# RESPONSE TO PETITION TO MODIFY CHILD SUPPORT 15% OR MORE

(SIMPLIFIED PROCESS)



# Part 3: RESPONSE / OBJECTION & REQUEST FOR HEARING

(Forms and Instructions)

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# LAW LIBRARY RESOURCE CENTER

# RESPONSE TO PETITION TO MODIFY CHILD SUPPORT ORDER (Simplified Process)

# CHECKLIST

USE THE FORMS and instructions in this packet ONLY if the following factors apply to your situation:

- ✓ The other party filed a "Petition to Modify Child Support" (Simplified Process)," AND
- ✓ You disagree with that request; AND
- You want a court hearing to explain why the other party's request should not be granted, OR
- ✓ You want a court hearing to explain why the other party's request should not be granted AND why the child support should be changed to an entirely different amount.

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.

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DRMSS3k-010119

# To change a court order for child support (Simplified process)

# PART 3: Objection and petition for a court hearing

This packet contains court forms and instructions to file an "Objection/Response to a Petition to Modify a Court Order for Child Support --Simplified 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	DRMSS3k	Checklist: You may use these forms if			
2	DRMSS3it	Table of Contents (this page)	1		
3	DRMSS31i	Instructions to File "Petition for Hearing"	1		
	Use tl	ne FREE Online Child Support Calculator to produce the			
	Child	Support Worksheet that must accompany this response.			
		See DRS12h for more information.			
4	DRS12h	How to Complete the "Child Support Worksheet"	1		
5	DRS81i	Instructions to Complete Child Support Order	1		
6	DRMSS31p	PROCEDURES: What to Do After You Have Completed All Forms	2		
7	DRMSS31f	Request for Hearing	1		
8	DRS81f	Child Support Order	7		
9	DRS88f	Current Employer Information Sheet	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.

# LAW LIBRARY RESOURCE CENTER

Instructions to Complete a "Request for Hearing" (Simplified Procedure)

To request a hearing you will need:

- A copy of the "Request for Hearing"
- A completed "Child Support Worksheet" (see DRS12h)

NOTE: There may be fees for filing this Petition. If this is the first time you have "appeared" (filed papers) in this case, there may <u>also</u> be an "Appearance Fee." If you cannot pay the fees at this time, you may request to defer (delay) payment by submitting an application for fee deferral or waiver, which is available for free from the Law Library Resource Center and Clerk of Superior Court.

FOLLOW THESE INSTRUCTIONS WHICH ARE NUMBERED TO MATCH THE IDENTIFYING NUMBERS ON THE FORM. TYPE OR PRINT NEATLY USING BLACK INK.

- 1. Fill in the name, address, and phone number of the person filing the form. (The space marked ""state bar number" is used only if an attorney is preparing this form.)
- 2. Fill in the name of the persons shown as the Petitioner / Party A and the Respondent / Party from the *"Petition to Modify (Change) Child Support."*
- 3. Fill in the case number and ATLAS number (if applicable) that appears on the *"Petition to Modify Child Support."*
- 4. Check this box IF you also want the Child Support Order changed, but to an amount different from that requested by the other party.
- 5. Date and sign in front of a Notary Public or bring to the Clerk of Court's filing counter and have your signature witnessed by a Deputy Clerk. Be prepared to show photo identification. By signing your name, you are stating under oath or affirmation that the contents of this Request are true and correct to the best of your knowledge. The Notary Public or Deputy Clerk will complete the signature and date information requested at the bottom of the first page. Next, file the original form along with two copies at the Clerk of Superior Court's filing counter. The Clerk will keep the original and one copy, date-stamp and return the other to you. You will receive notice of the time, date, and location of the hearing.

Notice of Request for Hearing. Upon filing the Request for Hearing, the filing party must immediately mail or deliver a copy of the Request to the other party or his/her attorney. *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 <u>must also</u> be given to the Attorney General's Office, which can be mailed to:

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

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#### Law Library Resource Center

# HOW TO COMPLETE A CHILD SUPPORT WORKSHEET

Use one of the *FREE* online child support calculators to produce the *Child Support* Worksheet that **MUST** be turned in along with your other court papers.

Using the online calculators is FREE (access to the Internet and a printer required).

If you do not have access to the Internet and/or a printer, you may use the computers any Law Library Resource Center location. There is a small, per-page charge for printing. Online calculators are available at:

ezCourtForms

https://www.superiorcourt.maricopa.gov/ezcourtforms2/ Arizona Supreme Court http://www.azcourts.gov/familylaw/Child-Support-Calculator-Information

#### Advantages of Using the Online Child Support Calculator

- The online calculator is free.
- The online calculator does the math for you.
- The online calculator produces a neater, more readable worksheet.
- The online calculator produces a more accurate child support calculation, AND
- You don't have to go through more than 35 pages of Guidelines and Instructions

If you want to perform the calculations yourself, you will need an additional 35 or more pages of guidelines, instructions, and the Child Support Worksheet form. These are available for separate purchase from the Law Library Resource Center as part of the "How to Calculate Child Support" packet, or may be downloaded for free from the Law Library Resource Center's web page (https://superiorcourt.maricopa.gov/llrc/family-court-forms/).

When you have completed all needed forms, go to the "Procedures" page and follow the steps.

# INSTRUCTIONS: HOW TO COMPLETE THE "CHILD SUPPORT ORDER"

# Type or print neatly using <u>BLACK INK ONLY</u>.

# CASE CAPTION

- If you are providing this information to **establish** a child support order, fill in the names and the dates of birth (DOB) of the persons shown as Petitioner / Party A and Respondent / Party B on the petition to establish child support. Or to get other relief (divorce, paternity, etc.)
- If you are providing this information to **modify** your current support order, fill in the names and dat es of birth (DOB) of the persons shown as Petitioner/Party A and Respondent/Party B on the Order that established the child support.
- Fill in your case number.
- Fill in your ATLAS number. If you do not have an ATLAS number, leave this item blank.

#### NUMBERED INSTRUCTION

Match the number of the instruction below to the matching number on the first page of the "Child Support Order."

(1) Fill in the full name of the legal parents (Party A and Party B) of the minor children who are the subject of this *"Child Support Order."* 

Fill in the full name and bi rth date of all minor children who are the subject of this "*Child Support Order.*" (Use extra pages if necessary).

## LEAVE THE REST OF THE FORM BLANK. THE JUDGE OR COMMISSIONER WILL COMPLETE THE REST OF THE INFORMATION AND SIGN THE ORDER.

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# LAW LIBRARY RESOURCE CENTER

Procedures: How to file a "Request for Hearing" in response to a "Petition to Modify *Child* Support (Simplified Process)

To request a hearing you will need to submit:

- One original *"Request for Hearing"* (plus at least 2\* copies).
- One original "Child Support Worksheet" (plus at least\* 2 copies).
- One original "Current Employer Information Sheet"

See the "How to Complete a Child Support Worksheet" document in this packet for information on getting the child support calculations filled out automatically and for FREE online.

STEP 1 Separate your documents into 3 (or 4\*) sets:

SS is

\*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 <u>must also</u> be given to the Attorney General's Office.

NOTE: There will be a fee for filing this document. If this is the first time you have "appeared" (filed papers) in this case, there may an "appearance fee" *in addition to* the filing fee. If you cannot pay the fees at this time, you may petition to defer (delay) payment by submitting an application for fee deferral or waiver, which is available for free from the Clerk of the Superior Court and the Self-Service Center.

STEP 2 File the original forms along with two (or 3\*) copies at the Clerk of Superior Court's filing counter. The Clerk will keep the original and date-stamp and return the others to you.

If the *Request for Hearing* was filed in a timely manner a hearing will be set. You will receive notice of the time, date, and location of the hearing by mail. STEP 3 Notice to other party or parties

After filing the "*Request for Hearing*," you must immediately mail or deliver a copy of this document to the other party or his/her attorney, and *if the State of Arizona is involved*\* you must ALSO provide a copy to the Division of Child Support Enforcement (DCSE) of the Office of the Attorney General.

The State of Arizona may be involved if any party received public assistance for the children or used the services of the State in establishing or collecting child support. If either party already has a case with the State (DCSE or DES) involving the same children as in this case, notice of this action <u>must also</u> be given to the Attorney General's Office.

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 "AG" assigned to your case:

- a copy of the "Request for Hearing,"
- a copy of the "Child Support Worksheet", along with an
- *"Acceptance of Service"* <u>AND</u>
- a self-addressed, stamped envelope (addressed back to you).

A list of addresses for the AG's offices is available from the Law Library Resource Center or from the Superior Court's webpage.

(b) There <u>may</u> 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 at the filing counter, or

(c) You may mail all listed documents and the envelope to:

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

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

	For Clerk Use Only
(A)	Case Number:
(A) Name of Petitioner / Party A (in original case)	ATLAS Number:
<b>(B)</b> Name of Respondent / Party B (in original case)	REQUEST FOR HEARING (Simplified Process)
information provided on the <b>"Child Support Worksh</b> child support is not accurate. I am attaching the requir I believe to be accurate information. I request that a hea my position. I further request that costs and fees incur other party.	to the guidelines' simplified procedure has been filed. The <b>neet</b> " that was the basis for the request to modify (change) ed completed " <i>Child Support Worksheet</i> " that shows what aring be set so that I can explain to the judge or commissioner rred in responding to this matter be ordered to be paid by the est the child support be modified to an amount different her party.
Dated:	Requesting Party's Signature
STATE OF	Requesting Faity's Signature
COUNTY OF	
Subscribed and sworn to or affirmed before me this:	by
	(date)
(notary seal)	Deputy Clerk or Notary Public
Request to the other party or his/her attorney. If eith for child support services (Division of Child Support mailed or provided with a copy of the Request, whic Office of the Child Support	y must immediately mail or otherwise deliver a copy of this ier party is currently using or has used the State IV-D Agency Enforcement or their representative), the State must also be ch can be mailed to: Attorney General rt Services Section venue – Mail Drop 7611
	ix, AZ 85004
2. If a hearing or conference is scheduled, the court ma costs, other court costs, and/or attorney fees.	ay enter a judgment for past-due support, clerk's fees, service

Person Filing:		
Address (if not protected):		
City, State, Zip Code:		
Telephone:		
Email Address:		For Clerk's Use Only
ATLAS Number:		
_awyer's Bar Number:		
Representing Self, without a Lawyer or Attorney for	Petitioner Or 🗌 Responde	ent
SUPERIOR COUR IN MARICOPA		
Petitioner / Party A	Case No	
Date of Birth (Month, Date, Year)	ATLAS No	
	CHILD SUPPO	RT ORDER
Respondent / Party B	A.R.S. § 25-503	
Date of Birth (Month, Date, Year)		
THE COURT FINDS:		
1. Party A:	and	
Party B:		
Have a duty to support the following children:		
Child(ren)'s Name(s)	Date of I	Birth
		· · · · · · · · · · · · · · · · · · ·

- 2. Child Support Guidelines: The required financial factors and any discretionary adjustments pursuant to the Arizona Child Support Guidelines are as set forth in the Parent's Worksheet for Child Support Amount, attached and incorporated by reference.
- 3. Child Support:

	🗌 Party A	🗌 Party B	is ordered to pay child support in	n the amount of
	\$	per month	to	_ pursuant to the Arizona
	Child Support	Guidelines with	nout deviation.	
	Party B Support Guide child support in	in the amount o lines without do n this case exce	is obligated to pay child support of \$ per month purse eviation. This amount is an appro ept that the Court finds it more ap exact guideline amount for ease	suant to the Arizona Child opriate amount to award for opropriate and just to make
	Party B Support Guid inappropriate	in the amount of elines. Applic	is obligated to pay child sup of \$ per month purs ation of the child support gu e Court has considered the bes s appropriate.	suant to the Arizona Child uidelines in this case is
	After deviation	the child supp	ort order is \$ per mont	h.
	Party B Support Guid inappropriate	in the amount elines. Applic	is obligated to pay child support of \$ per month purs ation of the child support gu e Court has considered the best s appropriate.	uant to the Arizona Child uidelines in this case is
	entered into a and coercion v	written agreem	ort order is \$ per mont ent or their agreement is on the r of the amount of child support tha he agreement.	ecord and is free of duress
Rease	on(s) for devia	tion:		

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

4. Support Arrears:

		<ul> <li>Party A</li> <li>Party B</li> <li>Party B</li></ul>
		through plus accrued interest on prior child support arrearages due of \$ calculated through the date of
		The Court finds no child support arrearages due and owing.
		No evidence was presented in support of child support arrearages.
5.	Past S	Support:
		It is appropriate to award Party A Party B an additional judgment for past support in the amount of \$ for the period between the filing of this current petition and the date current child support is ordered to begin.
		Temporary support or voluntary / direct support payments in the amount of \$ were paid during the period above; therefore, the past support is adjusted to \$
		It is appropriate to award Party A Party B an additional judgment in the amount of \$ for past support owed from the date of separation, but not more than three years before the date of filing the current petition.
		Temporary support or voluntary / direct support payments in the amount of \$ were paid during the period above; therefore, the past support is adjusted to \$
		The Court finds no past support amount due and owing.
		No evidence was presented in support of past child support.
		The Court finds no temporary support or voluntary / direct support payments were paid.
		No evidence was presented in support temporary support or voluntary / direct support payments.
6.	Intere	st:
	🗌 The	e Court finds interest in the amount of \$ due to
	🗌 Pa	rty A 🗌 Party B
	For the	e period of:

# It is ordered that:

1. Child Support Judgment:

	□ Party A □ Party B shall pay child support to in the amount of \$
	per month. This monthly amount, payable by income withholding order, shall be
	paid on the 1 <sup>st</sup> day of each month beginning
2.	Support Arrearages Judgment:
	Party A Party B is granted judgment against in the amount of
	\$ as and for child support arrearages for the period of
	through the date of together with interest on said amount at the legal rate of
	10% per annum until paid in full, plus additional accrued interest on prior child support judgments
	of \$ calculated through the date of
	Party A Party B shall pay, in addition to his OR her current support
	payment, the amount of \$ per month toward this judgment, payable
	on the first day of each month, beginning until paid in full.
	NO Judgment for child support arrearages is entered.
3.	Past Support Judgment:
	Party A Party B is granted a past support judgment against Party A Party B in
	the additional amount of \$ Party A Party B shall pay the additional
	amount of \$ per month toward this judgment, payable on the first day of each
	month commencinguntil paid in full.

OR

NO Judgment for past support is entered.

4. Payments and Clearinghouse: All payments, plus the statutory handling fee, shall be made through the Support Payment Clearinghouse pursuant to an Order of Assignment, or "Income Withholding Order" signed this date. Any time the full amount of support ordered is not withheld, the person obligated to pay (the obligor) remains responsible for the full monthly amount ordered. Payments not made directly through the Support Payment Clearinghouse shall be considered *gifts* unless otherwise ordered. All payments shall be made payable to and mailed directly to:

Support Payment Clearinghouse P.O. Box 52107 Phoenix, AZ 85072-2107

Case	Number:	
-		

Payments must include Party A's or Party B's name, and Atlas number. Pursuant to A.R.S. § 25-322, the parties shall submit current address information in writing to the Clerk of Superior Court and the Support Payment Clearinghouse immediately. The obligor (party being ordered to pay) shall submit the names and addresses of his or her employers or other payors within 10 days. Both parties shall submit address changes within 10 days of the change.

#### 5. Total Monthly Payments:

Party A Party B	shall make total monthly payments to 🗌 Party A 🗌 Party B in the
amount of \$	per month, payable on the first day of each month, beginning
	as follows:

Monthly Payments:

Current child support payment as ordered above:	\$ 
Current spousal maintenance payment:	\$ 
Support arrearage payment:	\$ 
Clearinghouse handling fee:	\$ 8.00
Total monthly payment:	\$ , ,

6. Medical, Dental, Vision Care Insurance for Minor Children:

	🗌 Party A	OR	🗌 Party B	is respo	nsible for	<sup>-</sup> providing	me me	dical	dental
🗌 vis	ion care insurai	nce for	the minor child	d(ren) and	d shall co	ntinue to p	ay premiu	ums for	any medical,
dental	and vision po	licies o	covering the c	child(ren)	that are	currently	included	in the	incorporated
Paren	ťs Worksheet f	or Chil	d Support.						

OR

Party A OR Party B shall be individually responsible for providing medical insurance for the minor child(ren) of the parties as soon as it becomes accessible and available at a reasonable cost, as neither party currently has the ability to obtain such medical insurance.

Medical, dental, and vision insurance, payments and expenses are based on the information in the Parent's Worksheet for Child Support attached hereto and incorporated by reference.

The party ordered to pay must keep the other party informed of the insurance company name, address and telephone number, and must give the other party the documents necessary to submit insurance claims. An insurance card must be provided to the other party. Notification must also be provided to the other party if coverage is no longer being provided for the child(ren).

7. Non-Covered Medical Expenses:

Party A is ordered to pay \_\_\_\_\_\_% and Party B is ordered to pay \_\_\_\_\_\_% of all reasonable uncovered and/or uninsured medical, dental, vision, prescription and other health care charges for the minor child(ren).

• A request for payment or reimbursement of uninsured medical, dental and/or vision costs must be provided to the other party within 180 days after the date the services occur.

- The party responsible for payment or reimbursement must pay their share, as ordered by the Court, or make acceptable payment arrangements with the provider or person entitled to reimbursement within 45 days after receipt of the request.
- Travel expenses: The costs of travel related to parenting time over 100 miles one way shall be shared as follows: Party A \_\_\_\_\_\_ % Party B \_\_\_\_\_%
- 9. Information exchange: The parties shall exchange financial information such as copies of tax returns, financial affidavits, and earnings statements every twenty-four months. At the time the parties exchange financial information, they shall also exchange residential addresses and the names and addresses of their employers unless the Court has ordered otherwise.
- 10. Tax exemptions: The Court allocates the following federal tax exemption(s) for the dependent child(ren):

Child's Name	Date of Birth (Month, Day, Year)	Parent Entitled to Deduction	For Calendar Year
		Party A Party B	
		Party A Party B	
		Party A Party B	
		Party A Party B	

For years follo	owing those	listed above	while this	Child Support	Order re	emains in	effect, i	the parties	shall
repeat the par	ttern above	of claiming d	eductions	for each child.					

Party A or Party B may claim the allocated tax exemptions only if all support and arrears ordered for the year have been paid by December 31 of that year. An Internal Revenue Service form 8332 may need to be signed and filed with a party's income tax return. *See IRS Form 8332 for more detailed information.* 

Party A or Party B	may unconditionally claim the tax exemption allocated to	🗌 Party A or
Party B for income tax p	urposes. An Internal Revenue Service Form 8332 may nee	ed to be signed
and filed with a party's incom	ne tax return. See IRS Form 8332 for more detailed info	ormation.

Even though the court's judgment contains orders regarding medical insurance and the allocation of the right to claim the child as a dependent for the purposes of federal taxes, these orders are not binding on the IRS. Under the Affordable Care Act, the party who claims a child as a dependent on a federal tax return has the obligation to ensure that the child is covered by medical insurance and may be penalized by the IRS for failing to do so. This penalty may be imposed even if it is the other party's responsibility to carry medical insurance on the child under the Decree of Dissolution of Marriage.

11. Modification: If this is a modification of child support, all other prior orders of this Court not modified remain in full force and effect.

Case Number:

- 12. Emancipation: A child is emancipated:
  - On the child's 18<sup>th</sup> birthday, however if a child is still attending high school or a certified high school equivalency program, support will continue until graduation of the child reaches 19 years of age.
  - On the date of the child's marriage.
  - When the child is adopted.
  - When the child dies.
- 13. Other findings and orders:
- 14. Final Appealable Order. No further claims or issues remain for the Court to decide. Therefore, IT IS FURTHER ORDERED pursuant to Rule 78(c), Arizona Rules of Family Law Procedure, this final judgment/decree is signed by the Court and it shall be entered by the Clerk of Superior Court. The time for appeal begins upon entry of this judgment by the Clerk of Superior Court. For more information on appeals, see Rule 8 and other Arizona Rules of Civil Appellate Procedure. IT IS FURTHER ORDERED denying any affirmative relief sought before the date of this Order that is not expressly granted above.

Date

Judicial Officer

15. Stipulation. Signature by both Parties (if applicable):

Party A Party B, by signing this document, we state to the Court under penalty of perjury that we read and agree to this Court Order, and that all the information contained in it is true, correct, and complete to the best of our knowledge and belief.

Party A's Signature

Date

Date

Party B's Signature

If either party is represented by a lawyer, the lawyer must sign below:

Party A's Lawyer Signature

Party B's Lawyer Signature

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Date

Date

# **CURRENT EMPLOYER\* INFORMATION**

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

#### THIS FORM MUST BE COMPLETED FOR:

For Clerk's Use Only

1		

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 <sup>*</sup> 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	