

# RESPONSE TO PETITION TO MODIFY CHILD SUPPORT 15% OR MORE

(SIMPLIFIED PROCESS)

3

## Part 3: RESPONSE / OBJECTION & REQUEST FOR HEARING

(Forms)

SELF-SERVICE CENTER

**RESPONSE TO PETITION  
TO MODIFY CHILD SUPPORT ORDER  
(Simplified Process)**

CHECKLIST

USE THE FORMS and instructions in this packet **ONLY** if the following factors apply to your situation:

- ✓ The other party filed a ***“Petition to Modify Child Support” (Simplified Procedure),*** AND
- ✓ You disagree with that request; AND
- ✓ You want a court hearing to explain why the other party’s request should not be granted, OR
- ✓ You want a court hearing to explain why the other party’s request should not be granted AND why the child support should be changed to an entirely different amount.

**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

**TO MODIFY/CHANGE A COURT ORDER FOR CHILD SUPPORT  
(Simplified Process)**

**PART 3: OBJECTION AND REQUEST FOR A COURT HEARING  
(Forms Only)**

This packet contains court forms to file an **“Objection/Response to 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	DRMSS3k	Checklist: You may use these forms if . . .	1
2	DRMSS3ft	Table of Contents (this page)	1
3	DRMSS31f	<b>“Request for Hearing”</b>	1
<p><b>Use the FREE Online Child Support Calculator to produce the Parents Worksheet for Child Support that <u>must</u> accompany this Petition.</b> Click on <b>“Child Support Calculator and Worksheet”</b>, on right side of the page at the Maricopa County Superior Court webpage EZCourtforms. See the document DRS12h (in the instructions packet) for more information.</p>			
4	DRS81f	<b>“Child Support Order”</b>	4
5	DRS88f	<b>“Current Employer (or Other Payor) Information Sheet”</b>	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: (1) \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_

For Clerk Use Only

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

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
Name of Petitioner (in original case) (2)

Case Number: \_\_\_\_\_ (2)

\_\_\_\_\_  
Name of Respondent (in original case) (2)

ATLAS Number: \_\_\_\_\_ (2)

### REQUEST FOR HEARING (Simplified Procedure)

A Petition to Modify (change) Child support pursuant to the guidelines' simplified procedure has been filed.

The information provided on the **"Parent's Worksheet"** that was the basis for the request to modify (change) child support is not accurate. I am attaching the required completed **"Parent's Worksheet"** that shows what I believe to be accurate information. I request that a hearing be set so that I can explain to the judge or commissioner my position. I further request that costs and fees incurred in responding to this matter be ordered to be paid by the other party.

(3)  **COUNTER PETITION – I further request the child support be modified to an amount different from the amount requested by the other party.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Requesting Party's Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

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

(notary seal)

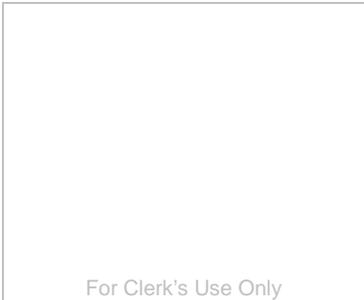
\_\_\_\_\_  
Deputy Clerk or Notary Public

1. Upon filing the Request for Hearing, the filing party must immediately mail or otherwise deliver a copy of this Request to the other party or his/her attorney. If either party is currently using or has used the State IV-D Agency for child support services (Division of Child Support Enforcement or their representative), the State must also be mailed or provided with a copy of the Request, which can be mailed to:

**Attorney General, Child Support Enforcement  
P. O. Box 6123, Site Code 775 C  
Phoenix, Arizona 85052**

2. If a hearing or conference is scheduled, the court may enter a judgment for past-due support, clerk's fees, service costs, other court costs, and/or attorney fees.

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



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## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY<sup>(2)</sup>

### 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).

	<b><u>FATHER</u></b>		<b><u>MOTHER</u></b>
<b>Gross Income</b> (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)	\$ -
<b>Adjusted Gross Income</b>	\$ _____	(14)	\$ _____
Combined Adjusted Gross Income	(15)	\$	_____
<b>Basic Child Support Obligation</b>	(16)	\$	_____
<b>Plus Costs for:</b>			
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)	\$ _____

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

	<b>FATHER</b>		<b>MOTHER</b>
<b>Each Parent's % of Combined Income</b>	_____ % (24)		_____ %
<b>Each Parent's Share of Tot. Support Obligation</b>	\$ _____ (25)		\$ _____
<b>Adjustment for Non Custodial Parent's Costs Associated with Parenting Time</b>			
<b>Using Table A</b> <input type="checkbox"/> <b>Table B</b> <input type="checkbox"/>	\$ _____ (26)		\$ _____
<b>No. of Days</b> _____ = _____% <b>Adjustment</b> (from table)			
<b>x Line (16)</b> \$ _____ (Basic Child Support Obligation)	\$ _____ (27)		\$ _____
<b>Less Noncustodial Parent's Costs for:</b>			
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

<b>Adjustments Subtotal</b>	\$ _____ (32)		\$ _____
<b>Preliminary Child Support Amount</b>	\$ _____ (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.

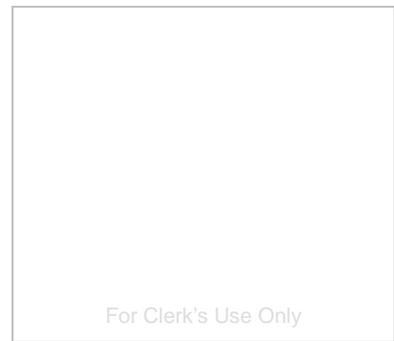
**Share of Medical/Dental/Vision Costs Not Paid by Insurance** \_\_\_\_\_ % (37) \_\_\_\_\_ %

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

**Executed on:** \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

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



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## 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**

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 1<sup>st</sup> 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:**

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**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*

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**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 \_\_\_\_\_