

SELF-SERVICE CENTER

INSTRUCTIONS: HOW TO COMPLETE THE PETITION TO ENFORCE A COURT ORDER FOR SUPPORT

TYPE OR PRINT CLEARLY. USE BLACK INK ONLY.

- Match the numbered instructions to the numbers on the “Petition to Enforce.”**
- (1) Fill in the name, address, and phone number of the person requesting enforcement. If filed by an attorney, the attorney must also list his or her name and State Bar Number.
 - (2) Fill in the name of the persons shown as “Petitioner” and “Respondent” on the case where the support order you are trying to enforce was issued.
 - (3) Fill in the ATLAS number (if known) that applies to this case.
 - (4) Fill in the case number that was assigned for the case where the support order you are trying to enforce was issued.
 - (5) Check the appropriate box or boxes to indicate the type of support you are asking the Court to enforce. Do ***not*** check the boxes for Child Support, Spousal Maintenance, or “Arrears” for either unless the other person is at least one full month behind in payments.

INSTRUCTIONS FOR SECTION A

Complete Section A *only* if you marked the box(es) to enforce Child Support and/or Child Support Arrears.

- (A)(1) Date(s) of the Order(s) you want to have enforced.
- (2) Name of the Judicial Officer who signed your order.
- (3) Name of the party who owes you child support.
- (4) Amount of child support the Court ordered the other party to pay **AND** the ***exact wording of the Order***. If you do not have a copy of your order, you may get a copy from the Clerk of the Court at any of the following locations:

Court Customer Service Center
601 West Jackson (basement level)
Phoenix, Arizona 85003

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

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

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

- (5) Enter the total amount of child support past due.
- (6) Enter the *time period* for which you claim the past due support was not paid.

- (7) Enter total amount of any Child Support Payments made directly to you and NOT through the Clearinghouse.

INSTRUCTIONS FOR SECTION B

Complete Section B *only* if you marked the box(es) to enforce Spousal Maintenance (alimony) and/or Spousal Maintenance Arrears (back alimony).

- (B)(1) Date(s) of the Order(s) you want to have enforced.
- (2) Name of the Judicial Officer who signed your Order.
- (3) Name of the party who owes you spousal maintenance.
- (4) Amount of spousal maintenance the court ordered the other party to pay **AND** the ***exact wording of the Order***. If you do not have a copy of your order, you may get a copy from the Clerk of the Court at any the locations listed under (A) (4) on the previous page.
- (5) Enter the total amount of spousal maintenance past due.
- (6) Enter the time period for which you claim the past due support was not paid.
- (7) Enter total amount of any Spousal Maintenance Payments made directly to you and NOT through the Clearinghouse.

INSTRUCTIONS FOR SECTION C

Complete Section C *only* if you marked the box(es) to enforce Medical Expense Reimbursement or Medical Insurance Coverage. NOTE: *If you complete Section C, you must also complete and attach "Attachment A", the "Unreimbursed Medical Expense Worksheet"* (which includes dental and vision care expenses).

- (C)(1) Date(s) of the Order(s) you want to have enforced.
- (2) Name of the Judicial Officer who signed your Order.
- (3) Name of the party who owes you reimbursement of medical, dental, or vision care expenses or who was ordered to provide insurance coverage.
- (4) What the Order said about providing insurance coverage or payment of medical expenses. Use the ***exact wording of the Order***. If you do not have a copy of your order, you may get a copy from the Clerk of the Court at any the locations listed under (A) (4) on the previous page.
- (5) **IF** the other person failed to provide insurance coverage as ordered, enter the *time period* for which you claim insurance coverage was not provided.
- (6) **Complete Attachment A, the *Unreimbursed Medical Expense Worksheet***. Enter the total amount of reimbursement that is *past due* according to the ***Worksheet***.

REQUESTS TO THE COURT

There is nothing for you to fill out in this section. The Court may consider these or other actions appropriate for your situation.

OATH OR AFFIRMATION

Do *not* sign and date the **Petition** until you are directed to do so by a Clerk of the Superior Court or a Notary Public. Your notarized signature states to the Court that the information you have provided is true and correct to the best of your knowledge, under penalty of law.

PROCEDURES: WHAT TO DO AFTER YOU HAVE COMPLETED THE PETITION

After you have completed the **Petition** and any required **Worksheets**, go to the "Procedures" page at the end of this packet and follow the steps listed there concerning number of copies, filing fees, etc.

NOTICE TO THE PERSON FILING THIS PETITION: After this petition is filed with the Clerk of the Court you must get an **Order to Appear** from the **Family Court Conference Center**. The **Order to Appear** will tell you what information you need to bring to court and the date and time of your conference and hearing. The person who filed the petition must arrange delivery of the **Petition** and the **Order to Appear** to the other person.

Delivery may be by licensed process server, law enforcement officer, or by return receipt mail or commercial delivery service (such as FedEx, DHL, or UPS) where you can obtain a copy of the other party's signature of receipt to file with the Court. You may **only** hand-deliver or otherwise send without proof of delivery if the other person will sign an **Acceptance of Service**, in front of a Notary Public or a Clerk of the Superior Court, and will return that form for you to file with the Court.