

PETITION TO MODIFY CHILD SUPPORT

“Simplified Mod”

1

To Change An Existing Court Order
15% or more (Increase OR Decrease)

OR

To Assign or Change Responsibility for
Medical Insurance

Part 1: Filing the Court Papers

(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.

SELF-SERVICE CENTER

**PETITION TO MODIFY CHILD SUPPORT – Simplified Process
("Simplified Mod")**

CHECKLIST

You may use this packet if the following factors apply to your situation:

- ✓ You have a Maricopa County child support order and you believe the amount you pay or receive should be changed, **AND**
- ✓ You have completed a **"Parent's Worksheet for Child Support"** and the result for "Child Support Obligation" (last line from the online version or item 35 from the paper worksheet) is different from the amount of your current order by **at least 15%**, **OR**
- ✓ **You want to assign responsibility or change who is responsible for medical insurance.** A modification of the medical assignment or responsibility does not need to vary by 15% or more from the existing child support amount.

Typically, this procedure is used when there has been a change in the income of the parent(s),

OR

There are two or more children and support is no longer owed for one child but *is* still owed for others.

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.

DO NOT USE THESE FORMS:

- ✗ To change spousal support/maintenance (alimony);
- ✗ If your order is from a court outside this county (unless an attorney has advised you to);
- ✗ If the amount of the change in the order is not **at least 15%**;
- ✗ If the reason you are requesting the change is because the living arrangements of the child(ren) have changed but the court order about legal decision making (custody) and visitation has **not**.

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

**PETITION TO MODIFY A COURT ORDER FOR CHILD
SUPPORT
“Simplified Process”**

PART 1: FILING THE COURT PAPERS

FORMS ONLY

This packet contains court forms and instructions to file a **“Petition to Modify a Court Order for Child Support --Simplified Process.”** 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	DRMSS1k	Checklist: <i>You may use these forms if . . .</i>	1
2	DRMSS1ft	Table of Contents (this page)	1
3	DRMSS11f	“Petition to Modify Child Support —Simplified Process”	3

Use the FREE Online Child Support Calculator to produce the Parents Worksheet for Child Support that must accompany this Petition.
Click on **“Child Support Calculator and Worksheet”**, on right side of the page at the Maricopa County Superior Court webpage.
See the document DRS12h (in the instructions packet) for more information.

4	DRS81f	“Child Support Order”	4
5	DRS88f	“Current Employer (or Other Payor) Information Sheet”	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.

Person Filing: (A) _____
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

(B) _____
Name of Petitioner (in original case)

Case Number: (C) _____

PETITION TO MODIFY (change) CHILD SUPPORT "SIMPLIFIED PROCESS"

(B) _____
Name of Respondent, (in original case)

**IMPORTANT NOTICE TO PARTY NOT REQUESTING THE MODIFICATION (CHANGE).
Your support order may be modified (changed) if you do not request a hearing.**

1. The Petitioner, or Respondent asks this court to modify the Arizona child support order:

The Order was issued on: _____ (Month/Day/Year)

The Order was issued by: _____ (Name of Court)

Located in this County: _____

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.

2. Under the current child support order:

- Mother** is responsible for providing medical dental vision care insurance
- Father** is responsible for providing medical dental vision care insurance
- Neither** party was ordered to provide medical dental vision care insurance

3. The child support order *currently* in effect requires the Mother, or the Father to make payments of (b) \$ _____ per _____, payable on the _____ (time period: week/month, 2 wks, etc.) (day(s) of the month)

4. Attached is a Parent's Worksheet for Child Support. According to the worksheet calculations, the child support amount should be \$ _____ per month.

5. The following calculations show that the new amount varies from the current amount of court-ordered child support by 15% or more.

(a) _____ divided by (b) _____ = (c) _____%

a = the difference between the amount currently ordered and the amount requested;
 b = the amount currently ordered; and,
 c = the percentage change

6. Is the Department of Economic Security or the Division of Child Support Enforcement (DES or DCSE) providing services to at least one of the parties? Yes No Unknown

(If YES, see page 2 of "Procedures" document in the instruction packet regarding notice to the State.)

7. Other court-ordered payments included in the current Order of Assignment dated ____ / ____ / ____

Spousal Maintenance: \$ _____ per _____

Payments on Arrears: \$ _____ per _____

Other: \$ _____ per _____

Payments on Arrears: \$ _____ per _____

Other: \$ _____ per _____

RELIEF REQUESTED (WHAT I WANT THIS COURT TO DO):

A. I request that child support be ordered in the amount of \$ _____ per month to be paid by the Mother or Father, and that relief requested in the Parent's Worksheet be ordered.

B. **REGARDING INSURANCE FOR MINOR CHILDREN, order that:**

Mother is responsible for providing medical dental vision care insurance.

Father is responsible for providing medical dental vision care insurance.

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.

C. If this matter goes to hearing, I further request that costs and fees incurred in bringing this action be ordered to be paid by the opposing party.

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

STATE OF _____

COUNTY OF _____

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

_____.

(notary seal)

Deputy Clerk or Notary Public

NOTICE TO PARTIES

If you do **not** agree with the modification/change in child support, you have twenty (20) days to ask for a hearing. If service of process is made outside the State of Arizona, the parent receiving service has 30 days in which to ask for a hearing.

Upon proof of service and if no hearing is requested within the time allowed, the court will review the request and enter an appropriate order modifying the support award. If an error is noted, the amount awarded may be different from the amount requested, but the modification will not be greater than the amount requested.

In the event the court has serious concerns regarding the accuracy of the information, or if a substantial mathematical error is found, the court may set the matter for hearing. The court will set a hearing if requested by either party within the time allowed. No order will be modified without a hearing if a hearing is requested. The forms necessary to request a hearing (below) are available from the Clerk of Superior Court, for purchase from the Self-Service Center, or they may be downloaded for free from the internet at the Maricopa County Superior Court webpage.

- Request for Hearing
- Parent's Worksheet for Child Support

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

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 _____