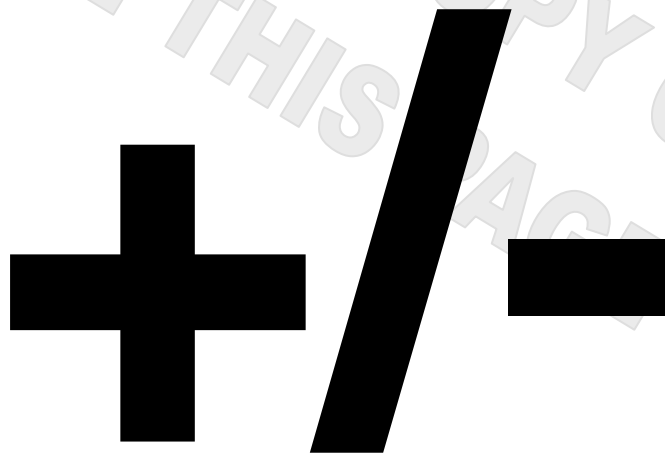


HOW TO CALCULATE CHILD SUPPORT

DO NOT COPY OR
FILE THIS PACKET



This packet contains a **Child Support Order and
Parents Worksheet for Child Support**

(FORMS ONLY)



SELF-SERVICE CENTER

HOW TO CALCULATE CHILD SUPPORT AND COMPLETE COURT PAPERS ON CHILD SUPPORT

(FORMS ONLY)

This packet contains court forms and instructions calculate child support and complete court papers on 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	DRS1ft	Table of Contents (this page)	1
2	DRSDS10f-c	“Sensitive Data Sheet in Cases With Minor Children” *	1
3	DRS12f	“Parents Worksheet for Child Support”	2
4	DRS81f	“Child Support Order”	7

* *Do not copy this document or provide a copy of this document to the other party*

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: _____
 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. _____
Respondent	ATLAS No. _____

**FAMILY COURT / SENSITIVE DATA
 COVERSHEET WITH CHILDREN
 (CONFIDENTIAL RECORD)**

Fill out. File with Clerk of Court. Social Security Numbers should appear on this form only and should be omitted from other court forms. Access Confidential pursuant to ARFLP 43(G)(1).

A. Personal Information:	Petitioner	Respondent
Name	_____	_____
Gender	<input type="checkbox"/> Male or <input type="checkbox"/> Female	<input type="checkbox"/> Male or <input type="checkbox"/> Female
Date of Birth (Month/Day/Year)	_____	_____
Social Security Number	_____	_____

**WARNING: DO NOT INCLUDE MAILING ADDRESS ON THIS FORM
 IF REQUESTING ADDRESS PROTECTION**

Mailing Address	_____	_____
City, State, Zip Code	_____	_____
Contact Phone	_____	_____
Email Address	_____	_____
Current Employer Name	_____	_____
Employer Address	_____	_____
Employer City, State, Zip Code	_____	_____
Employer Telephone Number	_____	_____
Employer Fax Number	_____	_____

B. Child(ren) Information:			
Child Name	Gender	Child Social Security Number	Child Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Type of Case being filed - Check only one category. <i>*Check only if no other category applies</i>		Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language? _____
<input type="checkbox"/> Dissolution (Divorce)	<input type="checkbox"/> Paternity	
<input type="checkbox"/> Legal Separation	<input type="checkbox"/> *Legal Decision Maker (Custody)/Visitation	
<input type="checkbox"/> Annulment	<input type="checkbox"/> *Child Support	
<input type="checkbox"/> Order of Protection	<input type="checkbox"/> Other	

DO NOT COPY THIS DOCUMENT. DO NOT SERVE THIS DOCUMENT TO THE OTHER PARTY.

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).

	<u>FATHER</u>		<u>MOTHER</u>
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)	\$ _____

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

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 / Party A

Case No. _____

Date of Birth (Month, Date, Year)

ATLAS No. _____

Respondent / Party B

CHILD SUPPORT ORDER

A.R.S. § 25-503

Date of Birth (Month, Date, Year)

THE COURT FINDS:

1. Party A: _____ and

Party B: _____

Have a duty to support the following children:

Child(ren)'s Name(s)

Date of Birth

2. **CHILD SUPPORT GUIDELINES:** 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. **CHILD SUPPORT:**

Party A **Party B** is ordered to pay child support in the amount of \$_____ per month to _____ pursuant to the Arizona Child Support Guidelines without deviation.

Party A **Party B** is obligated to pay child support to **Party A** **Party B** in the amount of \$_____ per month pursuant to the Arizona Child Support Guidelines without deviation. This amount is an appropriate amount to award for child support in this case except that the Court finds it more appropriate and just to make a **rounding adjustment** to the exact guideline amount for ease of calculation to \$_____ per month.

Party A **Party B** is obligated to pay child support to **Party A** **Party B** in the amount of \$_____ per month pursuant to the Arizona Child Support Guidelines. Application of the child support guidelines in this case is inappropriate or unjust. The Court has considered the best interests of the child in determining that a **deviation** is appropriate.

After deviation the child support order is \$_____ per month.

Party A **Party B** is obligated to pay child support to **Party A** **Party B** in the amount of \$_____ per month pursuant to the Arizona Child Support Guidelines. Application of the child support guidelines in this case is inappropriate or unjust. The Court has considered the best interests of the child in determining that a **deviation** is appropriate.

After deviation the child support order is \$_____ per month. Further, the parties have entered into a **written agreement** or their agreement is on the record and is free of duress and coercion with knowledge of the amount of child support that would have been ordered under the guidelines but for the agreement.

Reason(s) for deviation:

4. SUPPORT ARREARS:

- Party A** **Party B** owes child support arrearages to **Party A** **Party B** in the total amount of \$_____ for the time period of _____ through _____ plus accrued interest on prior child support arrearages due of \$_____ calculated through the date of _____.
- The Court finds **no child support arrearages due** and owing.
- No evidence** was presented in support of child support arrearages.

5. PAST SUPPORT:

- It is appropriate to award **Party A** **Party B** an additional judgment for past support in the amount of \$_____ for the **period between the filing of this current petition** and the date current child support is ordered to begin.
- Temporary support or voluntary / direct support payments** in the amount of \$_____ were paid during the period above; therefore the past support is adjusted to \$_____.
- It is appropriate to award **Party A** **Party B** an additional judgment in the amount of \$_____ for past support owed from the **date of separation, but not more than three years** before the date of filing the current petition.
- Temporary support or voluntary / direct support payments** in the amount of \$_____ were paid during the period above; therefore the past support is adjusted to \$_____.
- The Court finds **no past support amount due** and owing.
- No evidence** was presented in support of past child support.
- The Court finds **no temporary support or voluntary / direct support** payments were paid.
- No evidence** was presented in support temporary support or voluntary / direct support payments.

6. INTEREST:

- The Court finds interest in the amount of \$_____ due to Party A Party B
- For the period of: _____ to _____.

IT IS ORDERED THAT:

1. CHILD SUPPORT JUDGMENT:

Party A **Party B** shall pay child support to _____ in the amount of \$ _____ per month. This monthly amount, payable by income withholding order, shall be paid on the 1st day of each month beginning _____.

2. SUPPORT ARREARAGES JUDGMENT:

Party A **Party B** is granted judgment against _____ in the amount of \$ _____ as and for child support arrearages for the period of _____ through the date of _____ together with interest on said amount at the legal rate of 10% per annum until paid in full, plus additional accrued interest on prior child support judgments of \$ _____ calculated through the date of _____.

Party A **Party B** shall pay, in addition to his OR her current support payment, the amount of \$ _____ per month toward this judgment, payable on the first day of each month, beginning _____ until paid in full.

NO Judgment for child support **arrearages** is entered.

3. PAST SUPPORT JUDGMENT:

Party A **Party B** is granted a past support judgment against **Party A** **Party B** in the additional amount of \$ _____. **Party A** **Party B** shall pay the additional amount of \$ _____ per month toward this judgment, payable on the first day of each month commencing _____ until paid in full.

OR

NO Judgment for past support is entered.

4. PAYMENTS AND CLEARINGHOUSE: All payments, plus the statutory handling fee, shall be made through the Support Payment Clearinghouse pursuant to an Order of Assignment, or "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 shall be considered *gifts* unless otherwise ordered. All payments shall be made payable to and mailed directly to:

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

Payments must include **Party A's** or **Party B's** name, and ATLAS number. 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 Payment Clearinghouse immediately. The obligor (party being ordered to pay) shall submit the names and addresses of his or her employers or other payors within 10 days. Both parties shall submit address changes within 10 days of the change.

5. TOTAL MONTHLY PAYMENTS:

Party A **Party B** shall make total monthly payments to **Party A** **Party B** in the amount of \$ _____ per month, payable on the first day of each month, beginning _____ as follows:

Monthly Payments:

Current child support payment as ordered above:	\$ _____
Current spousal maintenance payment:	\$ _____
Support arrearage payment:	\$ _____
Clearinghouse handling fee:	\$ _____ \$ 5.00
TOTAL MONTHLY PAYMENT:	\$ _____

6. MEDICAL, DENTAL, VISION CARE INSURANCE FOR MINOR CHILDREN:

Party A OR **Party B** is responsible for providing medical dental vision care insurance for the minor child(ren) and shall continue to pay premiums for any medical, dental and vision policies covering the child(ren) that are currently included in the incorporated Parent's Worksheet for Child Support.

OR

Party A OR **Party B** shall be individually responsible for providing medical insurance for the minor child(ren) of the parties as soon as it becomes accessible and available at a reasonable cost, as neither party currently has the ability to obtain such medical insurance.

Medical, dental, and vision insurance, payments and expenses are based on the information in the Parent's Worksheet for Child Support attached hereto 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. An insurance card must be provided to the other party. Notification must also be provided to the other party if coverage is no longer being provided for the child(ren).

7. NON-COVERED MEDICAL EXPENSES:

Party A is ordered to pay _____ % and **Party B** is ordered to pay _____ % of all reasonable uncovered and/or uninsured medical, dental, vision, prescription and other health care charges for the minor child(ren).

- A request for payment or reimbursement of uninsured medical, dental and/or vision costs must be provided to the other party **within 180 days** after the date the services occur.
- The party responsible for payment or reimbursement must pay their share, as ordered by the Court, or make acceptable payment arrangements with the provider or person entitled to reimbursement **within 45 days** after receipt of the request.

8. TRAVEL EXPENSES: The costs of travel related to parenting time over 100 miles one way shall be shared as follows: **Party A** _____ % **Party B** _____ %

9. INFORMATION EXCHANGE: The parties shall exchange financial information such as copies of tax returns, financial affidavits, and earnings statements **every twenty-four months**. At the time the parties exchange financial information, they shall also exchange residential addresses and the names and addresses of their employers unless the Court has ordered otherwise.

10. TAX EXEMPTIONS: The Court allocates the following federal tax exemption(s) for the dependent child(ren):

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

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.

Party A or **Party B** may claim the allocated tax exemptions only if all support and arrears ordered for the year have been paid by December 31 of that year. An Internal Revenue Service form 8332 may need to be signed and filed with a party's income tax return. See *IRS Form 8332 for more detailed information*.

Party A or **Party B** may unconditionally claim the tax exemption allocated to **Party A** or **Party B** for income tax purposes. An Internal Revenue Service Form 8332 may need to be signed and filed with a party's income tax return. See *IRS Form 8332 for more detailed information*.

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 party 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 party's responsibility to carry medical insurance on the child under the Decree of Dissolution of Marriage.

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

12. EMANCIPATION: A child is emancipated:

- On the child's 18th birthday, however if a child is still attending high school or a certified high school equivalency program, support will continue until graduation of the child reaches 19 years of age.
- On the date of the child's marriage.
- When the child is adopted.
- When the child dies.

13. OTHER FINDINGS AND ORDERS:

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

Date

Judicial Officer

15. STIPULATION. Signature by both Parties (if applicable):

Party A **Party B,** by signing this document, we state to the Court under penalty of perjury that we read and agree to this Court Order, and that all the information contained in it is true, correct, and complete to the best of our knowledge and belief.

Party A's Signature

Date

Party B's Signature

Date

If either party is represented by a lawyer, the lawyer must sign below:

Party A's Lawyer Signature

Date

Party B's Lawyer Signature

Date