

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



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

SELF-SERVICE CENTER

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

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

CHECKLIST

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

- ✓ You or the other party have filed papers with the court to establish or change child support and/or spousal maintenance (alimony), AND
- ✓ You need to know about the other party's:
  - income,
  - assets,
  - employment status,
  - availability of insurance coverage for minor children, AND/OR
  - last known address (if not protected by court order)
- ✓ Currently, you do not know how much the other party makes at work or from other sources of income, and/or other information listed above, AND
- ✓ You need this information to determine the amount of child support and/or spousal maintenance that should be paid, AND
- ✓ You have not requested this information in the last three months, AND
- ✓ There is no court order that stops you from using this procedure.

**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 Self-Service Center website.

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AND OTHER INFORMATION**

**FOR CALCULATING CHILD SUPPORT and/or SPOUSAL  
MAINTENANCE/SUPPORT**

This packet contains court forms and instructions to find out about other party's income and other information. 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 No.	Title	# pages
1	DRS14k	Checklist: You may use these forms if . . .	1
2	DRS14t	Table of Contents (this page)	1
3	DRS14i	Instructions for Requesting Information About the Income and Other Information About the other Party	1
4	DRS14f	Form Letter to be Sent to Employer or Other Source of Income	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.

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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.

**FROM:**

Your Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ / \_\_\_\_\_

**TO:** (List name and address of the other party's employer or other source of income.)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number \_\_\_\_\_ / \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**In the Matter of:** \_\_\_\_\_ **Case No.** \_\_\_\_\_  
(print title of your case (example: Jones v. Jones))

Regarding Information Required by Arizona Revised Statutes § 25-513

**My name is** \_\_\_\_\_ (print your name clearly). **I am involved in a court case with the person named below as "Other Party".**

**Information about Other Party:**

Other Party's Name: \_\_\_\_\_

Other Party's Social Security No. (if known): \_\_\_\_\_

Other Party's Date of Birth (if known): \_\_\_\_\_

**Under Arizona Revised Statutes § 25-513, I am entitled to certain information about how much income the other party receives each month, and the other information requested below.**

**Please provide the information indicated by the boxes checked below:**

- Present and past employment status of the other party;
- Earnings, income, or other monies without regard to the source, of the party;
- Assets;
- Availability and description of present, or previous, health insurance coverage for a dependent child;
- The other party's current or last known address, unless protected by an order of protection or injunction against harassment or other court order.

**Please note that Arizona law (A.R.S. §25-513) requires that you send this information to me within 20 days from the date you receive this request. Thank you for your help in this matter.**

**Sincerely,**

\_\_\_\_\_  
(Your Signature)