

SELF-SERVICE CENTER

**HOW TO FIND OUT ABOUT OTHER PARTY'S INCOME
AND OTHER INFORMATION**

**FOR CALCULATING CHILD SUPPORT AND/OR SPOUSAL
MAINTENANCE/SUPPORT**

INSTRUCTIONS:

TYPE OR PRINT CLEARLY, USING BLACK INK ONLY

- Complete and send the form letter included in this packet to the other party's place of employment or other source of income by first class mail. Arizona law requires the employer or other source of income to provide this information if they know or have the information in their possession within twenty (20) days of receipt of your request (A.R.S. § 25-513).
 - Your letter should contain the following information, *unless protected by court order*: *
 - Your complete name, address, and telephone number, * AND
 - The other party's complete name, AND
 - The other party's social security number, AND
 - The other party's date of birth.

- * If your address is protected, you must give another address where the information you are requesting can be sent, for example, to a post office box, or to your lawyer.

- You may use this process only one time *within a three month period* to ask for (*only*) the following information:
 - Present and past employment status of the other party, AND,
 - Earnings and income of the other party, AND,
 - Availability and description of present or previous health insurance coverage for dependent children, AND,
 - Health insurance benefits paid or applied for under a health insurance policy for dependent children, AND,
 - The other party's current or last known address, unless protected by an order of protection or injunction against harassment or other court order.