

**PETITION TO MODIFY
SPOUSAL MAINTENANCE or
SPOUSAL MAINTENANCE *and*
CHILD SUPPORT**

1

**To Change an Existing Court Order
Due to a Continuing Change in
Circumstances**

Part 1: Filing the Court Papers

(Forms & Instructions)

PETITION TO MODIFY SPOUSAL MAINTENANCE (ALIMONY) or SPOUSAL MAINTENANCE and CHILD SUPPORT

CHECKLIST

You may use the forms and instructions in this packet if . . .

- ✓ You have a spousal maintenance (also known as “alimony” or “spousal support”) order from Maricopa County and believe the amount of spousal maintenance should be changed because there has been a **substantial and continuing** change in your circumstances.

OR

- ✓ You have a spousal maintenance *and* child support order from Maricopa County and believe the amount of spousal maintenance **and** child support should be changed because there has been a **substantial and continuing** change in your circumstances.

NOTE:

- There are situations where the court *cannot* modify a Spousal Maintenance Order.
- Before using these forms you may want to consult with a lawyer to see if you have an Order that can be modified.
- If you signed an agreement that said that spousal maintenance/support/alimony cannot be changed, the court will not be able to change the amount of spousal maintenance.
- This process cannot be used to modify ARREARS (back payments).

WARNING: If the order you want to change is not from this county, ask a lawyer about the requirements to file your Petition (Request) with this Court.

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.

To change a court order for spousal maintenance (alimony) or spousal maintenance and child support

This packet contains court forms and instructions to file a change to a Court order for spousal maintenance or spousal maintenance and child support. 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	DRMSP1k	Checklist: You may use these forms if . . .	1
2	DRMSP1t	Table of Contents (this page)	1
3	DRMSP11i	Instructions: How to complete the petition to modify spousal maintenance (alimony) or spousal maintenance <u>and</u> child support (standard process)	3
Use the FREE online child support calculator to produce the Child Support Worksheet. For more information, see DRS12h.			
4	DRS12h	How to complete a Child Support Worksheet	1
5	DRSM12h	How to complete a Spousal Maintenance Worksheet	1
6	DRMSP12p	Procedures: What to do after you have completed the petition to modify spousal maintenance or spousal maintenance <u>and</u> child support (standard process)	2
7	DRMSP11f	Petition to Modify a Support Order	4
There are two copies of the Affidavit of Financial Information (AFI) in this packet: one for you to fill out and file with the Court, <u>and</u> an extra that you must serve on the other party.			
8	DROSC13f	Affidavit of Financial Information	12
9	DROSC13f	Affidavit of Financial Information (AFI) Leave this copy BLANK for the other party to fill out.	12
10	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.

Instructions: How to complete the petition to modify spousal maintenance (alimony) or spousal maintenance and child support (standard process)

To complete this form you will need:

- A copy of your current spousal maintenance or spousal maintenance and child support order.
- A copy of the Income Withholding Order for this case, if there is one.
- A completed Affidavit of Financial Information.

Fees to file:

There will be a charge for filing this Petition. There may be other charges including an “appearance fee” if this is the first time you have filed papers in this case. If you cannot pay these amounts, they may be deferred or waived. The Law Library Resource Center and the Clerk of Superior Court have the necessary forms to ask for a waiver or deferral.

Instructions for filling out the petition for change of a support order:

Write neatly. Use **black** ink. Match the lettered or numbered instruction below to the matching letter or number on the form.

- (A) Fill in the information requested at top left for the person who is filing this form. Write in the ATLAS number if you have one. If there is a current court order declaring your address is protected, simply write “protected” on the line provided for your address and make sure the Clerk of Superior Court has valid contact information on file. The spaces marked “representing” and “state bar number” are used only if an attorney is preparing this form.
- (B) Fill in the names of the persons shown as the “Petitioner/Party A” and the “Respondent/Party B” on the order that established the child support (such as a divorce, paternity, or child support order). If your original case was a Paternity case, note that the Plaintiff is now called the Petitioner and the Defendant is now called the Respondent.
- (C) Fill in your Maricopa County case number.
- (D) Mark the box(es) about the court order(s) you want to change. Your choices are (1) Spousal Maintenance (Alimony) only or (2) Spousal Maintenance and Child Support.

- (1) Information about the Petitioner/Party A. Fill in the information requested about the Petitioner/Party A. If you were the Petitioner/Party A in the original case, put your information in the spaces provided for the Petitioner/Party A. If not, put the information about the other party here and your information in the spaces provided for the Respondent/Party B.
- (2) Information about the Respondent/Party B. Fill in the information requested about the Respondent/Party B. If you were the Respondent/Party B in the original case, put your information in the spaces provided for the Respondent/Party B. If not, put the information about the other party here and put your information in the spaces provided for the Petitioner/Party A.
- (3) Information about the current support order I want to change. Fill in the information about your current Spousal Maintenance/Support Order or Spousal Maintenance and Child Support
- (4) Information about other court cases to enforce or change this court order. Complete the information about other court cases that either party has filed to enforce or modify/change the court order you are trying to have changed. If you have any current modification cases pending in any court, you cannot file this Petition unless you talk to an attorney and the attorney tells you that you can do it.

Note: If you signed an agreement that said spousal maintenance/support could not be changed, the Court cannot change your spousal maintenance/support amount.

- (5) What spousal maintenance/support should be. Fill in the amount you want the judge to order for spousal maintenance/support. Tell the judge when spousal maintenance/support should begin and when it should end.
- (6) Spousal maintenance/support should be changed, or I am entitled to have the payments continue for the following reasons: Describe the reasons and the substantial and continuing change in your circumstances that justifies the change in spousal maintenance/support.

Fill in (7), (8), and (9), only if you are also requesting a change in child support in addition to requesting a change in spousal maintenance.

- (7) What child support should be.
- (8) Describe the reasons and the substantial and continuing change in your circumstances that require a change in child support.

- (9) Department of Economic Security. If you receive services from the Department of Child Support Enforcement (DCSE) or you know the other party does, mark the box “yes.” Otherwise, mark the box “no.” If you don’t know, mark the box for “unknown.”
- (10) Date and sign. By signing, you are stating that the information you have provided on this document is true and correct to the best of your knowledge – under penalty of perjury.

After you have completed the petition:

- Complete one copy of the Affidavit of Financial Information (AFI).
- When you have completed all forms: Go to the Procedures and follow the instructions on what to do next.

Do not copy
or file this page

How to complete a Child Support Worksheet

Use the **free** online child support calculator to produce the Child Support Worksheet that must be turned in along with your other court papers.

Using the online calculator 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 at any Law Library Resource Center location. There is a small, per-page charge for printing. The online calculator is available at:

ezCourtForms <https://www.superiorcourt.maricopa.gov/ezcourtforms2/>

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 35 pages of Guidelines and Instructions.**

If you want to perform the calculations yourself, you will need an additional 60 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.

How to complete a Spousal Maintenance Worksheet (Applies only to cases in which the original petition for dissolution or legal separation was filed on or after September 24, 2022)

In a dissolution of marriage (divorce) or legal separation, one party may request that the court order the other party to pay “spousal maintenance.” This is financial support paid by one party to the other party. The court considers certain statutory factors to decide whether a party is eligible for spousal maintenance. In these cases, either party may request that the other pay spousal maintenance.

Spousal Maintenance Guidelines:

For a case filed on or after September 24, 2022, if a person is eligible for spousal maintenance, then the court uses the Arizona Spousal Maintenance Guidelines to determine the amount and duration of the award for spousal maintenance.

The Guidelines can be found here:

<https://www.azcourts.gov/familylaw/Child-Support-Family-Law-Information/Spousal-Maintenance-Guidelines>.

Spousal Maintenance Calculator:

In any dissolution of marriage or legal separation case that was originally filed on or after September 24, 2022, when a party requests spousal maintenance, or requests to change a past spousal maintenance court order, a completed Spousal Maintenance Worksheet *must* be included under the following situations.

- When filing an Application for Entry of a Default Decree and the party seeking default proceeds by motion without a hearing (Rule 44.1, ARFLP)
- When the parties agree to spousal maintenance and are submitting either a Summary Consent Decree or Consent Decree for Court approval (Rules 45 and 45.1, ARFLP).

The worksheet is created using the FREE online Spousal Maintenance Calculator. Access to the internet is required. The online Spousal Maintenance Calculator can be found here:

<https://www.superiorcourt.maricopa.gov/app/selfsuffcalc/>.

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

Next Steps:

After completing the Spousal Maintenance Calculator, print out the Spousal Maintenance Worksheet in order to file it with your other paperwork.

When you have completed all necessary forms, go to the “Procedures” page and follow the steps.

Procedures: What to do after you have completed the petition to modify spousal maintenance or spousal maintenance and child support (standard process)

After you have completed the "Petition to Modify Support Order", *and* the:

- ✓ "Affidavit of Financial Information" (The second copy is for the other party to complete.)
- ✓ "Current Employer Information Sheet"

1. Make 3 copies of the papers you completed:
 - "Petition to Modify Support Order"
 - "Affidavit of Financial Information"

Separate your papers into four (4) sets: one set of originals, and three (3) sets of copies.

Set 1: ORIGINALS to file with the Clerk of Superior Court <ul style="list-style-type: none">• "Petition to Modify Support Order"• "Affidavit of Financial Information"• "Current Employer Information Sheet"	Set 3: One set of COPIES for you: <ul style="list-style-type: none">• "Petition to Modify Support Order"• "Affidavit of Financial Information"
Set 2: One set of COPIES for the Judge <ul style="list-style-type: none">• "Petition to Modify Support Order"• "Affidavit of Financial Information"	Set 4: One set of COPIES for the other party: <ul style="list-style-type: none">• "Petition to Modify Support Order"• "Affidavit of Financial Information"• BLANK "Affidavit of Financial Information"

FEES: There are fees for filing petitions, responses, requests, motions, objections, and various forms with the Court. Cash, AMEX/VISA/MasterCard debit or credit cards, money order, or check made payable to the "Clerk of Superior Court" are acceptable forms of payment.

A list of current fees is available from the Law Library Resource Center website or from the Clerk of Superior Court's website.

If you cannot afford the filing fee and/or the fee for having the papers served by the Sheriff or by publication, you may request a deferral (payment plan) when you file your papers with the Clerk of Superior Court. Deferral Applications are available at no charge from the Law Library Resource Center.

2. File the papers with the Clerk of Superior Court: File the original Petition to Modify, Affidavit of Financial Information, and Current Employer Information Sheet, with the Clerk of Superior Court at the filing counter.

Ask the Clerk to stamp the extra copies for you to show that you have filed these papers with the Clerk. These are called "conformed" copies.

3. Hand-deliver the following papers to the Judges' in-box as indicated below.

- Copy of "Petition to Modify" and "Affidavit of Financial Information"
- A self-addressed envelope with enough postage so an "Order to Appear" may be mailed to you.

Central Court Building
201 West Jefferson, 3rd floor
Phoenix, Arizona 85003

Southeast Court Complex
222 East Javelina Avenue, 1st floor
Mesa, Arizona 85210

Northwest Court Complex
14264 West Tierra Buena Lane
Surprise, Arizona 85374

Northeast Court Complex
18380 North 40th Street
Phoenix, Arizona 85032

Wait to hear back from the judge about your court hearing: Wait two weeks and if you have not received the completed "Order to Appear" or any other document from the Judge, contact Family Administration at (602) 506-1561.

4. Serve the papers on the other party: You must arrange for service of the following papers on the other party:

- "Petition to Modify Support" and
- "Affidavit of Financial Information" (a copy of the one you completed), and
- a blank copy of the "Affidavit of Financial Information" for the other party to complete, and
- "Order to Appear."

You must make good faith efforts to complete service promptly and within 10 days after receipt of the issued "Order to Appear." You must complete service no later than 20 days before the hearing.

Serving papers on the State: If you are asking to change child support *and* one of the parties is using the child support enforcement services of DES (Department of Economic Security), notice must be given to that office. Mail a copy of the "Petition to Modify Support," "Affidavit of Financial Information," and "Order to Appear" to:

Office of the Attorney General – Child Support Services Section
2005 N. Central Avenue – Mail Drop 7611
Phoenix, AZ 85004-2926

5. Go to the court hearing: Be on time. Dress neatly. Be prepared to tell the judge why the order for support should be changed. Do not bring children to court. You should bring the following things to the court hearing:

- A copy of the "Petition to Modify"
- An "Affidavit of Financial Information" completed by you
- A copy of the proof of service on the other party(ies).

Person Filing: (A) _____
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 / Party A (in original case) (B)

Case Number _____ (C)

AND

PETITION TO MODIFY A SUPPORT ORDER (Standard procedure)

Spousal Maintenance (D)

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

Spousal Maintenance & Child
Support

1. INFORMATION ABOUT THE PETITIONER / Party A:

Name: _____
Address: _____
City, State, Zip Code: _____
County where the Petitioner lives: _____
Date of Birth: _____
Job Title: _____

2. INFORMATION ABOUT THE RESPONDENT / Party B:

Name: _____
Address: _____
City, State, Zip Code: _____
County where the Respondent lives: _____
Date of Birth: _____
Job Title: _____

3. INFORMATION ABOUT THE CURRENT SUPPORT ORDER:
(the Order I want to CHANGE)

The Order was issued on: _____ (Month/Day/Year)

The Order was issued by: _____ (Name of Court)

Located in this County: _____

Name of Person ordered to pay: _____

Total Current Amount Ordered Paid: \$ _____ PER _____

The current total court-ordered support payment listed above consists of:

Child Support \$ _____ per _____

Spousal Maintenance/Support \$ _____ per _____

Other (i.e. Clearinghouse fee): \$ _____ per _____

Payments in Arrears: \$ _____ per _____

The order I wish to change is on page _____, section/paragraph _____ of the Order identified above. The Order is either in the official file of this Court or attached.

You must attach to this *Petition* a copy of the *Child Support Worksheet* for the Order you want to change, if available.

4. INFORMATION ABOUT OTHER COURT CASES TO ENFORCE OR CHANGE THIS COURT ORDER:

No other cases are pending in any court for modification of this court order. (This must be a true statement for this Court to hear your request.)

Neither party has previously filed to enforce or modify this court order.

One or both parties has filed for enforcement or modification of this court order in the past. Information about the case(s) is below. Use additional paper if necessary.

Names of Parties: _____

Date of order, judgment, decree: _____

Explain what order or judgment said: _____

Court Case Number: _____

Location of court (city and county): _____

Explain Type of Case: (emergency legal decision making or physical custody, visitation, etc.)

5. WHAT SPOUSAL MAINTENANCE SHOULD BE. Spousal maintenance amount should be \$ _____ per month beginning _____ and continuing until _____ and subject to change as ordered by the court. (You **cannot** ask for a change in spousal maintenance / support if you signed an agreement that says that spousal maintenance/ support cannot be changed or modified.)

6. SPOUSAL MAINTENANCE SHOULD BE INCREASED OR DECREASED or I AM ENTITLED TO HAVE THE SPOUSAL MAINTENANCE PAYMENTS STOP OR CONTINUE BECAUSE:

CHILD SUPPORT: Answer Items 7, 8, and 9 ONLY if you are also asking for a change in child support.

7. WHAT CHILD SUPPORT SHOULD BE: Attached is a Child Support Worksheet. According to the Worksheet calculations, the child support amount should be \$ _____ per month.

8. I AM ENTITLED TO HAVE CHILD SUPPORT CHANGED BECAUSE:

9. DEPARTMENT OF ECONOMIC SECURITY.

Is DES providing Child Support Enforcement Services to at least one of the parties?

Yes (If yes, see instructions.) No Unknown.

UNDER OATH OR BY AFFIRMATION

I swear or affirm that the information on this document is true and correct under penalty of perjury.

Date

Signature

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ by
(date)

_____.

(notary seal)

Deputy Clerk or Notary Public

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

Case No. _____

Petitioner / Party A

ATLAS No. _____

AFFIDAVIT OF FINANCIAL INFORMATION

Respondent / Party B

Affidavit of _____
(Name of Person Whose Information is on this
Affidavit)

IMPORTANT INFORMATION ABOUT THIS DOCUMENT

WARNING TO BOTH PARTIES: This Affidavit is an important document. You must fill out this Affidavit completely, and provide accurate information. You must provide copies of this Affidavit and all other required documents to the other party and to the judge. If you do not do this, the court may order you to pay a fine.

I have read the following document and know of my own knowledge that the facts and financial information stated below are true and correct, and that any false information may constitute perjury by me I also understand that, if I fail to provide the required information or give misinformation, the judge may order sanctions against me, including assessment of fees for fines under Rule 26, Arizona Rules of Family Law Procedure.

Date

Signature of Person Making Affidavit

INSTRUCTIONS

1. Complete the entire Affidavit in black ink. If the spaces provided on this form are inadequate, use separate sheets of paper to complete the answers and attach them to the Affidavit. Answer every question completely! You must complete every blank. If you do not know the answer to a question or are guessing, please state that. If a question does not apply, write "NA" for "not applicable" to indicate you read the question. Round all amounts of money to the nearest dollar.
2. Answer the following statements **YES** or **NO**. If you mark **NO**, explain your answer on a separate piece of paper and attach the explanation to the Affidavit.
 - [] YES [] NO 1. I listed all sources of my income.
 - [] YES [] NO 2. I attached copies of my two (2) most recent pay stubs.
 - [] YES [] NO 3. I attached copies of my federal income tax return for the last three (3) years, and I attached my W-2 and 1099 forms from all sources of income.

1. GENERAL INFORMATION:

- A. Name: _____ Date of Birth: _____
- B. Current Address: _____
- C. Date of Marriage: _____ Date of Divorce: _____
- D. Last date when you and the other party lived together: _____
- E. Full names of child(ren) common to the parties (in this case), their dates of birth:

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

- F. The name, date of birth, relationship to you, and gross monthly income for each individual who lives in your household:

Name	Date of Birth	Relationship to you	Income
_____	_____	_____	_____
_____	_____	_____	_____

G. Any other person for whom you contribute support:

Name	Age	Relationship to You	Reside With You (Y/N)	Court Order to Support (Y/N)

H. Attorney's Fees paid in this matter \$ _____. Source of funds _____

2. EMPLOYMENT INFORMATION:

A. Your job/occupation/profession/title: _____

Name and address of current employer: _____

Date employment began: _____

How often are you paid: Weekly Every other week Monthly Twice a month
 Other _____

B. If you are not working, why not? _____

C. Previous employer name and address: _____

Previous job/occupation/profession/title: _____

Date previous job began: _____ Date previous job ended: _____

Reason you left job: _____

Gross monthly pay at previous job: \$ _____

D. Total gross income from last three (3) years' tax returns (attach copies of pages 1 and 2 of your federal income tax returns for the last three (3) years):

Year _____ \$ _____ Year _____ \$ _____ Year _____ \$ _____

E. Your total gross income from January 1 of this year to the date of this Affidavit (year-to-date income): \$ _____

3. YOUR EDUCATION/TRAINING: List name of school, length of time there, year of last attendance, and degree earned:

- A. High School: _____
- B. College: _____
- C. Post-Graduate: _____
- D. Occupational Training: _____

4. YOUR GROSS MONTHLY INCOME:

- List **all** income you receive from **any** source, whether private or governmental, taxable or not.
- List all income payable to you individually or payable jointly to you and your spouse.
- Use a monthly average for items that vary from month to month.
- Multiply weekly income and deductions by 4.33. Multiply biweekly income by 2.165 to arrive at the total amount for the month.

A. Gross salary/wages per month \$ _____

- **Attach copies of your two most recent pay stubs.**

Rate of Pay \$ _____ per [] hour [] week [] month [] year

B. Expenses paid for by your employer:

- 1. Automobile \$ _____
- 2. Auto expenses, such as gas, repairs, insurance \$ _____
- 3. Lodging \$ _____
- 4. Other (Explain) _____ \$ _____

C. Commissions/Bonuses \$ _____

D. Tips \$ _____

E. Self-employment Income (See below) \$ _____

F. Social Security benefits \$ _____

G. Worker's compensation and/or disability income \$ _____

H. Unemployment compensation \$ _____

I. Gifts/Prizes \$ _____

- J. Payments from prior spouse \$ _____
- K. Rental income (net after expenses) \$ _____
- L. Contributions to household living expense by others \$ _____
- M. Other (Explain:) _____ \$ _____

(Include dividends, pensions, interest, trust income, annuities or royalties.)

TOTAL: \$ _____

5. SELF-EMPLOYMENT INCOME (if applicable):

If you are self-employed, attach a copy of the Schedule C for your business from your last tax return and the most recent income/expense statement from your business.

If self-employed, provide the following information:

Name, address and telephone no. of business: _____

Type of business entity: _____

State and Date of incorporation: _____

Nature of your interest: _____

Nature of business: _____

Percent ownership: _____

Number of shares of stock: _____

Total issued and outstanding shares: _____

Gross sales/revenue last 12 months: _____

INSTRUCTIONS

Both parties must answer item 6 if either party asks for child support. These expenses include only those expenses for children who are common to the parties, which mean one party is the birth/adoptive mother and the other is the birth/adoptive father of the children.

6. SCHEDULE OF ALL MONTHLY EXPENSES FOR CHILDREN:

- **DO NOT LIST** any expenses for the other party, or child(ren) who live(s) with the other party, **unless** you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HEALTH INSURANCE:

Do you have health insurance available? **Yes** **No** **Are you enrolled?** _____

1. Total monthly cost \$ _____
2. Premium cost to insure you alone \$ _____
3. Premium cost to insure child(ren) common to the parties \$ _____

4. List all people covered by your insurance coverage:

5. Name of insurance company and Policy/Group Number:

B. DENTAL/VISION INSURANCE:

1. Total monthly cost \$ _____
2. Premium cost to insure you alone \$ _____
3. Premium cost to insure child(ren) common to the parties \$ _____

4. List all people covered by your insurance coverage:

5. Name of insurance company and Policy/Group Number:

C. UNREIMBURSED MEDICAL AND DENTAL EXPENSES:

(Cost to you after, or in addition to, any insurance reimbursement)

- 1. Drugs and medical supplies \$ _____
- 2. Other _____ \$ _____
- TOTAL:** \$ _____

D. CHILD CARE COSTS:

- 1. Total monthly child care costs \$ _____

(Do not include amounts paid by D.E.S.)

- 2. Name(s) of child(ren) cared for and amount per child:

	\$ _____
	\$ _____
	\$ _____

- 3. Name(s) and address(es) of child care provider(s):

E. EMPLOYER PRETAX PROGRAM:

Do you participate in an employer program for pretax payment of child care expenses?
(Cafeteria Plan)? YES NO

F. COURT ORDERED CHILD SUPPORT:

- 1. Court ordered current child support for child(ren)
not common to the parties \$ _____
- 2. Court ordered cash medical support for child(ren)
not common to the parties \$ _____
- 3. Amount of any arrears payment \$ _____
- 4. Amount per month actually paid in last 12 mos. \$ _____
 - **Attach proof that you are paying**

5. Name(s) and relationship of minor child(ren) who you support or who live with you, but are **not** common to the parties.

G. COURT ORDERED SPOUSAL MAINTENANCE/SUPPORT (Alimony):

1. Court ordered spousal maintenance/support you actually pay to previous spouse: \$ _____

H. EXTRAORDINARY EXPENSES:

1. For **Children** (Educational Expense/Special Needs/Other): \$ _____

Explain: _____

2. For **Self**: \$ _____

Explain: _____

INSTRUCTIONS

Both parties must answer items 7 and 8 if either party is requesting:

- Spousal maintenance
- Division of expenses
- Attorneys' fees and costs
- Adjustment or deviation from the child support amount
- Enforcement

7. SCHEDULE OF ALL MONTHLY EXPENSES:

- Do NOT list any expenses for the other party, or children who live with the other party unless you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HOUSING EXPENSES:

- 1. House payment:
 - a. First Mortgage \$ _____
 - b. Second Mortgage \$ _____
 - c. Homeowners Association Fee \$ _____
 - d. Rent \$ _____
 - 2. Repair & upkeep \$ _____
 - 3. Yard work/Pool/Pest Control \$ _____
 - 4. Insurance & taxes not included in house payment \$ _____
 - 5. Other (Explain): _____ \$ _____
- TOTAL: \$ _____**

B. UTILITIES:

- 1. Water, sewer, and garbage \$ _____
 - 2. Electricity \$ _____
 - 3. Gas \$ _____
 - 4. Telephone \$ _____
 - 5. Mobile phone/pager \$ _____
 - 6. Internet Provider \$ _____
 - 7. Cable/Satellite television \$ _____
 - 8. Other (Explain): _____ \$ _____
- TOTAL: \$ _____**

C. FOOD:

- 1. Food, milk, and household supplies \$ _____
 - 2. School lunches \$ _____
 - 3. Meals outside home \$ _____
- TOTAL: \$ _____**

D. CLOTHING:

- 1. Clothing for you \$ _____
 - 2. Uniforms or special work clothes \$ _____
 - 3. Clothing for children living with you \$ _____
 - 4. Laundry and cleaning \$ _____
- TOTAL:** \$ _____

E. TRANSPORTATION OR AUTOMOBILE EXPENSES:

- 1. Car insurance \$ _____
 - 2. List all cars and individuals covered:

 - 3. Car payment, if any \$ _____
 - 4. Car repair and maintenance \$ _____
 - 5. Gas and oil \$ _____
 - 6. Bus fare/parking fees \$ _____
 - 7. Other (explain): _____ \$ _____
- TOTAL:** \$ _____

F. MISCELLANEOUS:

- 1. School and school supplies \$ _____
- 2. School activities or fees \$ _____
- 3. Extracurricular activities of child(ren) \$ _____
- 4. Church/contributions \$ _____
- 5. Newspapers, magazines and books \$ _____
- 6. Barber and beauty shop \$ _____
- 7. Life insurance (beneficiary: _____) \$ _____
- 8. Disability insurance \$ _____

This page must be completed and attached to the LAST page of your Document

I filed the ORIGINAL of the attached document(s) with the Clerk of Superior Court in Maricopa County on: _____
Month Date Year

I mailed/delivered a COPY of the attached document(s) to the Judicial Officer assigned to my case, Judge (or Commissioner): _____, on _____
(Judicial Officer assigned to your case)
Month Date Year

I mailed/delivered a COPY of the attached document(s) to The Office of the Attorney General (The State of Arizona) on this date (if applicable): _____
Month Date Year Address

I mailed/delivered a COPY of the attached document(s) to the Opposing Party and/or his/her Attorney on: _____
Month Date Year

Name of Other Side Name of Other Side's Lawyer

Address Lawyer's Address

City, State, Zip City, State, Zip

(You must mail a copy of all documents to the other side and his/her lawyer)

By signing below, I state to the Court, under penalty of law, that the information stated on these pages is true and correct to the best of my knowledge and belief.

I further state that I have filed/mailed the attached document(s) as shown above. I understand that if I do not file/mail the attached document(s) as shown above, the Judge in my case will not read the attached document.

Your signature

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

Case No. _____

Petitioner / Party A

ATLAS No. _____

AFFIDAVIT OF FINANCIAL INFORMATION

Respondent / Party B

Affidavit of _____
(Name of Person Whose Information is on this
Affidavit)

IMPORTANT INFORMATION ABOUT THIS DOCUMENT

WARNING TO BOTH PARTIES: This Affidavit is an important document. You must fill out this Affidavit completely, and provide accurate information. You must provide copies of this Affidavit and all other required documents to the other party and to the judge. If you do not do this, the court may order you to pay a fine.

I have read the following document and know of my own knowledge that the facts and financial information stated below are true and correct, and that any false information may constitute perjury by me I also understand that, if I fail to provide the required information or give misinformation, the judge may order sanctions against me, including assessment of fees for fines under Rule 26, Arizona Rules of Family Law Procedure.

Date

Signature of Person Making Affidavit

INSTRUCTIONS

1. Complete the entire Affidavit in black ink. If the spaces provided on this form are inadequate, use separate sheets of paper to complete the answers and attach them to the Affidavit. Answer every question completely! You must complete every blank. If you do not know the answer to a question or are guessing, please state that. If a question does not apply, write "NA" for "not applicable" to indicate you read the question. Round all amounts of money to the nearest dollar.
2. Answer the following statements **YES** or **NO**. If you mark **NO**, explain your answer on a separate piece of paper and attach the explanation to the Affidavit.
 - [] YES [] NO 1. I listed all sources of my income.
 - [] YES [] NO 2. I attached copies of my two (2) most recent pay stubs.
 - [] YES [] NO 3. I attached copies of my federal income tax return for the last three (3) years, and I attached my W-2 and 1099 forms from all sources of income.

1. GENERAL INFORMATION:

- A. Name: _____ Date of Birth: _____
- B. Current Address: _____
- C. Date of Marriage: _____ Date of Divorce: _____
- D. Last date when you and the other party lived together: _____
- E. Full names of child(ren) common to the parties (in this case), their dates of birth:

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

F. The name, date of birth, relationship to you, and gross monthly income for each individual who lives in your household:

Name	Date of Birth	Relationship to you	Income
_____	_____	_____	_____
_____	_____	_____	_____

G. Any other person for whom you contribute support:

Name	Age	Relationship to You	Reside With You (Y/N)	Court Order to Support (Y/N)

H. Attorney's Fees paid in this matter \$ _____. Source of funds _____

2. EMPLOYMENT INFORMATION:

A. Your job/occupation/profession/title: _____

Name and address of current employer: _____

Date employment began: _____

How often are you paid: Weekly Every other week Monthly Twice a month
 Other _____

B. If you are not working, why not? _____

C. Previous employer name and address: _____

Previous job/occupation/profession/title: _____

Date previous job began: _____ Date previous job ended: _____

Reason you left job: _____

Gross monthly pay at previous job: \$ _____

D. Total gross income from last three (3) years' tax returns (attach copies of pages 1 and 2 of your federal income tax returns for the last three (3) years):

Year _____ \$ _____ Year _____ \$ _____ Year _____ \$ _____

E. Your total gross income from January 1 of this year to the date of this Affidavit (year-to-date income): \$ _____

3. YOUR EDUCATION/TRAINING: List name of school, length of time there, year of last attendance, and degree earned:

A. High School: _____

B. College: _____

C. Post-Graduate: _____

D. Occupational Training: _____

4. YOUR GROSS MONTHLY INCOME:

- List **all** income you receive from **any** source, whether private or governmental, taxable or not.
- List all income payable to you individually or payable jointly to you and your spouse.
- Use a monthly average for items that vary from month to month.
- Multiply weekly income and deductions by 4.33. Multiply biweekly income by 2.165 to arrive at the total amount for the month.

A. Gross salary/wages per month \$ _____

- **Attach copies of your two most recent pay stubs.**

Rate of Pay \$ _____ per [] hour [] week [] month [] year

B. Expenses paid for by your employer:

1. Automobile \$ _____

2. Auto expenses, such as gas, repairs, insurance \$ _____

3. Lodging \$ _____

4. Other (Explain) _____ \$ _____

C. Commissions/Bonuses \$ _____

D. Tips \$ _____

E. Self-employment Income (See below) \$ _____

F. Social Security benefits \$ _____

G. Worker's compensation and/or disability income \$ _____

H. Unemployment compensation \$ _____

I. Gifts/Prizes \$ _____

J. Payments from prior spouse \$ _____

K. Rental income (net after expenses) \$ _____

L. Contributions to household living expense by others \$ _____

M. Other (Explain:) _____ \$ _____

(Include dividends, pensions, interest, trust income, annuities or royalties.)

TOTAL: \$ _____

5. SELF-EMPLOYMENT INCOME (if applicable):

If you are self-employed, attach a copy of the Schedule C for your business from your last tax return and the most recent income/expense statement from your business.

If self-employed, provide the following information:

Name, address and telephone no. of business: _____

Type of business entity: _____

State and Date of incorporation: _____

Nature of your interest: _____

Nature of business: _____

Percent ownership: _____

Number of shares of stock: _____

Total issued and outstanding shares: _____

Gross sales/revenue last 12 months: _____

INSTRUCTIONS

Both parties must answer item 6 if either party asks for child support. These expenses include only those expenses for children who are common to the parties, which mean one party is the birth/adoptive mother and the other is the birth/adoptive father of the children.

6. SCHEDULE OF ALL MONTHLY EXPENSES FOR CHILDREN:

- **DO NOT LIST** any expenses for the other party, or child(ren) who live(s) with the other party, **unless** you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HEALTH INSURANCE:

Do you have health insurance available? **Yes** **No** **Are you enrolled?** _____

- 1. Total monthly cost \$ _____
- 2. Premium cost to insure you alone \$ _____
- 3. Premium cost to insure child(ren) common to the parties \$ _____

4. List all people covered by your insurance coverage:

5. Name of insurance company and Policy/Group Number:

B. DENTAL/VISION INSURANCE:

- 1. Total monthly cost \$ _____
- 2. Premium cost to insure you alone \$ _____
- 3. Premium cost to insure child(ren) common to the parties \$ _____

4. List all people covered by your insurance coverage:

5. Name of insurance company and Policy/Group Number:

C. UNREIMBURSED MEDICAL AND DENTAL EXPENSES:

(Cost to you after, or in addition to, any insurance reimbursement)

- 1. Drugs and medical supplies \$ _____
- 2. Other _____ \$ _____
- TOTAL:** \$ _____

D. CHILD CARE COSTS:

- 1. Total monthly child care costs \$ _____

(Do not include amounts paid by D.E.S.)

- 2. Name(s) of child(ren) cared for and amount per child:

	\$ _____
	\$ _____
	\$ _____

- 3. Name(s) and address(es) of child care provider(s):

E. EMPLOYER PRETAX PROGRAM:

Do you participate in an employer program for pretax payment of child care expenses?
(Cafeteria Plan)? YES NO

F. COURT ORDERED CHILD SUPPORT:

- 1. Court ordered current child support for child(ren)
not common to the parties \$ _____
- 2. Court ordered cash medical support for child(ren)
not common to the parties \$ _____
- 3. Amount of any arrears payment \$ _____
- 4. Amount per month actually paid in last 12 mos. \$ _____
 - **Attach proof that you are paying**

5. Name(s) and relationship of minor child(ren) who you support or who live with you, but are **not** common to the parties.

G. COURT ORDERED SPOUSAL MAINTENANCE/SUPPORT (Alimony):

1. Court ordered spousal maintenance/support you actually pay to previous spouse: \$ _____

H. EXTRAORDINARY EXPENSES:

1. For **Children** (Educational Expense/Special Needs/Other): \$ _____

Explain: _____

2. For **Self**: \$ _____

Explain: _____

INSTRUCTIONS

Both parties must answer items 7 and 8 if either party is requesting:

- Spousal maintenance
- Division of expenses
- Attorneys' fees and costs
- Adjustment or deviation from the child support amount
- Enforcement

7. SCHEDULE OF ALL MONTHLY EXPENSES:

- Do NOT list any expenses for the other party, or children who live with the other party unless you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HOUSING EXPENSES:

- 1. House payment:
 - a. First Mortgage \$ _____
 - b. Second Mortgage \$ _____
 - c. Homeowners Association Fee \$ _____
 - d. Rent \$ _____
 - 2. Repair & upkeep \$ _____
 - 3. Yard work/Pool/Pest Control \$ _____
 - 4. Insurance & taxes not included in house payment \$ _____
 - 5. Other (Explain): _____ \$ _____
- TOTAL: \$ _____**

B. UTILITIES:

- 1. Water, sewer, and garbage \$ _____
 - 2. Electricity \$ _____
 - 3. Gas \$ _____
 - 4. Telephone \$ _____
 - 5. Mobile phone/pager \$ _____
 - 6. Internet Provider \$ _____
 - 7. Cable/Satellite television \$ _____
 - 8. Other (Explain): _____ \$ _____
- TOTAL: \$ _____**

C. FOOD:

- 1. Food, milk, and household supplies \$ _____
 - 2. School lunches \$ _____
 - 3. Meals outside home \$ _____
- TOTAL: \$ _____**

D. CLOTHING:

- 1. Clothing for you \$ _____
 - 2. Uniforms or special work clothes \$ _____
 - 3. Clothing for children living with you \$ _____
 - 4. Laundry and cleaning \$ _____
- TOTAL:** \$ _____

E. TRANSPORTATION OR AUTOMOBILE EXPENSES:

- 1. Car insurance \$ _____
 - 2. List all cars and individuals covered:

 - 3. Car payment, if any \$ _____
 - 4. Car repair and maintenance \$ _____
 - 5. Gas and oil \$ _____
 - 6. Bus fare/parking fees \$ _____
 - 7. Other (explain): _____ \$ _____
- TOTAL:** \$ _____

F. MISCELLANEOUS:

- 1. School and school supplies \$ _____
- 2. School activities or fees \$ _____
- 3. Extracurricular activities of child(ren) \$ _____
- 4. Church/contributions \$ _____
- 5. Newspapers, magazines and books \$ _____
- 6. Barber and beauty shop \$ _____
- 7. Life insurance (beneficiary: _____) \$ _____
- 8. Disability insurance \$ _____

This page must be completed and attached to the LAST page of your Document

I filed the ORIGINAL of the attached document(s) with the Clerk of Superior Court in Maricopa County on: _____
Month Date Year

I mailed/delivered a COPY of the attached document(s) to the Judicial Officer assigned to my case, Judge (or Commissioner): _____, on _____
(Judicial Officer assigned to your case)
Month Date Year

I mailed/delivered a COPY of the attached document(s) to The Office of the Attorney General (The State of Arizona) on this date (if applicable): _____
Month Date Year Address

I mailed/delivered a COPY of the attached document(s) to the Opposing Party and/or his/her Attorney on: _____
Month Date Year

Name of Other Side Name of Other Side's Lawyer

Address Lawyer's Address

City, State, Zip City, State, Zip

(You must mail a copy of all documents to the other side and his/her lawyer)

By signing below, I state to the Court, under penalty of law, that the information stated on these pages is true and correct to the best of my knowledge and belief.

I further state that I have filed/mailed the attached document(s) as shown above. I understand that if I do not file/mail the attached document(s) as shown above, the Judge in my case will not read the attached document.

Your signature

CURRENT EMPLOYER* INFORMATION

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

For Clerk's Use Only

THIS FORM MUST BE COMPLETED FOR:

- 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* 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 _____