

AGREEMENT TO MODIFY CHILD SUPPORT

1

**WHEN ALL PARTIES WILL SIGN
AGREEMENT TO MODIFY**

FORMS

SELF-SERVICE CENTER

AGREEMENT TO MODIFY CHILD SUPPORT

CHECKLIST

You may use these forms if . . .

- ✓ You have a current **“Child Support Order”** that was entered in Maricopa County,
- ✓ You wish to modify the **Order**,
- ✓ **ALL** parties **AGREE** to modify the **Order**,
- ✓ **You have the notarized signatures of all parties on the Agreement, AND**
- ✓ If either party is using the child support collection or enforcement services of the State, **you also have the signature of the Attorney General’s representative** (from DCSE, the Division of Child Support Enforcement).
- ✓ You understand these forms do not deal with arrears (back support).

DO NOT USE THESE FORMS IF . . .

- X** The other party will not sign the agreement (in front of a notary or Court Clerk).
- X** You want to modify arrears (money owed for overdue support).

FEE WARNING: An Agreement (or “stipulation”) is a filing by BOTH parties. If one of the parties has not previously “made an appearance”, that is he and/or she have not previously filed a response or other papers and paid a filing fee under this case number, there will be a substantial **appearance fee** due from that party **in addition to** the filing fee for the modification itself.

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

**AGREEMENT TO MODIFY A COURT ORDER FOR
(CURRENT) CHILD SUPPORT**

(FORMS ONLY)

This packet contains court forms and instructions to file for an agreement to modify a court order for (current) 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	DRMCS7k	Checklist: <i>You may use these forms if . . .</i>	1
2	DRMCS7ft	Table of Contents (this page)	1

You will need to use the FREE Online Child Support Calculator to produce the *Parents Worksheet for Child Support* that must accompany this Agreement.*

Click on “**Child Support Calculator and Worksheet**”, on right side of the page at the Maricopa County Superior Court Webpage EZCourt.

* For more information, refer to the Instructions document (DRMCS71i) in the separate Instructions packet.

3	DRMCS71f	“Agreement to Modify Current Child Support”	5
4	DRS81f	“Child Support Order”	4
5	DRS88f	“Current Employer Information”*	1
6	DRSW82f **	“Order Stopping Income Withholding Order” **	1
<p>* If this Agreement changes which parent pays child support make a copy for that parent, the one who will now pay, before filling out this form.</p> <p>** Use the “Order Stopping” (DRSW82f) only if this Agreement results in the person currently making payments <u>no longer</u> having to make ANY support payments <i>including</i> payments for spousal maintenance (alimony) or arrears (back support).</p>			

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.

Person Filing: (1) _____
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

(2) _____
Petitioner (in original case)

(3) Case No. _____

(4) ATLAS No. _____

(2) _____
Respondent (in original case)

AGREEMENT TO MODIFY CHILD SUPPORT

This is an agreement between the person who owes child support and the person to whom child support is owed to modify (change) the amount to be paid for current child support.

We, (5a) _____, the person ordered to make payments,
and (5b) _____, the person receiving payments,
ask the Court to modify the Child Support Order as indicated below.

(6) INFORMATION ABOUT THE CURRENT CHILD SUPPORT ORDER (the Order we 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 County)

Amount of Current Child Support Ordered: \$ _____ PER _____

(7) The current *Income Withholding Order* includes the following Court Ordered payments

Child Support	\$ _____ per _____
Spousal Maintenance/Support	\$ _____ per _____
Other	\$ _____ per _____
Payments on Arrears:	\$ _____ per _____

(8) We agree that current **child support** should be changed from the current amount of \$_____ (as listed in (6) above), to the **new** amount of \$_____ per month, to be paid by Mother or Father.

(9) We agree this change should take effect the first day of _____, 20_____.

Note: A completed Parent's Worksheet for Child Support is *required* before the Court can modify child support. You may submit the Worksheet produced by the FREE Online Child Support Calculator at <http://superiorcourt.maricopa.gov/ezcourtforms>, which does the math for you, or you may *purchase* a packet containing the Worksheet and the 29 pages of Arizona Child Support Guidelines necessary to complete the Worksheet at any Self-Service Center location.

I have completed a Parent's Worksheet for Child Support and it is attached or otherwise filed with this Agreement (Required).

(10) (Check the box (a or b, but not both) that applies to you.)

(a) The amount of child support we have agreed to **is** the amount stated on the attached Parent's Worksheet, calculated according to the Arizona Child Support Guidelines, **OR**

(b) The amount of child support we have agreed to **is not** the amount stated on the attached Parent's Worksheet, calculated according to the Arizona Child Support Guidelines, as but we are entitled to **deviate** (use a different amount) from the Guideline amount **because:**

- **Application of the Guidelines would be inappropriate or unjust in this case, AND**
- **Deviation from the Guidelines would be in the best interests of the children involved, based on all *relevant* factors, including those specified in A.R.S. § 25-320(D):**
 1. The financial resources and needs of the child.
 2. The financial resources and needs of the custodial parent.
 3. The standard of living the child would have enjoyed had the marriage not been dissolved.
 4. The physical and emotional condition of the child, and the child's educational needs.

- 5. The financial resources and needs of the non-custodial parent.
- 6. Excessive or abnormal expenditures, destruction, concealment or fraudulent disposition of community, joint tenancy and other property held in common.
- 7. The duration of parenting time and related expenses.

Based on all relevant factors including any of those listed above that apply to our situation, application of the Guideline amount would be inappropriate or unjust and deviation from the Guideline amount would be in the best interests of the children, **because:** (Explain)

(11) We also request that a new ***Income Withholding Order*** be issued to include the new child support amount and any additional payments listed in (7), on page one of this Agreement.

(12) AGREEMENT REGARDING SUPPORT EXPENSES and TAX DEDUCTIONS:

- Mother** is responsible for providing: **medical** **dental** **vision care insurance.**
- Father** is responsible for providing: **medical** **dental** **vision care insurance.**

Non-Covered Expenses. All reasonable non-covered and/or uninsured medical, dental, vision care, prescription and other health care charges for the minor children, including co-payments, shall be shared as follows: **Mother** ____ %, AND **Father** ____ %

(13) The costs of travel related to parenting time over 100 miles one way shall be shared as follows:
Mother _____ % **Father** _____ %

(14) Federal tax exemption(s) for the dependent children should be allocated as follows:

Child's Name	Date of Birth (Month, Day, Year)	Parent Entitled to Deduction	For Calendar Year
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	

		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	

For years following those listed above while this Child Support Order remains in effect, the parties shall repeat the pattern above of claiming deductions for each child.

Each year, the person obligated to make payments (the obligor) may claim these exemptions only if he or she has paid all child support and arrears ordered for the year by December 31 of that year.

OTHER ORDERS:

THIS AGREEMENT IS TO MODIFY CHILD SUPPORT ALONE. ALL OTHER PRIOR ORDERS OF THIS COURT ARE TO REMAIN IN FULL FORCE AND EFFECT.

AGREEMENT TO MODIFY (CHANGE) CHILD SUPPORT

OATH OR AFFIRMATION OF THE PARTIES

(15) By signing this Agreement, I/We:

- Ask the Court to order the amount of current child support ordered paid to be changed from \$ _____, to the new amount of \$ _____, per month, to be paid by Mother or Father.
- Waive the right to trial on this matter.
- Acknowledge reading and understanding the terms of this agreement.
- Enter this agreement voluntarily and not due to any threat of force or harm, duress, undue influence or coercion from anyone, including the other party.
- Swear or Affirm the information provided is true and correct, under penalty of perjury.

SIGNATURES

Petitioner's Signature

Date

STATE OF _____

COUNTY OF _____

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

_____.

(notary seal)

Deputy Clerk or Notary Public

Respondent's Signature

Date

STATE OF _____

COUNTY OF _____

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

_____.

(notary seal)

Deputy Clerk or Notary Public

NOTE: If the State of Arizona (DES) is a party to your case, a representative of DES or its Division of Child Support Enforcement (DCSE) *must also sign* this form before you file. (See Instructions)

Signature of DES / DCSE Representative

Date

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

Case No. _____

Date of Birth (Month, Date, Year)

ATLAS No. _____

Respondent

CHILD SUPPORT ORDER

A.R.S. § 25-503

Date of Birth (Month, Date, Year)

THE COURT FINDS THAT:

1. **Mother:** _____ and
Father: _____

Have a duty to support the following children:

Child(ren)'s Name(s)	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

2. The required financial factors and any discretionary adjustments pursuant to the Arizona Child Support Guidelines are as set forth in the Parent's Worksheet for Child Support Amount, attached and incorporated by reference.

3. **Mother** **Father** is obligated to pay support to: _____
In the amount of: \$ _____ per month

4. Deviation (only in applicable cases)

Application of the Arizona Child Support Guidelines in this case is inappropriate or unjust. The Court has considered the best interests of the child(ren) in determining that a deviation is appropriate.

The child support amount before deviation is: \$ _____

The child support amount after deviation is: \$ _____

The Court finds the guidelines amount is inappropriate or unjust because:

The attached written agreement is made part of this order by reference

Other Reasons for Deviation from Guideline Amount:

Arrears

Child support arrears exist in the amount of: \$ _____

For the period of: _____ to _____

Interest

Interest in the amount of: \$ _____

For the period of: _____ to _____

Past Care and Support

A judgment for past care and support should be entered in the amount of: \$ _____

For the period of: _____ to _____

IT IS ORDERED THAT:

1. Mother Father shall pay child support in the amount of: \$ _____

per month, to: _____

First payment is due on the 1st day of: _____

2. **Mother** **Father owes child support arrears in the amount of: \$** _____

For the period of: _____ to _____

Judgment is ordered in favor of: _____

and against: _____

In the principal amount of: \$ _____

Mother **Father** shall pay \$ _____ per month toward child support
arrears until paid in full, **OR**

Arrears not addressed.

3. **Mother** **Father owes past care and support in the amount of: \$** _____

For the period of: _____ to _____

Judgment is ordered in favor of: _____

and against: _____

In the principal amount of: \$ _____

Mother **Father** shall pay \$ _____ per month toward
the past care and support amount until paid in full, **OR**

Past care and support not addressed.

4. All payments shall be made through the Support Payment Clearinghouse pursuant to an "Income Withholding Order" signed this date. Any time the full amount of support ordered is not withheld, the person obligated to pay (the obligor) remains responsible for the full monthly amount ordered. Payments not made directly through the Support Payment Clearinghouse may be considered a *gift* unless you have a notarized affidavit signed by the other party agreeing that he or she received the payment and that it was for child support. All payments not made by an "Income Withholding Order" shall be made payable to and mailed directly to:

**Support Payment Clearinghouse
P.O. Box 52107
Phoenix, AZ 85072-2107**

Payments must include the payor's name, ATLAS number or Social Security Number.

5. Pursuant to A.R.S. § 25-322, the parties shall submit current address information in writing to the Clerk of the Superior Court and the Support Clearinghouse immediately. The payor shall within 10 days, submit the names and addresses of employers or other persons or organizations from which he or she is entitled to receive payment.

6. The parties shall submit address changes within 10 days of the change.

7. MEDICAL, DENTAL, VISION CARE INSURANCE FOR MINOR CHILDREN

Mother is responsible for providing medical dental vision care insurance.

Father is responsible for providing medical dental vision care insurance.

Even though the Court's judgment contains orders regarding medical insurance and the allocation of the right to claim the child as a dependent for the purposes of federal taxes, these orders are not binding on the IRS. Under the Affordable Care Act, the parent who claims a child as a dependent on a federal tax return has the obligation to ensure that the child is covered by medical insurance and may be penalized by the IRS for failing to do so. This penalty may be imposed even if it is the other parent's responsibility to carry health insurance on the child under the Divorce Decree.

8. The costs of medical/dental/vision care expenses not paid by insurance shall be shared as follows:
Mother _____ % **Father** _____ %
 Request for payment or reimbursement must be provided to the obligated parent(s) within 180 days after the services occurred. The obligated parent must pay or make payment arrangements within 45 days after receipt of the request.
9. The costs of travel related to parenting time over 100 miles one way shall be shared as follows:
Mother _____ % **Father** _____ %
10. The parties shall exchange financial information such as copies of tax returns, earnings statements, a Parent's Worksheet for Child Support Amount, residential addresses and the names and addresses of their employers every 24 months.
11. The court allocates the federal tax exemption(s) for the dependent child(ren) as follows:

Child's Name	Date of Birth (Month, Day, Year)	Parent Entitled to Deduction	For Calendar Year
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	

For years following those listed above while this Child Support Order remains in effect, the parties shall repeat the pattern above of claiming deductions for each child.

Each year, the person obligated to make payments (the obligor) may claim these exemptions only if the obligor has paid all child support and arrears ordered for the year by December 31 of that year.

IMPORTANT INFORMATION:

If this is a modification of child support, all other prior orders of this Court not modified remain in full force and effect.

FINAL APPEALABLE ORDER. Pursuant to Arizona Rules of Family Law Procedure, Rule 81, this final judgment/decree is settled, approved and signed by the court and shall be entered by the clerk.

Date

Judicial Officer

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 _____

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

(1) _____
Petitioner in Original Case

(3) Case No. _____

(2) _____
Respondent in Original Case

(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