

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

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Case No. \_\_\_\_\_

ATLAS No. \_\_\_\_\_

\_\_\_\_\_  
Petitioner / Party A

\_\_\_\_\_  
Respondent / Party B

### DEFAULT INFORMATION for SPOUSAL MAINTENANCE A.R.F.L.P. Rule 44

Check appropriate box below:

- Party A's Statement
- Party B's Statement

Pursuant to the Arizona Rules of Family Law Procedure, I hereby state the following, under penalty of perjury:

**A.** To qualify for spousal maintenance under A.R.S. § 25-319, I provide the following information:

- I lack sufficient property, including property I will be receiving in the dissolution, to provide for my reasonable needs.
- I am unable to be self-sufficient through appropriate employment.
- I am unable to earn enough money to support myself.
- I am the custodian of a child whose age or condition is such that I should not be required to seek employment outside the home.
- I contributed to the educational opportunities of my spouse.
- My marriage has lasted \_\_\_\_\_ years.
- I am \_\_\_\_\_ years old.
- There have been excessive or abnormal expenditures, destruction, concealment or fraudulent disposition of community, joint tenancy and other property held in common.
- There are actual damages and judgments from conduct resulting in criminal conviction of either you or your spouse in which the other spouse or child was the victim.

**B.** If the court finds you qualify for spousal maintenance, it will need the following information in determining the appropriate amount and duration. To assist the court, please answer the following:

1.  If you were employed during the marriage, state how and when you have been employed.  
 How employed: \_\_\_\_\_  
 When employed: \_\_\_\_\_  
 I was not employed during the marriage.
2.  Do you have a physical or emotional condition that limits your ability to work? Describe:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 I do not have a physical or emotional condition that limits my ability to work.
3.  Describe any contributions you have made to your spouse's earning ability or how you reduced your income or career opportunities to benefit your spouse.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Does not apply.
4.  If your request for spousal maintenance is granted, will you and the other party be able to contribute to the educational expenses of your children? Describe.  
 \_\_\_\_\_  
 Does not apply.
5.  Why are the financial resources available to you, including property awarded in the decree, not adequate to meet your needs?  
 \_\_\_\_\_  
 \_\_\_\_\_
6.  Do you think additional education or training would enable you to find employment sufficient to meet your needs? \_\_\_\_\_  
 Is this education or training readily available? \_\_\_\_\_  
 How long do you think it will take to complete this education or training? \_\_\_\_\_
7.  How much will it cost you per month to obtain health insurance after the divorce? \_\_\_\_\_  
 How much will the other party save per month if the insurance changes from a family plan to employee only health insurance? \_\_\_\_\_
8.  What is your spouse's present occupation and monthly income? (If you do not have documentation of your spouse's income, describe how you came to your estimate.)  
 \_\_\_\_\_  
 \_\_\_\_\_

**NECESSARY MONTHLY EXPENSES (For yourself and minor children who reside with you)**

House (mortgage/rent)	\$
Repair/Upkeep	\$
Utilities	
Electricity	\$
Gas	\$
Water & Sewer	\$
Phone	\$
Garbage	\$
Food & Household Supplies	\$
Work/School Lunch	\$
Medical, dental, drugs, supplies	\$
Insurance not deducted from pay	\$
Clothing	\$
Laundry/Dry Cleaning	\$
Childcare/Sitter	\$
Support paid for spouse and/or minor children of prior relationship	\$
Car Repair/Maintenance	\$
Car Insurance	\$
Gas/Oil	\$
Vehicle License	\$
Public Transportation	\$
Other (Explain)	\$
	\$
	\$
<b>Total Monthly Expenses</b>	<b>\$</b>

**TOTAL GROSS MONTHLY INCOME****MONTHLY PAYMENTS/DEBTS**

<b>Creditor</b>	<b>Balance</b>	<b>Payment</b>
	\$	\$
	\$	\$
	\$	\$
<b>Total Monthly Payments</b>		<b>\$</b>
<b>Total Expenses, Payments</b>		<b>\$</b>

**INCOME**

GROSS PAYCHECK

 weekly  twice mo.\* monthly  every 2 weeks

\*For example, the 1st and 15th

Less: Federal Taxes

Less: State Taxes

SS &amp; Medicare

Insurance

Savings, etc.

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**Total Deductions****Net Paycheck**

\$ \_\_\_\_\_

9. I request \$\_\_\_\_\_ per month for spousal maintenance for \_\_\_\_\_ years.

10. Can the other party's needs be met if you receive this requested spousal maintenance?

\_\_\_\_\_

**I declare under penalty of perjury that the foregoing is true and correct.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_