, have those remaining filed a “consent to transfer” state?</p>	
<p><input type="checkbox"/> Yes A certified copy of each “consent to transfer” is included.</p>	
<p><input type="checkbox"/> No (If “No”, Arizona may enforce but may not have jurisdiction to modify the order.)</p>	

3.B. Case Number: _____ (in issuing state)	Date Issued: _____ (most recent, if more than one)
County, State: _____ (Where order was issued)	IV-D Number: _____ (if any)
Amount Due per Payment: \$ _____	
Payment is due: <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Other: _____	
Total Arrears Owed: \$ _____ ((Total Amount Unpaid and Overdue as of Today's Date)	
Date of Last Payment: _____ (mark the correct boxes below.)	
Person Ordered to PAY Support on this Order is: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other	
Person Ordered to RECEIVE Support on this Order is: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other	
Have all parties named in the foreign order moved out of the state where the order was issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If " No ", have those remaining filed a "consent to transfer" state?	
<input type="checkbox"/> Yes A certified copy of each "consent to transfer" is included.	
<input type="checkbox"/> No (If "No", Arizona may enforce but may not have jurisdiction to modify the order.)	

ADDITIONAL ORDERS: I have provided the same information as above concerning additional support orders on additional attached pages.

3.C. The total amount of arrears ("back support") from all support orders:
 (including amount listed for order described on page 1, if any, and on any additional pages concerning other support orders)

\$

3.D. A certified statement of arrears is included from the custodian of records of each court or agency responsible for maintaining such records for every order for which overdue support payments (arrears) are claimed to be owed.

Note: If specific address or identifying information would endanger a party or child and the information is not already known to other parties, write "Protected" in the space for that information and supply it to the Court on the "Request for Protected Address" form available from the Law Library Resource Center or their web site.

4. A. INFORMATION ABOUT THE PARTIES (in the case described in section 1)

Petitioner, Full Legal Name:	_____
Name as Listed in Other State's Case: (if different)	_____
Previous Name or Aliases:	_____
Current Address:	_____ (Street Address, City, State, Zip)
Employer Name:	_____
Employer Address:	_____

Respondent, Full Legal Name:	_____
Name as Listed in Other State's Case: (if different)	_____
Previous Name or Aliases:	_____
Current Address:	_____ (Street Address, City, State, Zip)
Employer Name:	_____
Employer Address:	_____

OTHER ADULT (or agency): Full Legal Name:	_____
Name as Listed in Other State's Case: (if different)	_____
Previous Name or Aliases:	_____
Relation to this Case:	<input type="checkbox"/> Has legal decision-making (legal custody) or Is court-appointed guardian of minor(s) <input type="checkbox"/> Is caretaker or someone the child(ren) live with <input type="checkbox"/> Other. Explain: _____
Current Address:	_____ (Street Address, City, State, Zip)
In this case, this Person is:	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> 3rd Party

4. B. INFORMATION ABOUT MINOR CHILDREN SUBJECT OF CHILD SUPPORT ORDER(S):
(if applicable) (Enter date of birth as Month/Date/Year.)

Name of Minor	Address (if not protected)	Date of Birth

5. ADDITIONAL INFORMATION:

A. Has the order you are seeking to register been registered in any other state?

Yes No

B. If "Yes" please list those states:

C. Does the person who owes money under the order(s) being registered own property or other assets in Arizona which may be legally seized and sold or otherwise disposed of so that the proceeds may be applied towards satisfaction of this debt?

Yes No

(If "yes", list and describe below, as specifically as possible. If you are not sure what property may be exempt, consult an attorney or law library.)

I have listed and described below all known property and assets in Arizona that are not "exempt from execution" (seizure by the courts), including its location.

D. Other Information:

UNDER OATH OR BY 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: _____ by
(date)

_____.

(Notary seal)

Deputy Clerk or Notary Public