PETITION TO MODIFY LEGAL DECISION MAKING (CUSTODY), PARENTING TIME (VISITATION) and CHILD SUPPORT

DO NOT COPY OR FILE THIS PAGE

1

To Change an Existing Court Order

(Forms Packet)

NOTICE: This process requires calculation of child support. To calculate child support, you may use the online calculator through ezcourtforms, the packet titled "Calculate Child Support", or you may make an appointment with the Clerk of Court to calculate support for you for a fee.

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DRMC1f – 5120 - 102915

SELF-SERVICE CENTER

PETITION TO CHANGE a COURT ORDER FOR CHILD CUSTODY, PARENTING TIME and CHILD SUPPORT CHECKLIST

Do not copy or file this page

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

- ✓ You want to file court papers to change legal decision making (custody), parenting time and child support, **AND**
- ✓ You do not wish to or cannot submit an AGREEMENT to this change signed by you and the other party, **AND**
- ✓ The court order that you want to change is a Maricopa County Order, **AND**

One or more of the following has occurred:

- ✓ Domestic violence, spousal abuse, or child abuse has occurred since the custody order was signed, **OR**
- ✓ The minor child(ren)'s present surroundings may endanger the minor child(ren)'s physical, mental or emotional health, **OR**
- ✓ The *joint legal decision making (custody) order* that you want to change was dated at least six months ago *and the other party has failed to comply* with the provisions of the joint custody order, **OR**
- ✓ The order that you want to change was dated at least one year ago and it is in the minor child(ren)'s best interest to make a change to that order.

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 Self-Service Center website.

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SELF-SERVICE CENTER

TO CHANGE A COURT ORDER FOR LEGAL DECISION MAKING (CUSTODY), PARENTING TIME and CHILD SUPPORT

(FORMS ONLY)

Do not copy or file this page

This packet contains court forms and instructions to file to change a court order for legal decision making (custody), parenting time 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	DRMC1k	Checklist: *"You may use these forms if . . . "*	1
2	DRMC1ft	Table of Contents (this page)	1
3	DRMC11f	***"Petition to Modify Legal Decision Making (Custody), Parenting Time and Child Support"***	4
4	DRMC12f	***"Notice of Filing Petition for Modification of Legal Decision Making (Custody)"***	1
5	DRMC16f	***"Request for Order Granting or Denying Hearing"***	2
6	DRS12f	***"Child Support Worksheet"***	2
7	DRCVG13f	***"Affidavit Regarding Minor Children"***	3
8	DRS88f	***"Current Employer Information Sheet"***	1
9	DRSW82f	***"Order Stopping Income Withholding Order"*** (if applicable)	1

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Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
ATLAS Number: _____
Lawyer's Bar Number: _____

Representing ☐ **Self, without a Lawyer** **or** ☐ **Attorney for** ☐ **Petitioner** **OR** ☐ **Respondent**

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

_____
Petitioner (in original case)

_____
Respondent (in original case)

Case Number: _____

ATLAS Number: _____

PETITION TO MODIFY LEGAL DECISION MAKING (CUSTODY), PARENTING TIME and CHILD SUPPORT

I, _____ am the ☐ Petitioner or ☐ Respondent
(print your name) and make the following statements to the Court:

GENERAL INFORMATION:

1. Information about Me

Name: _____

Address: _____

How I am related to minor child(ren) for whom the LEGAL DECISION MAKING(CUSTODY) / PARENTING TIME order should be changed: ☐ **Mother** OR ☐ **Father**

2. Information about the Other Party(ies)

Name: _____

Address: _____

How the other party is related to minor child(ren) for whom the LEGAL DECISION MAKING (CUSTODY)/PARENTING TIME order should be changed: ☐ **Mother** OR ☐ **Father**

3. Information About the Minor Child(ren) for whom I want the order changed:

Name: _____ **Name:** _____
Birth Date: _____ Age: _____ Birth Date: _____ Age: _____

Name: _____ **Name:** _____
Birth Date: _____ Age: _____ Birth Date: _____ Age: _____

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4. Affidavit Regarding Minor Children. ☐ The minor children have resided in Arizona since the entry of the last Arizona Legal Decision Making (Custody) Order ***OR*** (if not) ☐ I have attached an "Affidavit Regarding Minor Children".

5. Information about 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: _____

Located in this State: _____

And each of the following is a true statement:

- The minor child(ren) have lived in Arizona for at least six (6) months before the date I am filing this Petition or since birth, if younger than six (6) months.
- If the Order was not issued by the Superior Court of Arizona in this county, the case has already been transferred to this county and has a Maricopa County case number.

WHAT THE ORDER NOW SAYS: Put in **WORD FOR WORD** the part of the decree/order you want to change. (Use extra paper if necessary) _____

_____

_____

_____

6. DOMESTIC VIOLENCE. (If you are requesting a change to joint legal decision making (custody), there must not be "significant" domestic violence. A.R.S. § 25-403.03)

☐ No significant domestic violence has occurred **OR** ☐ domestic violence has occurred. Explain:

_____

_____

_____

7. WHY THE DECREE/ORDER SHOULD BE CHANGED: These are my reasons why I believe that a change of legal decision making (custody) and/or parenting time is in the best interest of the child(ren) (Use extra pages if necessary):

_____

_____

_____

8. MEDIATION / ADR (**A**lternative **D**ispute **R**esolution) **REQUIREMENTS IN PRIOR ORDER:**

☐ The current Court Order *does **not** require* the parties to pursue Mediation or ADR before filing to modify legal decision making (custody) or parenting time. **OR**

☐ The current Court Order ***does*** require the parties to pursue Mediation or ADR before filing to modify legal decision making (custody) or parenting time, and this is what I/we have done to comply with that requirement:

_____

_____

_____

_____

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REQUESTS I MAKE TO THE COURT:

A. LEGAL DECISION MAKING (CUSTODY) AND PARENTING TIME.

☐ **Joint Legal Decision Making (Custody).** I want the mother and father to be awarded joint legal decision making (custody) of the minor child(ren)

_____

(names of children)) subject to a Parenting Plan addressing primary residential parenting to be submitted later. **OR**

☐ **Sole Legal Decision Making and Physical Custody.** Sole legal decision making (custody) of _____ (name(s) of minor child(ren)) should be awarded to ☐ **Mother** ☐ **Father** and/or sole legal decision making (custody) of _____ (name(s) of child(ren)) should be awarded to ☐ **Mother** or ☐ **Father**, *subject to* parenting time as follows:

1. ☐ **Reasonable parenting time** to the parent who does not have legal decision making (custody) according to the _____ County Parenting time Guidelines; **OR**
2. ☐ **Reasonable parenting time** to the parent/party who does not have legal decision making (custody) according to the attached Parenting Plan; **OR**
3. ☐ **Supervised parenting time** but only in the presence of another person; **OR**
4. ☐ **No parenting time** rights to ☐ **Mother** or ☐ **Father**
   Supervised parenting time or no parenting time is requested for the following reasons:

   _____

   _____

   _____

B. CHILD SUPPORT.

☐ **Mother** **OR** ☐ **Father** should pay child support to ☐ **Mother** **OR** ☐ **Father** in the amount of $ _____ per month on the first day of every month, beginning the first day of month following the filing of this Petition based upon the attached ***"Child Support Worksheet."*** All child support payments should be made through the Child Support Clearinghouse, and will be subject to an applicable statutory fee through an automatic Income Withholding Order.

C. MEDICAL, DENTAL, VISION CARE

☐ **Mother** should be responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.

☐ **Father** should be responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.

Medical, dental, and vision care insurance, payments and expenses are based on the information in the Parent's Worksheet for Child Support attached and incorporated by reference. The party ordered to pay must keep the other party informed of the insurance company name, address and telephone number, and must give the other party the documents necessary to submit insurance claims.
Non-Covered Expenses. Petitioner is ordered to pay _____ %, **AND** Respondent is ordered to pay _____ % of all reasonable uncovered and/or uninsured medical, dental, vision care, prescription and other health care charges for the minor child(ren), including co-payments.

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D. FEDERAL INCOME TAX DEDUCTION.

The right to claim the minor child(ren)ren as a deduction for Federal income tax purposes should be divided as follows**:** **Person entitled to claim:** "**M**" for Mother, "**F**" for Father.

Claim by:		**Name of Child**	**Starting Tax Year:** _____	
☐ **M**	☐ **F**	_____	☐ Every Year	☐ Every Other
☐ **M**	☐ **F**	_____	☐ Every Year	☐ Every Other
☐ **M**	☐ **F**	_____	☐ Every Year	☐ Every Other
☐ **M**	☐ **F**	_____	☐ Every Year	☐ Every Other

E. OTHER ORDERS. I request further Orders relating to this matter as follows:

_____

_____

_____

_____

F. DECLARATION UNDER PENALTY OF PERJURY

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 Signature

STATE OF _____

COUNTY OF _____

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

_____.

(notary seal) _____
Deputy Clerk or Notary Public

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Person Filing: _____
Address (if not protected):_____
City, State, Zip Code:_____
Telephone:_____
Email Address:_____
ATLAS Number: _____
Lawyer's Bar Number:_____

Representing ☐ **Self, without a Lawyer or** ☐ **Attorney for** ☐ **Petitioner OR** ☐ **Respondent**

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

_____
Name of Petitioner

Case Number:_____

_____
Name of Respondent

NOTICE OF FILING PETITION FOR MODIFICATION OF LEGAL DECISION MAKING (CUSTODY)

(A.R.S. § 25-1035)

A Petition for Modification of Legal Decision Making (Custody) has been filed. A copy of the petition and/or affidavits is served on you with this Notice.

If you do not want a modification order taken against you without your input, you must file a response in writing with the court within twenty (20) days from the date of service. A copy of each response document shall be provided to the applicant's attorney or, if unrepresented, the applicant and to the assigned division.

No sooner than five (5) days after expiration of the time permitted for the filing of the response, either party or attorney shall provide a Request for Order Granting or Denying Legal Decision Making (Custody) Hearing to the assigned division. The court shall determine whether a legal decision making (custody) hearing should be granted. A copy of the court's determination shall be mailed by the court to all persons entitled to notice.

Requests for reasonable accommodation for persons with disabilities must be made to the office of the judge or commissioner assigned to the case, at least five (5) days before your scheduled court date.

Signed and sealed this date: _____

MICHAEL K. JEANES, CLERK OF SUPERIOR COURT

By:_____
Deputy Clerk

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Person Filing: (1) _____
Address (if not protected):_____
City, State, Zip Code:_____
Telephone:_____
Email Address:_____
ATLAS Number: _____
Lawyer's Bar Number:_____

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Representing ☐ **Self, without a Lawyer or** ☐ **Attorney for** ☐ **Petitioner OR** ☐ **Respondent**

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY(2)

PARENT'S WORKSHEET FOR CHILD SUPPORT

(3) Petitioner: _____ **(4)** Case No. _____

(3) Respondent: _____ **(4)** ATLAS: _____

(5) Total Number of Children: _____

(6) Parent with Primary Physical Custody:
Father ☐ Mother ☐

(7) Parent who is filing this form: Father ☐ Mother ☐

(8) Gross Income figures for the OTHER PARENT are:

☐ **ACTUAL,** with proof, such as a recent W2 or pay stub attached, or other party's signed statement.

☐ **ESTIMATED,** based on facts or knowledge of pay before promotion or of others in similar job.

☐ **ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 5e).

	FATHER		MOTHER
Gross Income (Pre-Tax Income. Before deductions.)	$ _____	(9)	$ _____
Spousal Maintenance Paid	$ - _____	(10)	$ - _____
Spousal Maintenance Received	$ + _____	(11)	$ + _____
Child Support Paid/Contributed	$ - _____	(12)	$ - _____
Other Support of Children Paid	$ - _____	(13)	$ - _____
Adjusted Gross Income	$ _____	(14)	$ _____

Combined Adjusted Gross Income (15) $ _____

Basic Child Support Obligation (16) $ _____

Plus Costs for:

Medical/Dental/Vision Insurance	$ _____	(17)	$ _____
Childcare	$ _____	(18)	$ _____
Education Expenses	$ _____	(19)	$ _____
Extraordinary/Special Needs Child Expenses	$ _____	(20)	$ _____

No. of Children Age 12 or Over _____ Adjustment _____ % (21) $ _____

Total Adjustments for Costs (22) $ _____

Total Child Support Obligation $ _____ (23) $ _____

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Case No._____

	FATHER		MOTHER
Each Parent's % of Combined Income	_____ **%**	(24)	_____ **%**
Each Parent's Share of Tot. Support Obligation	**$** _____	(25)	**$** _____
Adjustment for Non Custodial Parent's Costs Associated with Parenting Time			
Using Table A ☐ **Table B** ☐	**$** _____	(26)	**$** _____
No. of Days _____ **=** _____**% Adjustment** (from table) **x** Line **(16) $**_____ (Basic Child Support Obligation)	**$** _____	(27)	**$** _____
Less Noncustodial Parent's Costs for:			
Medical/Dental/Vision Insurance*	**$** _____	(28)	**$** _____
Childcare*	**$** _____	(29)	**$** _____
Education Expenses*	**$** _____	(30)	**$** _____
Extraordinary/Special Needs Child Expenses*	**$** _____	(31)	**$** _____
***Subtract here ONLY if ADDED-IN items 17-20 above			
Adjustments Subtotal	**$** _____	(32)	**$** _____
Preliminary Child Support Amount	**$** _____	(33)	**$** _____
Self Support Reserve Test for Parent Who Will Pay			
Amount from Line (14) _____ (Adj. Gross Inc.)			
Minus Reserve Amount **- $1,115.00**			
Total **=**	**$** _____	(34)	**$** _____
Child Support to be Paid by: Father ☐ **Mother** ☐	**$**	(35)	**$**
Share of Travel Expenses Related to Parenting Time*	_____ **%**	(36)	_____ **%**
***Only** for expenses related to travel over 100 miles, one way.			
Share of Medical/Dental/Vision Costs Not Paid by Insurance	_____ **%**	(37)	_____ **%**

I declare under penalty of perjury that the foregoing is true and correct.

Executed on:_____ _____

Date **Signature of Parent**

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Person Filing: _____
Address (if not protected):_____
City, State, Zip Code:_____
Telephone:_____
Email Address:_____
ATLAS Number: _____
Lawyer's Bar Number:_____

Representing ☐ **Self, without a Lawyer or** ☐ **Attorney for** ☐ **Petitioner OR** ☐ **Respondent**

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

_____
Petitioner

_____
Respondent

Case No. _____

ATLAS No. _____

REQUEST FOR ORDER GRANTING OR DENYING A LEGAL DECISION MAKING (CUSTODY) HEARING
A.R.F.L.P. 91(D)(5)

A petition to modify custody was filed on this date: _____ and the
(Month/Day/Year)

"Petition" and ***"Notice of Filing Petition to Modify Legal Decision Making (Custody)"*** were served on the date below:

_____ Twenty-five (25) days (or more) have passed since service.
(Month/Day/Year)

I hereby request the Court issue an order granting or denying a legal decision making (custody) hearing on this matter.

A copy of this request has already been sent or delivered to the other party and to the assigned Judge or will be sent or delivered today.

I state to the Court under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

_____ _____
Date **Signature**

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RCH

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Person Filing: _____
Address (if not protected):_____
City, State, Zip Code:_____
Telephone:_____
Email Address:_____
ATLAS Number: _____
Lawyer's Bar Number:_____

Representing ☐ **Self, without a Lawyer** **or** ☐ **Attorney for** ☐ **Petitioner** **OR** ☐ **Respondent**

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

_____
Name of Petitioner

_____
Name of Respondent

Case Number: _____

ATLAS Number: _____
(if applicable)

AFFIDAVIT REGARDING MINOR CHILDREN

NOTICE: This *"Affidavit Regarding Minor Children"* is required for all legal decision making (custody) cases. If you are asking to modify an existing Arizona legal decision making (custody) order, it is only required if the children have lived outside the state at some time in the last 5 years.

Fill out this Affidavit completely, and provide accurate information. Use additional paper if necessary. You must give copies of this Affidavit and all other required documents to the other party, and to the judge.

1. CHILDREN OF THE PARTIES WHO ARE UNDER 18 YEARS OLD. The following child(ren) are under age 18 and were born to, or adopted by, me and the other party.

Name:_____ Name:_____

Birthdate:_____Age:_____ Birthdate:_____Age:_____

Name:_____ Name:_____

Birthdate:_____Age:_____ Birthdate:_____ Age:_____

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2. INFORMATION REGARDING WHERE THE CHILDREN UNDER 18 YEARS OLD HAVE LIVED FOR THE LAST 5 YEARS (or since birth, if younger than 5).

Child's Name:_____ Dates: From_____ To_____

Address:_____ Lived with:_____

City, State:_____ Relationship to Child:_____

Child's Name:_____ Dates: From_____ To_____

Address:_____ Lived with:_____

City, State:_____ Relationship to Child:_____

Child's Name:_____ Dates: From_____ To_____

Address:_____ Lived with:_____

City, State:_____ Relationship to Child:_____

3. COURT CASES IN WHICH I HAVE BEEN A PARTY/WITNESS THAT INVOLVED THE LEGAL DECISION MAKING (CUSTODY) AND/OR PARENTING TIME OF THE MINOR CHILD(REN). (Check one box.)

☐ I have or ☐ I have **not** been a party/witness in court in this state or in any other state that involved the legal decision making (custody) and/or parenting time of the child(ren) named above. (If so, explain on separate paper. If not, go on.)

Name of each child:_____

Name of Court:_____ Court Location:_____

Court Case Number:_____ Current Status:_____

How the child is involved:_____

Summary of any Court Order:_____

4. INFORMATION REGARDING PENDING COURT CASES RELATED TO THE LEGAL DECISION-MAKING AUTHORITY (CUSTODY) OF THE MINOR CHILD(REN). (Check one box.)

☐ I do have or ☐ I do not have information about a legal decision making (custody) court case

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relating to any of the children named above that is pending in this state or in any other state. (If so, explain. If not, go on.)

Name of each child:_____

Name of Court:_____ Court Location:_____

Court Case Number:_____ Current Status:_____

How the child is involved:_____

Summary of any Court Order:_____

5. LEGAL DECISION-MAKING (CUSTODY) OR PARENTING TIME CLAIMS OF ANY PERSON. (Check one box.)

☐ I do know or ☐ I do not know a person other than the Petitioner or the Respondent who has physical custody or who claims legal decision-making (custody) or parenting time rights to any of the children named in this Affidavit. (If so, explain below. If not, go on.)

Name of each child:_____

Name of person with the claim: _____

Address of person with the claim:_____

Nature of the claim:_____

OATH OR AFFIRMATION AND VERIFICATION

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

_____ _____

Signature Date

STATE OF _____

COUNTY OF _____

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

(date)

_____.

(notary seal) _____

Deputy Clerk or Notary Public

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CURRENT EMPLOYER* INFORMATION

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

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	

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Person Filing: _____
Address (if not protected):_____
City, State, Zip Code:_____
Telephone:_____
Email Address:_____
ATLAS Number: _____
Lawyer's Bar Number:_____

Representing ☐ **Self, without a Lawyer or** ☐ **Attorney for** ☐ **Petitioner OR** ☐ **Respondent**

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SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

(1) _____
Petitioner in Original Case

(2) _____
Respondent in Original Case

(3) Case No. _____

(4) ATLAS No. _____

ORDER STOPPING INCOME WITHHOLDING ORDER (AND ALL MARICOPA COUNTY SUPPORT ORDERS)
A.R.S. § 25-504

To the employer(s) or other payor(s) of:

(5) Name: _____ SSN : _____

DO NOT WRITE BELOW THIS LINE. COURT PERSONNEL WILL COMPLETE THE FORM.

IT IS ORDERED stopping the *Income Withholding Order* dated (6)_____ , with the same case number as in (3) above. The employer(s) or other payor(s) is/are ordered to stop withholding monies pursuant to the *Income Withholding Order* immediately upon receipt of this Order.

IT IS FURTHER ORDERED terminating all Maricopa County child support and/or spousal maintenance orders in this case number and declaring all child support and/or spousal maintenance orders fully paid and satisfied, including all past due support, arrearage judgments and interest.

IT IS FURTHER ORDERED that the Support Payment Clearinghouse shall release any monies currently in its possession and future monies received to the obligor (the person ordered to pay).

Dated: _____ _____
Judicial Officer

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