

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

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)

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.

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
		<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.

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

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

Respondent's Signature

STATE OF _____

STATE OF _____

COUNTY OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this:

Subscribed and sworn to or affirmed before me this:

_____ (date)

_____ (date)

By _____.

By _____.

Deputy Clerk or Notary Public

Deputy Clerk or Notary Public

(notary seal)

(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: _____