



Person Filing: \_\_\_\_\_  
 Address (if not protected): \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 ATLAS Number: \_\_\_\_\_  
 Lawyer's Bar Number: \_\_\_\_\_  
 Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

Respondent's Name or Lawyer's Name: \_\_\_\_\_  
 Address (if not protected): \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 ATLAS Number: \_\_\_\_\_  
 Lawyer's Bar Number: \_\_\_\_\_  
 Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
 Name of Petitioner / Party A (in original case)

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

\_\_\_\_\_  
 Name of Respondent / Party B (in original case)

**ORDER MODIFYING**

- PARENTING TIME or  
 PARENTING TIME AND CHILD SUPPORT

**THE COURT FINDS:**

1. This case has come before this Court for a final Order based upon the Agreement of the Parties.
2. This Court has jurisdiction to change parenting time and/or support and has jurisdiction over the parties. Where it has the legal power to do so and where it is applicable to the facts of this case, this Court has considered, approved, and made Orders relating to parenting time and/or support.
3. This Order applies to the following children:

Name(s)	Dates of Birth /Age (Month/Day/Year)
_____	_____
_____	_____
_____	_____
_____	_____

4. Grounds for changing Parenting time and/or Child support. Based upon the stipulation (agreement) of the parties, it is in the best interest of the minor child(ren) to change parenting time and/or child support at this time.

### THE COURT ORDERS:

The Order regarding parenting time and/or support dated \_\_\_\_\_ is changed as follows:

**A. Parenting Time:**

- 1.  Reasonable parenting time to the parent who is not the primary residential parent (Or)
- 2.  Reasonable parenting time to the parent who is not the primary residential parent according to the Parenting Plan attached.  
(Or)
- 3.  Supervised parenting time but only in the presence of another person, who is named below or otherwise approved by the Court:

\_\_\_\_\_

The cost of supervised parenting time shall be paid by:

- Party A** or  **Party B** or  shared equally by the parties, or as follows:

\_\_\_\_\_

Restrictions on parenting time:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Or)

- 4.  No parenting time rights to  **Party A** or  **Party B** due to:

\_\_\_\_\_

\_\_\_\_\_

- 5.  Other parenting time: (explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. Child Support.**

- Child Support is unchanged,

(Or)

**Party A** or  **Party B** shall pay child support to other party in the amount of \$ \_\_\_\_\_, per month, payable on the first day of each month, beginning the first day of month following the signing of this Order. All child support payments shall be made through the Support Payment Clearinghouse by the attached Income Withholding Order and shall include an additional statutory fee for processing.

Child Support is based on the information in the Child Support Worksheet attached and incorporated by reference, and the Arizona Child Support Guidelines,

(Or)

**Child Support Deviation.** The Court, having reviewed the completed child support worksheet submitted by the parties, agrees that the child support worksheet shows that child support would have been set at \_\_\_\_\_ under the Guidelines, but for the deviation.

The Court, having considered the best interests of the minor child(ren), deviates from the Guidelines for the following reasons. (Describe reasons.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**C. Medical, Dental, Vision Care.**

- Party A** is responsible for providing:       medical     dental     vision care insurance.  
 **Party B** is responsible for providing:       medical     dental     vision care insurance.

Medical, dental, and vision care insurance, payments and expenses are based on the information in the Child Support Worksheet attached 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.

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

**D. Federal Income Tax Deduction.**

Child's Name	Date of Birth (Month, Day, Year)	Parent Entitled to Deduction	For Calendar Year
		<input type="checkbox"/> <b>Party A</b> <input type="checkbox"/> <b>Party B</b>	
		<input type="checkbox"/> <b>Party A</b> <input type="checkbox"/> <b>Party B</b>	
		<input type="checkbox"/> <b>Party A</b> <input type="checkbox"/> <b>Party B</b>	
		<input type="checkbox"/> <b>Party A</b> <input type="checkbox"/> <b>Party B</b>	

For years following those listed above while this Child Support Order remains in effect, the parties shall repeat the pattern above of claiming deductions for each child.

**E. Other Orders.** This Court makes further Orders relating to this matter as follows:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**F. 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/decreed 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.

Done in open Court: \_\_\_\_\_.

\_\_\_\_\_  
**JUDGE or COURT COMMISSIONER**

# ORDER Modifying Parenting time or Parenting time and Child support based upon Stipulation (agreement) of the parties

Do not write or sign below this line until you are instructed to do so by Clerk of Superior Court or Notary.

## Oath or Affirmation of the Parties

By signing this document I swear or affirm that I: have read and understand the terms of this Order; have entered this agreement of my own free will and not because of any force, duress, undue influence, coercion, or threat of harm from anyone, including the other party; waive the right to trial on this matter; and that the information I have provided is true and correct, under penalty of perjury.

\_\_\_\_\_  
Party A's Signature

\_\_\_\_\_  
Party B's Signature

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)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney General's Representative (DCSE) (if applicable)

Approved as to form and content by the parties' lawyers (if applicable):

Party A's Lawyer: \_\_\_\_\_

Party B's Lawyer: \_\_\_\_\_