AGREEMENT
TO MODIFY
PARENTING TIME
OR PARENTING TIME *and* CHILD SUPPORT

Do not copy or file this page

1

WHEN <u>ALL PARTIES</u> <u>WILL SIGN</u> <u>AGREEMENT</u> TO MODIFY

(Forms Packet)

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DRMV7f – **5138** - 060116

SELF-SERVICE CENTER

AGREEMENT TO MODIFY PARENTING TIME *or* PARENTING TIME and CHILD SUPPORT

CHECKLIST

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You may use this packet only if . . .

- ✓ You have a current ***"Parenting Time or Parenting Time and 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 back child support (arrears).

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 change CUSTODY.*

***** If you want to change from joint to sole custody or vice-versa, see the checklist for either the "Agreement" or the "Request" to Change Custody, Support and Parenting Time to determine whether either applies to your situation.

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 in this case, 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.

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SELF-SERVICE CENTER

AGREEMENT TO CHANGE A COURT ORDER FOR PARENTING TIME OR PARENTING TIME AND CHILD SUPPORT

PETITIONER OR RESPONDENT

(Forms Only)

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This packet contains court forms and instructions for an agreement to change a court order for parenting time or 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	DRMV7k	Checklist: *You may use these forms if . . .*	1
2	DRMV7ft	Table of Contents (this page)	1
3	DRMV71f	***"Stipulation (Agreement) to Modify Court Order regarding Parenting Time or Parenting Time and Child Support"***	1
4	DRMV78f	***"Order Modifying Parenting Time" (or "Parenting Time and Child Support")***	4
5	DRCVG11f	***"Parenting Plan"***	9

Use the FREE Online Child Support Calculator to produce the *Parents Worksheet for Child Support* that <u>must</u> accompany this *petition.*
Click on **"Child Support Calculator and Worksheet"**, on right side of the page at the **ezcourt** webpage on the Superior Court Website.
See the document DRS12h (in the instructions packet) for more information.

6	DRS88f	***"Current Employer Information"***	1
7	DRSW82f	***"Order Stopping Income Withholding Order"***	1

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Person Filing: (A)_____
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**

Respondent's Name or Lawyer's Name(B)_____
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 **(in original case)**

Case Number: _____ **(C)**

_____
Name of Respondent **(in original case)**

STIPULATION TO MODIFY THE PRIOR COURT ORDER REGARDING PARENTING TIME or PARENTING TIME AND CHILD SUPPORT

PETITIONER AND RESPONDENT AGREE AS FOLLOWS:

1. **AGREE AND UNDERSTAND:** I have read this Stipulation and ***the "Order to Change Prior Parenting time and/or Support Order."*** I understand and agree with what is written in the Stipulation and Order which is attached. Parenting time and Child Support, if necessary, shall be ordered in accordance with the attached Order which has been approved and signed by both parties. **(D)**

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2. PRIOR ORDER. If the new parenting time and/or support order is granted by this court, it will replace

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

The Order issued by: _____ (Name of Court)

Located in this County: _____

Located in this State: _____

If the Superior Court of Arizona in Maricopa County did not issue the order, we have attached a copy of the order to the original and all copies of this Stipulation. If the Superior Court of Arizona in Maricopa County issued the order, we have attached a copy of the order to the copy of the papers for the Judge. We have not attached a copy to the original Stipulation. **(E)**

3. PARENTING TIME AND CHILD SUPPORT. The agreement regarding parenting time and child support is in the best interest of the minor child(ren). **(F)**

SIGNATURE BY PETITIONER AND RESPONDENT: Everything stated by me/us in this Stipulation is true and correct to the best of my/our knowledge, information, and belief. **(G)**

_____ _____

PETITIONER Date RESPONDENT Date

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Person Filing: (A)_____
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**

Respondent's Name or Lawyer's Name: (B) _____
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 (in original case)

Case Number: _____

_____
Name of Respondent (in original case)

ORDER MODIFYING

☐ **PARENTING TIME OR**

☐ **PARENTING TIME AND CHILD SUPPORT**

THE COURT FINDS:

1. This case has come before this court for a final Order based upon the AGREEMENT OF THE PARTIES.

2. This court has jurisdiction to change parenting time and/or support, and has jurisdiction over the parties. Where it has the legal power to do so and where it is applicable to the facts of this case, this court has considered, approved, and made Orders relating to parenting time and/or support.

3. This Order applies to the following children:

NAME(S)	**DATES OF BIRTH /AGE** (Month/Day/Year)

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ORD

4. GROUNDS FOR CHANGING PARENTING TIME and/or Child Support. Based upon the stipulation (agreement) of the parties, it is in the best interest of the minor child(ren) to change parenting time and/or child support at this time.

THE COURT ORDERS:

The Order regarding parenting time and/or support dated _____ is changed as follows:

A. PARENTING TIME:

1. ☐ **Reasonable parenting time** to the parent who is not the primary residential parent (**OR)**

2. ☐ **Reasonable parenting time** to the parent who is not the primary residential parent according to the Parenting Plan attached. **(OR)**

3. ☐ **Supervised parenting time** but only in the presence of another person, who is named below or otherwise approved by the Court:

_____

The cost of supervised parenting time shall be paid by:

☐ **Mother** **or** ☐ **Father** **or** ☐ **shared equally** by the parties, or as follows:

_____

Restrictions on parenting time:

_____
_____
_____
_____

(OR)

4. ☐ **No parenting time** rights to ☐ **Mother** **or** ☐ **Father** due to:

_____
_____
_____

5. ☐ **Other parenting time:** (explain) _____

_____
_____
_____

B. CHILD SUPPORT.

☐ **Child Support is unchanged, *OR***

☐ **Mother** **or** ☐ **Father** shall pay child support to other party in the amount of $ _____, per month, payable on the first day of each month, beginning the first day of month following the signing of this Order. All child support payments shall be made through the Support Payment Clearinghouse by the attached ***Income Withholding Order,*** and shall include an additional statutory fee for processing.

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Child Support is based on the information in the Child Support Worksheet attached and incorporated by reference, and the Arizona Child Support Guidelines, ***OR***

☐ **CHILD SUPPORT DEVIATION.** The court, having reviewed the completed child support worksheet submitted by the parties, agrees that the child support worksheet shows that child support would have been set at _____ under the Guidelines, but for the deviation.
The court, having considered the best interests of the minor child(ren), deviates from the Guidelines for the following reasons. (Describe reasons.)

_____

_____

_____

C. MEDICAL, DENTAL, VISION CARE.

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

Medical, dental, and vision care insurance, payments and expenses are based on the information in the Child Support Worksheet 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. Mother is ordered to pay _____ %, **AND** Father 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.

D. FEDERAL INCOME TAX DEDUCTION.

Child's Name	**Date of Birth** (Month, Day, Year)	**Parent Entitled to Deduction**	**For Calendar Year**
		☐ **Mother** ☐ **Father**	
		☐ **Mother** ☐ **Father**	
		☐ **Mother** ☐ **Father**	
		☐ **Mother** ☐ **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.

E. **MEDIATION. The parties are required pursue court sponsored or private mediation or other form of ADR (Alternative Dispute Resolution) prior to filing for any future modification of custody or parenting time** (or "visitation", if for someone other than one of the parents)**.**

F. **OTHER ORDERS.** This court makes further Orders relating to this matter as follows:

_____

_____

_____

_____

DONE IN OPEN COURT: _____.

_____
JUDGE OR COURT COMMISSIONER

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ORDER MODIFYING PARENTING TIME or PARENTING TIME AND SUPPORT BASED UPON STIPULATION (AGREEMENT) OF THE PARTIES

Do not write or sign below this line until you are instructed to do so by Court Clerk or Notary.

OATH OR AFFIRMATION OF THE PARTIES

By signing this document I swear or affirm that I: have read and understand the terms of this Order; have entered this agreement of my own free will and not because of any force, duress, undue influence, coercion, or threat of harm from anyone, including the other party; waive the right to trial on this matter; and that the information I have provided is true and correct, under penalty of perjury.

_____
Petitioner's Signature

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this:

_____(date)

By _____.

_____
Deputy Clerk or Notary Public

(notary seal)

_____
Respondent's Signature

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this:

_____(date)

By _____.

_____
Deputy Clerk or Notary Public

(notary seal)

_____
Date

_____
Attorney General's Representative (DCSE) (if applicable)

Approved as to form and content by the parties' lawyers (if applicable):

Petitioner's Lawyer:_____

Respondent's Lawyer:_____

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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

AND

_____
Name of Respondent

Case Number: _____

PARENTING PLAN FOR:

☐ **JOINT LEGAL DECISION MAKING (CUSTODY) WITH JOINT LEGAL DECISION MAKING (CUSTODY) AGREEMENT**

or

☐ **SOLE LEGAL DECISION-MAKING (CUSTODY)**

☐ to Mother

☐ to Father

INSTRUCTIONS

This document has 4 parts: PART **1**) General Information; PART **2**) Legal Decision Making (Custody) and Parenting Time; PART **3**) Danger to Children Notification Statement; and PART **4**) Joint Legal Decision Making (Custody) Agreement. Where this form refers to "children" it refers to any and all minor children common to the parties whether one or more.

One or both parents must complete and sign the Plan as follows:

a. **If only *one* parent is submitting the Plan: that parent must sign at the end of PART 2 <u>and</u> 3.**

b. **If both parents agree to legal decision making (custody) and parenting time arrangements *but not to joint legal decision making (custody):* Both parents must sign the Plan at the end of PART 2 <u>and</u> 3.**

c. **If both parents agree to joint legal decision making (custody) and parenting time arrangements as presented in the Plan: Both parents must sign the Plan at the end of PART 2, 3, and 4.**

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PART 1: GENERAL INFORMATION:

A. MINOR CHILDREN. This Plan concerns the following minor children:
(Use additional paper if necessary)

_____ _____

_____ _____

_____ _____

B. THE FOLLOWING LEGAL DECISION-MAKING (CUSTODY) ARRANGEMENT IS REQUESTED:

(Choose ONE of 1, 2, 3, 4.) (If you chose "sole legal decision-making authority" [1 **or** 2], you have the option of also requesting restrictions on the parenting time of the other party.

☐ **1. SOLE LEGAL DECISION-MAKING (CUSTODY) BY AGREEMENT. The parents agree that sole legal decision-making authority (custody) and primary physical custody should be granted to the ☐ Mother ☐ Father.**

The parents agree that since each has a unique contribution to offer to the growth and development of their minor children, each of them will continue to have a full and active role in providing a sound moral, social, economic, and educational environment for the benefit of the minor children, as described in the following pages,

OR

☐ **2. SOLE LEGAL DECISION-MAKING (CUSTODY) REQUESTED BY THE PARENT SUBMITTING THIS PLAN.** The parents cannot agree to the terms of legal decision making (custody) and parenting time. The parent submitting this Plan asks the court to order sole legal decision-making authority and parenting time according to this Plan.

(Optional, if you marked 1 or 2 above)

☐ **RESTRICTED, SUPERVISED, OR NO PARENTING TIME.**
The parent submitting this Plan asks the court for an order restricting parenting time. The facts and information related to this request are described in the Petition.

OR

☐ **3. JOINT LEGAL DECISION-MAKING (CUSTODY) BY AGREEMENT. The parents agree to joint legal decision-making (custody) and request the court to approve the joint legal decision-making (custody) arrangement as described in this Plan. Primary physical custody will be with the ☐ Mother ☐ Father,**

OR

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☐ **4. JOINT LEGAL DECISION-MAKING AUTHORITY (CUSTODY) REQUESTED BY THE PARENT SUBMITTING THIS PLAN.** The parents cannot agree to the terms of legal decision making and parenting time **or** are unable to submit this plan together at this time. My request for joint legal decision-making authority is deferred for the court's determination.

PART 2: PHYSICAL CUSTODY AND PARENTING TIME. Complete each section below. Be specific about what you want the judge to approve in the court order.

A. (School Year) WEEKDAY AND WEEKEND TIME-SHARING SCHEDULE:

☐ The minor children will be in the care of Father as follows: (Explain).

_____

☐ The minor children will be in the care of Mother as follows: (Explain).

_____

☐ Other physical custody arrangements are as follows: (Explain).

_____

☐ Transportation will be provided as follows:

☐ **Mother** **or** ☐ **Father** will pick the minor children up at _____ o'clock.

☐ **Mother** **or** ☐ **Father** will drop the minor children off at _____ o'clock.

Parents may change their time-share arrangements by mutual agreement with at least _____days notice in advance to the other parent.

B. SUMMER MONTHS OR SCHOOL BREAK LONGER THAN 4 DAYS: The weekday and weekend schedule described above will apply for all 12 calendar months **EXCEPT:**

☐ During summer months or school breaks that last longer than 4 days, no changes shall be made. **OR**,

☐ During summer months or school breaks that last longer than 4 days, the minor children will be in the care of Father: (Explain)

_____

☐ During summer months or school breaks that last longer than 4 days, the minor children will be in the care of Mother: (Explain)

_____

☐ Each parent is entitled to a _____ week period of vacation time with the minor children. The parents will work out the details of the vacation at least _____ days in advance.

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C. TRAVEL

☐ **Should either parent travel out of the area with the minor children, each parent will keep the other parent informed of travel plans, address(es), and telephone number(s) at which that parent and the minor children can be reached.**

☐ **Neither parent shall travel with the minor children outside Arizona for longer than ____ days without the prior written consent of the other parent or order of the court.**

D. HOLIDAY SCHEDULE:

The holiday schedule takes priority over the regular time-sharing schedule as described above. Check the box(es) that apply and indicate the years of the holiday access/Parenting time schedule.

	Holiday	Even Years		Odd Years	
☐	New Year's Eve	☐ Mother	☐ Father	☐ Mother	☐ Father
☐	New Year's Day	☐ Mother	☐ Father	☐ Mother	☐ Father
☐	Spring Vacation	☐ Mother	☐ Father	☐ Mother	☐ Father
☐	Easter	☐ Mother	☐ Father	☐ Mother	☐ Father
☐	4th of July	☐ Mother	☐ Father	☐ Mother	☐ Father
☐	Halloween	☐ Mother	☐ Father	☐ Mother	☐ Father
☐	Veteran's Day	☐ Mother	☐ Father	☐ Mother	☐ Father
☐	Thanksgiving	☐ Mother	☐ Father	☐ Mother	☐ Father
☐	Hanukkah	☐ Mother	☐ Father	☐ Mother	☐ Father
☐	Christmas Eve	☐ Mother	☐ Father	☐ Mother	☐ Father
☐	Christmas Day	☐ Mother	☐ Father	☐ Mother	☐ Father
☐	Winter Break	☐ Mother	☐ Father	☐ Mother	☐ Father
☐	Child's Birthday	☐ Mother	☐ Father	☐ Mother	☐ Father

☐ **Mother's Day** will be celebrated with the Mother every year.

☐ **Father's Day** will be celebrated with the Father every year.

☐ **Each parent may have the children on his or her birthday.**

☐ **Three-day weekends** which include Martin Luther King Day, Presidents' Day, Memorial Day, Labor Day, Columbus Day, the children will remain in the care of the parent who has the minor children for the weekend.

☐ **Other Holidays** (Describe the other holidays and the arrangement) :

_____

☐ **Telephone Contact:** Each parent may have telephone contact with the minor children during the children's normal waking hours, **OR:** (Explain) _____

☐ **Other** (Explain) **:** _____

E. PARENTAL ACCESS TO RECORDS AND INFORMATION:

Under Arizona law (A.R.S. §25-403.06), unless otherwise provided by court order or law, on reasonable request, both parents are entitled to have equal access to documents and other information concerning the minor children's education and physical, mental, moral and emotional health including medical, school, police, court and other records. A person who does not comply with a reasonable request for these records shall reimburse the requesting parent for court costs and attorney fees incurred by that parent to make the other parent obey this request. A parent who attempts to restrict the release of documents or information by the custodian of the records without a prior court order is subject to legal sanctions.

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F. EDUCATIONAL ARRANGEMENTS:

☐ Both parents have the right to participate in school conferences, events and activities, and the right to consult with teachers and other school personnel.

☐ Both parents will make major educational decisions together. (optional) ☐ If the parents do not reach agreement, then:

OR

☐ Major educational decisions will be made by ☐ Mother ☐ Father after consulting other parent.

G. MEDICAL AND DENTAL ARRANGEMENTS:

☐ Both parents have the right to authorize emergency medical treatment, if needed, and the right to consult with physicians and other medical practitioners. Both parents agree to advise the other parent immediately of any emergency medical/dental care sought for the minor children, to cooperate on health matters concerning the children and to keep one another reasonably informed. Both parents agree to keep each other informed as to names, addresses and telephone numbers of all medical/dental care providers.

☐ Both parents will make major medical decisions together, except for emergency situations as noted above. (optional) ☐ If the parents do not reach an agreement, then: _____

_____

OR

☐ Major medical/dental decisions will be made by ☐ Mother ☐ Father after consulting other parent.

H. RELIGIOUS EDUCATION ARRANGEMENTS: (Choose **ONE**)

☐ Each parent may take the minor children to a church or place of worship of his or her choice during the time that the minor children is/are in his or her care.

☐ Both parents agree that the minor children may be instructed in the _____ faith.

☐ Both parents agree that religious arrangements are not applicable to this plan.

I. ADDITIONAL ARRANGEMENTS AND COMMENTS:

☐ **NOTIFY OTHER PARENT OF ADDRESS CHANGE.** Each parent will inform the other parent of any change of address and/or phone number in advance **OR** within _____ days of the change.

☐ **NOTIFY OTHER PARENT OF EMERGENCY.** Both parents agree that each parent will promptly inform the other parent of any emergency or other important event that involves the minor children

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☐ **TALK TO OTHER PARENT ABOUT EXTRA ACTIVITIES.** Each parent will consult and agree with the other parent regarding any extra activity that affects the minor children's access to the other parent.

☐ **ASK OTHER PARENT IF HE/SHE WANTS TO TAKE CARE OF CHILDREN.** Each parent agrees to consider the other parent as care-provider for the minor children before making other arrangements.

☐ **RELOCATION.** If either parent intends to relocate outside the state or more than 100 miles within the state with the minor child(ren), they will provide at least 45 days advance written notice to the other parent and adhere to the provisions set forth in A.R.S. §25-408(B), including the requirement that all parties continue to comply with current court orders, regardless of distance moved or notice required, unless otherwise ordered by the Court.

☐ **COMMUNICATE.** Each parent agrees that all communications regarding the minor children will be between the parents and that they will **not** use the minor children to convey information or to set up parenting time changes.

☐ **METHOD OF COMMUNICATION.** Each parent agrees to use the following means of communication: _____.

☐ **FREQUENCY OF COMMUNICATION.** Each parent agrees to communicate regarding the child(ren) on a regular basis. That communication schedule will be:

_____

and will be by the following methods: ☐ Phone ☐ Email ☐ Other

☐ **PRAISE OTHER PARENT.** Each parent agrees to encourage love and respect between the minor children and the other parent, and neither parent shall do anything that may hurt the other parent's relationship with the minor children

☐ **COOPERATE AND WORK TOGETHER.** Both parents agree to exert their best efforts to work cooperatively in future plans consistent with the best interests of the minor children and to amicably resolve such disputes as may arise.

☐ **NOTIFY OTHER PARENT OF PROBLEMS WITH TIME-SHARING AHEAD OF TIME.** If either parent is unable to follow through with the time-sharing arrangements involving the minor child(ren), that parent will notify the other parent as soon as possible.

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☐ **PARENTING PLAN.** Both parents agree that if either parent moves out of the area and returns later, they will use the most recent ***"Parenting Plan/Access Agreement"*** in place before the move.

☐ **MEDIATION.** If the parents are unable to reach a mutual agreement regarding a legal change to their parenting orders, including a proposed relocation of a child, they shall participate in mediation through the court or a private mediator of their choice.

NOTICE: DO NOT DEVIATE FROM PLAN UNTIL DISPUTE IS RESOLVED.

Both parents are advised that while a dispute is being resolved, neither parent shall deviate from this Parenting Plan, or act in such a way that is inconsistent with the terms of this agreement.

Once this Plan has been made an order of the Court, if either parent disobeys the court order related to parenting time with the children, the other parent may submit court papers to request enforcement. See the Self-Service Center packets "**To Make Someone Obey a Court Order**" for help.

J. PART 2 SIGNATURE OF ONE OR BOTH PARENTS (as instructed on page 1)

Signature of Mother: _____ **Date:** _____

Signature of Father: _____ **Date:** _____

PART 3: STATEMENT REGARDING CONTACT WITH SEX OFFENDERS AND PERSONS CONVICTED OF DANGEROUS CRIMES AGAINST CHILDREN.

According to A.R.S. §25-403.05, a child's parent or custodian must immediately notify the other parent or custodian if the person knows that a convicted or registered sex offender or someone who has been convicted of a dangerous crime against children may have access to the child.

The parent or custodian must provide notice by first class mail, return receipt requested, by electronic means to an electronic mail address that the recipient provided to the parent or custodian for notification purposes or by another form of communication accepted by the court.

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According to A.R.S. § 13-705 (P) (1), "Dangerous crime against children" means any of the following that is committed against a minor who is under fifteen years of age:

(a) Second degree murder.
(b) Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument.
(c) Sexual assault.
(d) Molestation of a child.
(e) Sexual conduct with a minor.
(f) Commercial sexual exploitation of a minor.
(g) Sexual exploitation of a minor.
(h) Child abuse as prescribed in section 13-3623, subsection A, paragraph 1.
(i) Kidnapping.
(j) Sexual abuse.
(k) Taking a child for the purpose of prostitution as prescribed in section 13-3206.
(l) Child prostitution as prescribed in section 13-3212.
(m) Involving or using minors in drug offenses.
(n) Continuous sexual abuse of a child.
(o) Attempted first degree murder.
(p) Sex trafficking.
(q) Manufacturing methamphetamine under circumstances that cause physical injury to a minor.
(r) Bestiality as prescribed in section 13-1411, subsection A, paragraph 2.
(s) Luring a minor for sexual exploitation.
(t) Aggravated luring a minor for sexual exploitation.
(u) Unlawful age misrepresentation.

PART 3 SIGNATURE OF ONE OR BOTH PARTIES (as instructed on page 1)

I/We have read, understand, and agree to abide by the requirements of A.R.S. § 25-403.05 concerning notification of other parent or custodian if someone convicted of dangerous crime against children may have access to the child.

Signature of Mother: _____ **Date:** _____

Signature of Father: _____ **Date:** _____

PART 4: JOINT LEGAL DECISION MAKING (CUSTODY) AGREEMENT (IF APPLICABLE):

A. DOMESTIC VIOLENCE: Arizona Law (A.R.S. § 25-403.03) states that joint legal decision-making authority (custody) shall NOT be awarded if there has been "a history of significant domestic violence".

☐ Domestic Violence has **not** occurred between the parties, **OR**

☐ Domestic Violence **has** occurred but it has not been "significant" or has been committed by both parties.*****

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B. DUI or DRUG CONVICTIONS:

☐ Neither party has been convicted of driving under the influence or a drug offense within the past 12 months, OR

☐ One of the parties HAS been convicted of driving under the influence or a drug offense within the past 12 months but the parties feel Joint Legal Decision-Making (Custody) is in the best interest of the children.*

*** IF THERE HAS BEEN DOMESTIC VIOLENCE OR A DUI OR DRUG CONVICTION: Attach an extra page explaining why Joint Legal Decision-Making (Custody) is still in the best interest of the children.**

C. JOINT LEGAL DECISION MAKING (CUSTODY) AGREEMENT: If the parents have agreed to joint legal decision making (custody), the following will apply, subject to approval by the Judge:

1. **REVIEW: The parents agree to review the terms of this agreement and make any necessary or desired changes every _____ month(s) from the date of this document.**

2. **CRITERIA. Our joint legal decision making (custody) agreement meets the criteria required by Arizona law A.R.S. § 25-403.02, as listed below:**

   a. **The best interests of the minor children are served;**

   b. **Each parent's rights and responsibilities for personal care of the minor children and for decisions in education, health care and religious training are designated in this Plan;**

   c. **A practical schedule of the parenting time for the minor children, including holidays and school vacations is included in the Plan;**

   d. **A procedure for the exchange(s) of the child(ren) including location and responsibility for transportation.**

   e. **The Plan includes a procedure for periodic review;**

   f. **The Plan includes a procedure by which proposed changes, including relocation of where a child resides with either parent pursuant to A.R.S. §25-408, disputes and alleged breaches may be mediated or resolved.**

   g. **A procedure for communicating with each other about the child, including methods and frequency.**

PART 4 SIGNATURES OF BOTH PARENTS REQUESTING JOINT LEGAL DECISION MAKING AUTHORITY (CUSTODY) (as instructed on page 1)

Signature of Mother: _____ **Date:** _____

Signature of Father: _____ **Date:** _____

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Person Filing: (1) _____
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(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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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**

FOR CLERK'S USE ONLY

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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