

# TO REGISTER A FOREIGN FAMILY SUPPORT ORDER

Do not copy  
or file this page

# 1

**For Spousal or Child Support or Income  
Withholding for Family Support Payments**

Part 1: Completing and Filing the Court Papers

**(Forms)**

**SELF-SERVICE CENTER**  
**TO REGISTER A FOREIGN (OUT-OF-STATE)**  
**FAMILY SUPPORT ORDER**

**CHECKLIST**

***You may use this packet if . . .***

- ✓ You have one or more orders from another state regarding:
  - family support (child support or spousal maintenance (alimony)) or
  - income withholding for payment of family support, or both, **AND**
- ✓ You want to register the order(s) so that you may now or later ask the Court in Arizona to:
  - enforce or modify the order, **or**
  - declare which of *several* orders is the controlling order, and to register that order.
- ✓ For Arizona to have power to **change** a support order either:
  - All parties must have moved from the state where the order was issued, or
  - The party remaining in the issuing state must have filed a “consent to transfer” in the court where the order was issued.
- ✓ This court is required to serve notice of your request to other parties in the case.
- ✓ Those other parties have a right to request a hearing to:
  1. object to registering the order in Arizona,
  2. disagree as to which order is controlling, or
  3. disagree about the amount claimed overdue for child support or spousal maintenance/alimony (arrearages).
- ✓ The forms in this packet only apply to *registering* family support orders.
- ✓ Separate forms are required if you want to ask an Arizona Court to enforce or modify the orders.

**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.

SELF-SERVICE CENTER

**REGISTER A FOREIGN (Out-of-State)  
FAMILY SUPPORT ORDER**

**PART 1 – COMPLETING AND FILING THE COURT PAPERS**

**(Forms Only)**

This packet contains court-approved forms to register a foreign (out-of-state) family support order in Arizona for spousal or child support, or for income withholding for payment of family support. Items listed in **BOLD** are forms that you will need to fill out and file with the Court. Do **NOT** copy or file non-bold items.

Order	File Number	Title	# Pages
1	DRFOS1k	Checklist: <i>You may use these forms if . . .</i>	1
2	DRFOS1ft	Table of Contents (this page)	1
3	DRSDS10f-c	<b>“Family Court Sensitive Data Coversheet - With Children”</b>	1
4	DRFOS11f	<b>“Request to Register Foreign (Out-of-State) Support Order”</b>	2
5	DRFOS12f	<b>“Affidavit to Register a Foreign Family Support Order”</b>	5

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

Representing:  Self  Petitioner  Respondent

(If Attorney) State Bar Number: \_\_\_\_\_



# SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

FOR CLERK'S USE ONLY

\_\_\_\_\_  
Petitioner

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

\_\_\_\_\_  
Respondent

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

**FAMILY COURT / SENSITIVE DATA  
COVERSHEET WITH CHILDREN  
(CONFIDENTIAL RECORD)**

**Fill out. File with Clerk of Court. Social Security Numbers should appear on this form only and should be omitted from other court forms. Access Confidential pursuant to ARFLP 43(G)(1).**

<b>A. Personal Information:</b>	<b>Petitioner</b>	<b>Respondent</b>
Name	_____	_____
Gender	<input type="checkbox"/> Male or <input type="checkbox"/> Female	<input type="checkbox"/> Male or <input type="checkbox"/> Female
Date of Birth (Month/Day/Year)	_____	_____
Social Security Number	_____	_____

**WARNING: DO NOT INCLUDE MAILING ADDRESS ON THIS FORM  
IF REQUESTING ADDRESS PROTECTION**

Mailing Address	_____	_____
City, State, Zip Code	_____	_____
Contact Phone	_____	_____
Email Address	_____	_____
Current Employer Name	_____	_____
Employer Address	_____	_____
Employer City, State, Zip Code	_____	_____
Employer Telephone Number	_____	_____
Employer Fax Number	_____	_____

<b>B. Child(ren) Information:</b>			
<b>Child Name</b>	<b>Gender</b>	<b>Child Social Security Number</b>	<b>Child Date of Birth</b>
_____	_____	_____	_____
_____	_____	_____	_____

<b>C. Type of Case being filed - Check only one category.</b>		<b>Interpreter Needed:</b>
<i>*Check only if not part of a paternity case</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dissolution (Divorce)	<input type="checkbox"/> Paternity	If yes, what language(s)? _____
<input type="checkbox"/> Legal Separation	<input type="checkbox"/> *Legal Decision Making (Custody) /Visitation	
<input type="checkbox"/> Annulment	<input type="checkbox"/> *Child Support	
<input type="checkbox"/> Order of Protection	<input type="checkbox"/> Register Foreign Order	
		<input type="checkbox"/> Other: _____

**DO NOT COPY OR FILE THIS DOCUMENT. DO NOT SERVE THIS DOCUMENT TO THE OTHER PARTY.**

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

To:  
Clerk of the Superior Court in Maricopa County  
201 W. Jefferson Street  
Phoenix, Arizona, 85003

For Court Use Only.
Arizona Superior Court Case Number

### REQUEST TO REGISTER A FOREIGN SUPPORT OR INCOME-WITHHOLDING ORDER

1. A.  I want to register a support or income withholding order, **(A.R.S. § 25-1201-1315), OR**
- B.  There are multiple support orders and I want this court to declare that the order I am seeking to register is the controlling order, **OR**
- C.  There are multiple support orders and I want this court to determine which is the controlling order, and to register it. **(A.R.S. § 25-1302(D))**

2. **I understand that:** (Read carefully and sign below to indicate you understand the following.)

- A registered order may be enforced as if issued by an Arizona court.
- A registered order may not be changed by Arizona unless it has jurisdiction to do so. If one of the parties still lives in the state from which the order was issued and has not filed a consent for Arizona to take jurisdiction in the courts of the issuing state, Arizona will not have power to change the order.
- The other parties to the case will be notified of my request to register the order in Arizona and will have the opportunity to request a hearing to disagree as to:

- whether Arizona can assume jurisdiction over the order,
- if multiple orders, which order is controlling, or
- the amount of back support (arrears) said to be owed.

**3. Enclosures: (REQUIRED)**

- I have enclosed two copies, including at least one court-stamped certified copy of the other state's order, or if multiple orders are involved, of all orders.
- I am also enclosing an **Affidavit to Register a Foreign Family Support Order**, form DRFOS12f, containing all information required by Arizona law **A.R.S. § 25-1302**.
- If claiming overdue child support or spousal maintenance, I have enclosed two copies, including at least one court-stamped certified copy, of orders starting from the earliest for which payment is overdue, and of all modifications that followed.

Respectfully,

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
**Signature of Person requesting registration, (or)**  
 by Attorney, on behalf of person named below

\_\_\_\_\_  
**Printed Name (of person requesting registration)**

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

\_\_\_\_\_  
Name of Petitioner (in out-of-state case)

For Court Use Only.
Arizona Superior Court Case Number

\_\_\_\_\_  
Name of Respondent (in out-of-state case)

### AFFIDAVIT TO REGISTER FOREIGN (OUT OF STATE) FAMILY SUPPORT ORDER A.R.S. § 25-1302 (UIFSA))

### UNDER OATH OR AFFIRMATION

#### 1. INFORMATION ABOUT THE CONTROLLING FOREIGN FAMILY SUPPORT ORDER:

<b>A. Case Number:</b> _____ <small>(in issuing state)</small>	<b>Date Issued:</b> _____ <small>(most recent, if more than one)</small>
<b>County, State:</b> _____ <small>(Where order was issued)</small>	<b>IV-D Number:</b> _____ <small>(if any)</small>
<b>Amount Due per Payment: \$</b> _____	
<b>Payment is due:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Other: _____	
<b>Total Arrears Owed: \$</b> _____ <small>(Total Amount Unpaid and Overdue as of Today's Date)</small>	
<small>(If for spousal maintenance <b>only</b> and no children involved, check "Mother" for Wife, "Father" for Husband.)</small>	
<b>Person listed as PETITIONER on this Order is:</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other
<b>Person listed as RESPONDENT on this Order is:</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other
<b>Person Ordered to PAY Support on this Order is:</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father
<b>Person Ordered to RECEIVE Support on this Order is:</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other

**B.** Have all parties named in the other state’s order either moved out of the issuing state, OR filed a “consent to transfer to Arizona” in the issuing state?

- Yes.** All parties named in the issuing state’s order have moved out of that state.
- Yes.** A certified copy of the “consent to transfer” filed in the issuing state is included.
- No.** (If “No”, Arizona may enforce but may not have jurisdiction to modify the order.)

**2. Is the order above the *only* one for which past due or current support is owed?**

- Yes**  **No**

If “No,” fill out section 3 below. If “Yes,” skip Section 3 and go directly to Section 4.

**Note: If specific address or identifying information would endanger a party or child and the information is not already known to other parties, write “Protected” in the space for that information and supply it to the court on the “Request for Protected Address” form available from the Self-Service Center or its web site.**

**3. INFORMATION ON ADDITIONAL SUPPORT ORDERS** (Either for current support or on which arrears (“back support”) is still owed.) (If no additional support orders, skip to # 3C.)

<p><b>A. Case Number:</b> _____ (in issuing state)</p>	<p><b>Date Issued:</b> _____ (most recent, if more than one)</p>
<p><b>County, State:</b> _____ (Where order was issued)</p>	<p><b>IV-D Number:</b> _____ (if any)</p>
<p><b>Amount Due per Payment: \$</b> _____</p>	
<p><b>Payment is due:</b>    <input type="checkbox"/> <b>Monthly</b>    <input type="checkbox"/> <b>Every 2 Weeks</b>    <input type="checkbox"/> <b>Other:</b> _____</p>	
<p><b>Total Arrears Owed: \$</b> _____ (Total Amount Unpaid and Overdue as of Today’s Date)</p>	
<p>(If for spousal maintenance <b>only</b> and no children involved, check “Mother” for Wife, “Father” for Husband.)</p>	
<p><b>Person listed as PETITIONER on this Order is:</b></p>	<p><input type="checkbox"/> <b>Mother</b>    <input type="checkbox"/> <b>Father</b>    <input type="checkbox"/> <b>Other</b></p>
<p><b>Person listed as RESPONDENT on this Order is:</b></p>	<p><input type="checkbox"/> <b>Mother</b>    <input type="checkbox"/> <b>Father</b>    <input type="checkbox"/> <b>Other</b></p>
<p><b>Person Ordered to PAY Support on this Order is:</b></p>	<p><input type="checkbox"/> <b>Mother</b>    <input type="checkbox"/> <b>Father</b></p>
<p><b>Person Ordered to RECEIVE Support on this Order is:</b></p>	<p><input type="checkbox"/> <b>Mother</b>    <input type="checkbox"/> <b>Father</b>    <input type="checkbox"/> <b>Other</b></p>
<p>Have all adult parties named in the foreign order moved out of the state where the order was issued?    <input type="checkbox"/> <b>Yes</b>    <input type="checkbox"/> <b>No</b></p>	
<p>If “<b>No</b>”, have those remaining filed a “consent to transfer” state?</p>	
<p><input type="checkbox"/> <b>Yes</b> A certified copy of each “consent to transfer” is included.</p>	
<p><input type="checkbox"/> <b>No</b> (If “No”, Arizona may enforce but may not have jurisdiction to modify the order.)</p>	

<b>B. Case Number:</b> _____ (in issuing state)	<b>Date Issued:</b> _____ (most recent, if more than one)
<b>County, State:</b> _____ (Where order was issued)	<b>IV-D Number:</b> _____ (if any)
<b>Amount Due per Payment: \$</b> _____	
<b>Payment is due:</b> <input type="checkbox"/> <b>Monthly</b> <input type="checkbox"/> <b>Every 2 Weeks</b> <input type="checkbox"/> <b>Other:</b> _____	
<b>Total Arrears Owed: \$</b> _____ (Total Amount Unpaid and Overdue as of Today's Date)	
<b>Date of Last Payment:</b> _____	
(If for spousal maintenance <b>only</b> and no children involved, check "Mother" for Wife, "Father" for Husband.)	
<b>Person listed as PETITIONER on this Order is:</b>	<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Other</b>
<b>Person listed as RESPONDENT on this Order is:</b>	<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Other</b>
<b>Person Ordered to PAY Support on this Order is:</b>	<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b>
<b>Person Ordered to RECEIVE Support on this Order is:</b>	<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Other</b>
Have all adult parties named in the other state's order moved out of the state where the order was issued? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
If " <b>NO</b> ", have those remaining filed a "consent to transfer"?	
<input type="checkbox"/> <b>Yes</b> A certified copy of each "consent to transfer" is included.	
<input type="checkbox"/> <b>No</b> (If "No", Arizona may enforce but may not have jurisdiction to modify the order.)	

**ADDITIONAL ORDERS:** I have provided the same information as above concerning additional support orders on additional included pages.

**C. The total amount of arrears ("back support") from all support orders:**

(including amount listed for order described on page 1, if any, and on any additional pages concerning other support orders)

\$

**D.  A certified statement of arrears is included from the custodian of records of each court or agency responsible for maintaining such records for every order for which overdue support payments (arrears) are claimed to be owed.**

**Note: If specific address or identifying information would endanger a party and the information is not already known to other parties, write "Protected" in the space for that information and supply it to the court on the "Request for Protected Address" form available from the Self-Service Center or their web site.**

**4. A. INFORMATION ABOUT THE PARTIES** (in the case described in section 1)

<b>MOTHER</b> (or Wife), Full Legal Name: _____
<b>Name as Listed in Other State's Case:</b> (if different) _____
<b>Maiden Name or Aliases:</b> _____
<b>Current Address:</b> _____ <div style="text-align: right; font-size: small;">(Street Address, City, State, Zip)</div>

**Employer Name:** \_\_\_\_\_  
**Employer Address:** \_\_\_\_\_

**FATHER (or Husband), Full Legal Name:** \_\_\_\_\_  
**Name as Listed in Other State's Case:** \_\_\_\_\_  
 (if different)  
**Previous Name or Aliases:** \_\_\_\_\_  
**Current Address:** \_\_\_\_\_  
 (Street Address, City, State, Zip)  
**Employer Name:** \_\_\_\_\_  
**Employer Address:** \_\_\_\_\_

**OTHER ADULT (or agency): Full Legal Name:** \_\_\_\_\_  
**Name as Listed in Other State's Case:** \_\_\_\_\_  
 (if different)  
**Previous Name or Aliases:** \_\_\_\_\_  
**Relation to this Case:**  Has legal decision making (custody) or is court appointed guardian of minor(s)  
 Is caretaker or someone the child(ren) live with  
 Other. Explain: \_\_\_\_\_  
**Current Address:** \_\_\_\_\_  
 (Street Address, City, State, Zip)  
**In this case, this Person is:**  Petitioner  Respondent  3<sup>rd</sup> Party

**Note:** If specific address or identifying information would endanger a party or child and the information is not already known to other parties, write "Protected" in the space for that information and supply it to the court on the "Request for Protected Address" form available from the Self-Service Center or their web site.

**B. INFORMATION ABOUT MINOR SUBJECTS OF CHILD SUPPORT ORDER(S):**  
 (if applicable) (Enter date of birth as Month/Date/Year.)

Name of Minor	Address (if not protected)	Date of Birth

**5. ADDITIONAL INFORMATION:**

**A. Has the order you are seeking to register been registered in any other state?**

Yes  No

**B. If "Yes" please list those states:**

\_\_\_\_\_  
 \_\_\_\_\_

**C. Does the person who owes money under the order(s) being registered own property or other assets in Arizona which may be legally seized and sold or otherwise disposed of so that the proceeds may be applied towards satisfaction of this debt?**

Yes  No

(If "yes", list and describe below, as specifically as possible. If you are not sure what property may be exempt, consult an attorney or law library.)

**I have listed and described below all known property and assets in Arizona that are not "exempt from execution" (seizure by the courts), including its location.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Other Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**UNDER OATH OR BY AFFIRMATION**

**I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's Signature

Sworn to or Affirmed before me this \_\_\_\_\_ by \_\_\_\_\_  
(Date)

\_\_\_\_\_  
Printed Name

My Commission Expires: (or \_\_\_\_\_  
Seal below)

\_\_\_\_\_  
Deputy Clerk or  Notary Public