CHILD CUSTODY, SUPPORT and PARENTING TIME
(Formerly known as "VISITATION")

4

To Get The First Court Order

Part 4: The Court Order
(Forms Packet)

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May 7, 2002
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DRCV8fc - 5044

SELF SERVICE CENTER

ESTABLISH CUSTODY, PARENTING TIME, SUPPORT

PETITIONER OR RESPONDENT

PART 4 -- THE COURT ORDER (FORMS ONLY)

How to assemble these documents

This packet contains court forms to go to the court hearing for an order that establishes child custody, parenting time , support, but not paternity. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	DRCV8ft	Table of forms in this packet	1
2	DRCV8k	Checklist to use packet and file court forms	1
3	DRCV81f	***"Order Establishing Custody, Parenting Time , Support"***	4
4	DRCVG11f	***"Parenting Plan"***	5
5	DRS12f	***"Parent's Worksheet"***	7
6	DRS82f	***"Order of Assignment"***	1
7	DRS88f	***"Current Employer Information Sheet"***	1
8	DRS89f	***"Judgment Data Sheet"***	1

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FORMS TO GET COURT ORDER ON CUSTODY, PARENTING TIME , CHILD SUPPORT

CHECKLIST

Use the forms in this packet only if the following factors apply to your situation:

- ✔ You or the other party filed a petition to establish, custody, parenting time, and child support AND,
- ✔ You (and the other party if you are proceeding by consent) have completed the court papers about custody, parenting time, and child support AND,
- ✔ You are ready to complete the court papers about the final order AND,
- ✔ You are going to a default hearing, or you both agree on the settlement terms of the court case, or you are going to a trial on what you disagree about.

READ ME: It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

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Name of Person Filing Document:_____
Your Address:_____
Your City, State, Zip Code:_____
Your Telephone Number:_____
ATLAS Number (if applicable):_____
Attorney Bar Number (if applicable):_____
Representing ☐ Self (Without Attorney) OR ☐ Attorney for _____

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

Case No.:_____

_____
(Name of Petitioner)

ORDER FOR (check one box)

☐ **CUSTODY, PARENTING TIME (formerly known as "VISITATION") and SUPPORT**
☐ **CUSTODY AND PARENTING TIME**

AND

_____
(Name of Respondent)

THE COURT FINDS:

1. This case has come before this court for a final order, and if necessary the court has taken all testimony needed to enter a final Order.

2. This court has jurisdiction over the parties under the law.

3. 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 an Order relating to Child Custody, Support, Parenting time , and expenses related to the birth of the child(ren).

4. This Order applies to these child(ren):

CHILD(REN)'S NAME(S)	DATE OF BIRTH AND SOCIAL SECURITY NUMBER

5. PARENT INFORMATION PROGRAM.

A. Petitioner ☐ has attended the Parent Information Program class as evidenced by the Certificate of Completion in the Court file, **OR**

Petitioner ☐ has not attended the Parent Information Program class and ☐ shall be denied any requested relief to enforce or modify this Order until Petitioner has completed the class.

B. Respondent ☐ has attended the Parent Information Program class as evidenced by the Certificate of Completion in the Court file, **OR**

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Respondent ☐ has not attended the Parent Information Program class and ☐ shall be denied any requested relief to enforce or modify this Order until Respondent has completed the class.

6. DEVIATION FROM CHILD SUPPORT. The Court, having considered the best interests of the child(ren), deviates from the guidelines for the following reasons:

☐ Application of the guidelines is inappropriate.
☐ Application of the guidelines in unjust.
☐ The parties have signed a written agreement with knowledge of the amount of support that would have been ordered by the guidelines but for the agreement.

THE COURT MAKES THE FOLLOWING FINDING REGARDING THE DEVIATION:

☐ The child support order would have been **$**_____
☐ The child support order after deviation is $_____
☐ All parties have signed the agreement free of duress and coercion.

7. PHYSICAL CUSTODY ADJUSTMENT, COURT APPROVED DISCRETIONARY PARENTING TIME ADJUSTMENT AND/OR OTHER ADJUSTMENTS. (THE COURT MUST MAKE WRITTEN FINDINGS IF ANY OF THESE ADJUSTMENTS ARE MADE.)

_____
_____
_____

8. SUPERVISED OR NO PARENTING TIME . (if applicable)
☐ **Supervised parenting time** between the child(ren) and ☐ Petitioner OR ☐ Respondent or ☐ Other
☐ **No parenting time** between child(ren) and ☐ Petitioner OR ☐ Respondent or ☐ Other
is in the best interests of the child(ren) for the following reasons:_____
_____
_____

9. **DRUG CONVICTION WITHIN LAST TWELVE MONTHS:**
☐ If either party has been convicted of driving under the influence of alcohol or drugs, or was convicted of any drug offense within 12 months of filing the request for custody, the custody, and or parenting time arrangement ordered by this court appropriately protects the child(ren).

THE COURT ORDERS:

1. CHILD CUSTODY AND PARENTING TIME :

A. SOLE CUSTODY:
☐ Sole custody of the minor child(ren) is awarded to:
☐ Mother or ☐ Father as primary custodial parent, subject to parenting time as follows:

(1) ☐ Parenting time to the parent not having custody according to the Parenting Plan attached to and made a part of this Order. **OR**

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(2) ☐ **Supervised parenting time** to ☐ Mother or ☐ Father according to the terms of the Parenting Plan attached to and made a part of this Order, but only in the presence of another person name below or otherwise approved by the court.
Name of supervisor:_____
Restriction on parenting time : _____
_____
_____
_____
_____
_____
_____

The cost of supervised parenting time shall be paid by:

☐ Mother or ☐ Father or ☐ shared equally by the parties.

OR

(3) ☐ **No parenting time** rights to ☐ Mother or ☐ Father based on the findings above.

OR

B. JOINT CUSTODY:

☐ Petitioner and Respondent agree to act as joint custodians of the child(ren), as set forth in the Joint Custody Agreement and Parenting Plan pursuant to A.R.S. Section 25-332, signed by both parties and attached to and made a part of this Order. There have been no significant acts of Domestic Violence under A.R.S. 13-3601 by either parent. The Court adopts the agreed terms of the Joint Custody Agreement. By attaching the Joint Custody Agreement and Parenting Plan to the Order, it becomes part of the final Order and carries the same legal weight as any other Order.

2. CHILD SUPPORT:

☐ Mother or ☐ Father shall pay child support to the other party in the amount of $_____ per month, beginning THE FIRST DAY OF THE MONTH following the signing of this Order, according to the Child Support Worksheet attached hereto and incorporated. All child support payments shall be made through the Support Payment Clearinghouse, P.O. Box 52107, Phoenix, Arizona 85072-2107, plus an applicable statutory fee. Payments shall be in equal installments made on the 1st and 15th of each month thereafter through an automatic wage assignment.

3. MEDICAL AND DENTAL INSURANCE, PAYMENTS, AND EXPENSES:

☐ Mother or ☐ Father is ordered to provide medical and dental insurance for the minor child(ren) as provided for in the Child Support Worksheet attached hereto and incorporated by reference. The party ordered to pay for medical and dental insurance must keep the other party informed of the insurance company's name, address, and telephone number, and provide the other party with the documents necessary to submit insurance claims. Further, ☐ Mother is ordered to pay _____% and ☐ Father is ordered to pay _____% of all reasonable uncovered and/or uninsured medical, dental, prescription, and other health care expenses for the minor child(ren), including co-payments.

4. FINANCIAL INFORMATION EXCHANGES:

The parties shall exchange financial information (tax returns, spousal affidavits, earning statements and/or other related financial statements) every twenty-four months.

5. LIMITATION ON JURISDICTION: (check box if applicable)

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☐ This court cannot make a legal order, without personal service on _____ (the other party) with respect to issues of child support, medical and dental insurance for the minor child(ren) or regarding costs relating to birth of the child(ren). The court reserves the right to enter such orders at such time as the court acquires personal jurisdiction over the Respondent.

6. OTHER ORDERS: This court makes further Orders relating to this matter as follows: _____

_____
_____
_____
_____
_____
_____
_____
_____

DONE IN OPEN COURT:_____

_____
JUDGE OR COMMISSIONER

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Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
ATLAS Number (if applicable):_____
Attorney Bar Number (if applicable):_____
Representing ☐ Self (Without Attorney) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

_____
Name of Petitioner

AND

_____
Name of Respondent

Case Number _____

PARENTING PLAN
☐ **FOR JOINT CUSTODY WITH JOINT CUSTODY AGREEMENT OR**
☐ **SOLE CUSTODY**

☐ Mother
☐ Father

INSTRUCTIONS

This document has 3 parts: PART 1) General Information; PART 2) Custody and Parenting Time; PART 3) Joint Custody Agreement.

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

a. **If both parents agree to joint custody:** Both parents must sign the Plan at the end of PART 2 and at the end of PART 3;
b. **If both parents agree to custody and parenting time arrangements but not to joint custody:** Both parents must sign the Plan at the end of PART 2;
c. **If only one parent is submitting the Plan:** That parent must sign at the end of PART 2.

PART 1: GENERAL INFORMATION:

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

_____
_____
_____

B. CUSTODY ARRANGEMENTS REQUESTED IN THIS PLAN: The following custody arrangement is requested: (Check the box(es) that apply.)

☐ **JOINT LEGAL CUSTODY DETERMINATION DEFERRED:** The parent's request for joint legal custody is deferred to the court for determination. **OR,**
☐ **JOINT LEGAL CUSTODY AGREEMENT:** The parents agree to joint legal custody and request the court to approve the joint legal custody arrangement as described in this Plan,
OR
☐ Mother or ☐ Father will be the primary custodial parent

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☐ **SOLE LEGAL CUSTODY AGREEMENT:** The parents agree that ☐ Mother or ☐ Father will be the parent with sole legal custody and shall be the primary custodial parent. The parents agree that since each has a unique contribution to offer to the growth and development of their child(ren), 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 child(ren), as described in the following pages. **OR,**

☐ **SOLE LEGAL CUSTODY REQUESTED BY THE PARENT SUBMITTING THIS PLAN:** The parents cannot agree to the terms of custody and parenting time. The parent submitting this Plan asks the court to order custody and parenting time according to this Plan.

☐ **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.

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

A. WEEKDAY AND WEEKEND SCHEDULE: The time-sharing schedule will be as follows:

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

_____

_____

_____

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

_____

_____

_____

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

_____

_____

_____

☐ Transportation will be provided as follows:
☐Mother or ☐ Father will pick the children up at _____ o'clock.
☐Mother or ☐ Father will drop the 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 child(ren) will be in the care of Father: (Explain.)

_____

_____

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

_____

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

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

☐ Neither parent shall travel with the child(ren) outside Arizona for longer than_____ days without the prior written consent of the other parent or order of the court.

C. **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 or ☐ Father	☐ Mother or ☐ Father
☐ New Year's Day	☐ Mother or ☐ Father	☐ Mother or ☐ Father
☐ Spring Vacation	☐ Mother or ☐ Father	☐ Mother or ☐ Father
☐ Easter	☐ Mother or ☐ Father	☐ Mother or ☐ Father
☐ 4th of July	☐ Mother or ☐ Father	☐ Mother or ☐ Father
☐ Halloween	☐ Mother or ☐ Father	☐ Mother or ☐ Father
☐ Veteran's Day	☐ Mother or ☐ Father	☐ Mother or ☐ Father
☐ Thanksgiving	☐ Mother or ☐ Father	☐ Mother or ☐ Father
☐ Hanukkah	☐ Mother or ☐ Father	☐ Mother or ☐ Father
☐ Christmas Eve	☐ Mother or ☐ Father	☐ Mother or ☐ Father
☐ Christmas Day	☐ Mother or ☐ Father	☐ Mother or ☐ Father
☐ Winter Break	☐ Mother or ☐ Father	☐ Mother or ☐ Father
☐ Children's Birthdays	☐ Mother or ☐ Father	☐ Mother or ☐ 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 child(ren) 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 child(ren) for the weekend.
☐ Other Holidays (Describe the other holidays and the arrangement.)
☐ Each parent may have telephone contact with the child(ren) during the child(ren)'s normal waking hours.
☐ Other (Explain) _____

_____

D. **PARENTAL ACCESS TO RECORDS AND INFORMATION: Under** Arizona law (A.R.S. §25-403), 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 child(ren)'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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E. 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. If the parents do not reach an a agreement, then the final decision making regarding educational decisions shall be with ☐ Mother OR ☐ Father after consultation with _____.

F. 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 child(ren), to cooperate on health matters concerning the child(ren) 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. If the parents do not agree, then the final decision regarding medical issues will be with

☐Mother OR ☐ Father after consultation_____.

G. RELIGIOUS EDUCATION ARRANGEMENTS:

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

☐ Both parents agree that the child(ren) may be instructed in the _____ faith.

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

H. 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 child(ren).

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

☐ **ASK OTHER PARENT IF HE/SHE WANTS TO TAKE CARE OF CHILD(REN).** Each parent agrees to consider the other parent as care-provider for the child(ren) before making other arrangements.

☐ **OBTAIN WRITTEN CONSENT BEFORE MOVING.** Neither parent will move with the child(ren) out of the Phoenix metropolitan area without prior written consent of the other parent, or a court ordered Parenting Plan.

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

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

☐ **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 child(ren) and to amicably resolve such disputes as may arise.

☐ **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

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or the minimum Maricopa County Access Guidelines until other arrangements can be worked out.

☐ **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 child(ren), that parent will notify the other parent as soon as possible.

☐ **MEDIATION.** If the parents are unable to reach a mutual agreement regarding a legal change to their parenting orders, they may request mediation through the court or a private mediator of their choice.

☐ **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.

NOTICE TO PARENTS: Once this Plan has been made an order of the court, if either parent disobeys the court order related to parenting time with the child(ren), the other parent may submit court papers to Expedited Parenting Time Services for possible enforcement. See the Self-Service Center materials for help.

I. SIGNATURE OF BOTH PARTIES

Signature of Mother: _____ Date: _____

Signature of Father: _____ Date: _____

PART 3: JOINT CUSTODY AGREEMENT (IF APPLICABLE):

A. ☐ **JOINT CUSTODY AGREEMENT:** If the parents have agreed to joint custody, the following will apply, subject to approval by the judge:

1. **REVIEW PARENTING PLAN.** The parents agree to review the terms of the joint custody agreement and make any necessary or desired changes every_____ months from the date of this document.
2. **CRITERIA.** Our joint custody agreement meets the criteria required by Arizona law (A.R.S. §25-403):
   - **a.** The best interests of the child(ren) are served;
   - **b.** Each parent's rights and responsibilities for personal care of the child(ren) and for decisions in education, health care and religious training are designated in this Plan;
   - **c.** A schedule of the physical residence of the child(ren), including holidays and school vacations is included in the Plan;
   - **d.** The Plan includes a procedure for periodic review;
   - **e.** The Plan includes a procedure by which proposed changes, disputes and alleged breaches may be mediated or resolved;
   - **f.** The parties understand that joint custody does not necessarily mean equal parenting time.

B. SIGNATURE OF BOTH PARENTS REQUESTING JOINT CUSTODY

Signature of Mother: _____ Date: _____

Signature of Father: _____ Date: _____

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(1)Person Filing: _____

Mailing Address: _____

City, State, Zip: _____

Daytime Phone: _____

Evening Phone: _____

Representing: ☐ **Self** ☐ **Attorney**

State Bar Number: _____

SUPERIOR COURT OF ARIZONA
IN _____(2) COUNTY

(3) _____)
Petitioner/Plaintiff,)
)
_____ _____)
DOB SSN)
vs.)
)
(4) _____)
Respondent/Defendant,)
)
)
_____ _____)
DOB SSN)

Case No. (5)_____

ATLAS No. _____

PARENT'S WORKSHEET FOR CHILD SUPPORT AMOUNT

Prepared By:
(6) ☐ Father ☐ Mother
☐ Court ☐State

Adopted by Court ☐ **Yes** ☐ **No**

MONTHLY GROSS INCOME

	Father	Mother
Total Monthly Gross Income **(7)** Estimated/Attributed to: ☐Father ☐ Mother (Explanation is required on the sheets following the signature page at Item 7)	_____	**(8)**_____
ADJUSTMENTS TO MONTHLY GROSS INCOME (Can be an addition or deduction) Court-Ordered Spousal Maintenance Actually Received +/- Paid	_____	**(9)**_____
Court-Ordered Child Support Actually Paid or Contributed for Children of Other Relationships	_____	**(10)** _____
Cost of Supporting Children of Other Relationships (Explanation is required on the sheets following the signature page at Item 11)	_____	**(11)**_____
Adjusted Monthly Gross Income for Each Parent (add or subtract lines 9 through 11 from line 8)	_____	**(12)**_____
COMBINED ADJUSTED MONTHLY GROSS INCOME Add both amounts from line 12 together.	**(13)** _____	

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Need Help with the calculations? Call 602-506-3762 for an appointment for assistance at the Phoenix, Surprise, or Mesa courthouse locations. Ask for the "Calculations Department."

BASIC CHILD SUPPORT OBLIGATION

Number of children for whom support is requested: provide details on the sheets following the signature page at Item 14) **(14)** _____

Basic Child Support Obligation (from the Schedule) **(15)** _____

ADJUSTMENTS FOR NECESSARY EXPENSES

You may need to complete items 30-31; (Explanation is required on the sheets following the signature page.)

	Father		Mother
Medical/Dental Insurance Costs for Children	_____	**(16)**	_____
Child Care Costs	_____	**(17)**	_____
Adjusted for Tax Credit	_____	**(17a)**	_____
Extra Education Costs	_____	**(18)**	_____
Extraordinary/Special Needs Child Costs	_____	**(19)**	_____
Court-Ordered Visitation/Exchange Costs	_____	**(20)**	_____

Number of Child(ren) 12 and Over _____ 0 - 10% _____ **(21)**_____

Total Adjustments for Necessary Expenses **(22)**_____

TOTAL CHILD SUPPORT OBLIGATION

Total Child Support Obligation (add lines 15 and 22) **(23)**_____

EACH PARENT'S PERCENTAGE (%) OF COMBINED INCOME

Calculate for each parent:

	Father		Mother
Parents' Adjusted gross income (from line 12)	_____	**(24)**	_____
Combined adjusted gross income (from line 13)	_____	**(25)**	_____
Parents' Adjusted gross income DIVIDED BY combined adjusted gross income EQUALS	_____%	**(26)**	_____%

EACH PARENT'S PERCENTAGE (%) OF THE TOTAL SUPPORT OBLIGATION

Calculate for each parent:

Total child support obligation (from line 23)	_____	**(27)**	_____
Percentage of combined adjusted gross income (from line 26)	_____%	**(28)**	_____%

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Percentage TIMES the total obligation EQUALS the amount of the parent's support obligation _____ **(29)** _____

COMPLETE THIS SECTION FOR COSTS PAID BY THE NON-CUSTODIAL PARENT:

Father **Mother**

ADJUSTMENT FOR COSTS ASSOCIATED WITH VISITATION

Requested Adjustment to be completed for paying parent **ONLY**
Using ☐ Table A Or ☐ Table B
Number of Visitation Days _____ Per year (Explain on page 7)
Visitation Table Percentage _____ X Line 15 = _____ **(30)** _____

MEDICAL INSURANCE MONTHLY PREMIUM ADJUSTMENT

Enter the monthly amount of the medical/dental insurance premium paid directly to an insurance carrier by the non-custodial parent (from line 16) [Guidelines 11] _____ **(31)** _____

CHILD CARE ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial parent for work-related child care. (From line 17a) _____ **(31)** _____

EXTRA EDUCATION ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial parent for extra education costs agreed upon by both parents or ordered by the court. (From line 18) _____ **(31)** _____

EXTRAORDINARY/SPECIAL NEEDS CHILD ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial parent for costs associated with special needs of gifted or handicapped children. (From line 19) _____ **(31)** _____

COURT-ORDERED VISITATION/EXCHANGE ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial parent for costs associated with court-imposed supervised exchanges. (From line 20) _____ **(31)** _____

ADJUSTMENTS SUBTOTAL

Add lines 30 and 31. _____ **(32)** _____

PRELIMINARY CHILD SUPPORT AMOUNT

Deduct line 32 from line 29. _____ **(33)** _____

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IF YOU HAVE SOLE CUSTODY, PERFORM THE SELF-SUPPORT RESERVE TEST (LINE 36) AND GO TO LINE 38.

IF YOU HAVE ALTERNATIVE CUSTODY ARRANGEMENTS, COMPLETE EQUAL TIME SHARING (LINE 34) OR MULTIPLE CHILDREN (LINE 35) SECTIONS AND THE SELF SUPPORT RESERVE TEST (LINE 36); THEN GO TO LINE 38.

	Father		Mother
EQUAL TIME SHARING WHEN INCOMES ARE NOT EQUAL			
Prepare a Parent's Worksheet where neither party receives a visitation adjustment. Determine which parent has the lower support amount on line 33, deduct the lower amount from the higher amount, divide that amount in half. The resulting amount is paid by the parent with the higher preliminary child support amount to the parent with the lower preliminary child support amount. Explain on the sheets following the signature page.	_____	**(34)**	_____
MULTIPLE CHILDREN, DIVIDED CUSTODY			
Prepare a Parent's Worksheet to determine support for children in the Mother's household and a separate worksheet for children in the father's household. Determine which parent has the lower support amount from line 33, deduct the lower amount from the higher amount. The resulting amount is paid to the parent with the lower obligation. Explain your calculations on the sheets following the signature page.	_____	**(35)**	_____
SELF-SUPPORT RESERVE TEST			
Paying parent's Adjusted Gross Income from line 12	_____	**(12)**	_____
Minus reserve	(__$710__)	**(36a)**	(__$710__)
Minus arrears	(_____)	**(36b)**	(_____)
RESULT	_____	**(37)**	_____

If the amount from line 37 above is less than the Preliminary Child Support Amount, line 33, the court MAY order the resulting amount as child support order on line 37, absent a deviation.

AMOUNT TO BE ORDERED BY THE PARENT ORDERED TO PAY BASED ON THESE CALCULATIONS			
Enter the lesser of the amounts shown on line 33, 34, 35 or 37.	_____	**(38)**	_____
DEVIATION FROM THE GUIDELINES SUPPORT AMOUNT			
If you believe the Guidelines support amount is too high or too low in your case, enter the amount which you believe the court should order as child support in this case. Explain why on the sheets following the signature page.	_____	**(39)**	_____

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RESPONSIBILITY FOR VISITATION-RELATED TRAVEL EXPENSES

Enter on this line the amount or percentage you think each parent should pay towards the travel/transportation expenses associated with visitation. The allocation of travel expenses does not change the amount of the support ordered. Explain on the sheets following the signature page. _____ **(40)** _____

RESPONSIBILITY FOR MEDICAL EXPENSES NOT PAID BY INSURANCE

	Father		**Mother**
Percentage of uninsured medical expenses that each parent should pay.	_____	**(41)**	_____

I have read this document, and the facts are true and correct to the best of my knowledge or belief.

Date _____ _____**(42)**
Signature of Person Filing

State of Arizona)
)ss. Acknowledged before me on this date: _____
County of _____)

My Commission Expires: _____ _____
Notary Public or Clerk

I have read this document, and the information provided is an accurate representation of the facts as supplied

to me by _____.

Date: _____ _____
Attorney Filing

BASIS FOR AMOUNTS SHOWN ON WORKSHEET

(7) Estimated/Attributed Income - Explain why you believe the other party is or could be earning the amount you indicated. Be as specific as possible. See the instructions for item 7 for examples. (Guidelines 4.e.)

(11) Cost of Supporting Children of Other Relationships - List the names and ages of the natural or adopted children for whom you are requesting an adjustment and describe the support you provide for these children. [Guidelines 5.a., 5.b., and 5.c.]

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(11 – cont.) Name(s) Date(s) of Birth(s) Social Security Number(s)

_____
_____
_____
_____

(14) **Children for whom Support is Requested** - List the name(s) and age(s) of the natural or adopted child(ren) for whom you are requesting support.

Name(s)	Date(s) of Birth	12 or over Y / N	Social Security Number(s)

(17) **Child Care Costs** - If the custodial parent's income is in excess of the chart in Guidelines 8.b.1., the court may adjust the cost of day care in order to apportion the dependent care tax credit benefit. The court may reduce the annualized amount of day care by 25% with a maximum monthly reduction of $50 per month for one child, $100 per month for two or more children.

Custodial Parent

Monthly Child Care Costs	X	Number of months	=	Annual Cost	X .75	=	Adjusted Cost	÷ 12 =	Adjusted Monthly Cost
	X	_____	=	_____	X .75	=	_____	÷ 12 =	_____

Non-custodial Parent

Monthly Child Care Costs	X	Number of months	=	Annual Cost	÷ 12 =	Adjusted Monthly Cost
	X	_____	=	_____	÷ 12 =	_____

(21) **Child 12 and Over** - Follow the worksheet instructions for item 21. Explain why you need extra money to support the child(ren) age 12 and over. (Guidelines 8.b.2.)

(30) **Adjustment for Costs Associated with Visitation** - Calculate the number of visitation days per year. (Guidelines 10)

Extended periods	_____ days	Weekend periods	_____ days
Holidays periods	_____ days	Midweek periods	_____ days
School breaks	_____ days	Other periods	_____ days

Upon proof that certain costs usually incurred in the custodial household are NOT substantially or equally shared by both parents, Visitation Table B must be used. Explain the basis of the requested adjustment:

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(34) Equal Time Sharing, Unequal Incomes – ***IF*** the amount entered on Line 38 was taken from Line 34, show how you arrived at the amount on line 38: (Guidelines 10)

Enter the Higher of the two amounts listed on line 33: _____

Enter the Lower of the two amounts listed on line 33: – _____

Subtract the Lower amount. The Result is: _____

Divide the Amount of the Result by 2 (Result ÷ 2) = _____

(35) Multiple Children, Divided Custody – ***IF*** the amount entered on Line 38 was taken from line 35, show how you arrived at the amount on line 38. (Guidelines 14)

Enter the Higher of the two amounts listed on line 33: _____

Enter the Lower of the two amounts listed on line 33: – _____

Subtract the Lower amount. The Result is: _____

(39) Deviation From the Guidelines Support Amount - If you believe the Guidelines support amount is too high or too low in your case, explain why. READ THE GUIDELINES GENERALLY AND SECTION 18 IN PARTICULAR. (This does not include physical custody adjustments; those are considered in item 30.) Show the total support amount you believe should be ordered. A deviation can only be ordered if the court makes appropriate findings. [Guidelines 18]

Requested Support Amount: $ _____

(40) Visitation-Related Travel Expenses - Describe the anticipated visitation plan and related travel/transportation costs. The court may consider how the conduct of each parent has contributed to such costs. Explain how you think the cost should be divided between the parents. Enter the amount or percentage you think each parent should pay on line 38. The allocation of travel expenses does not change the amount of the support ordered.
(Guidelines 16)

Federal Tax Exemption - Explain how you want the tax exemptions for the child(ren) allocated and the reason for such an allocation. [Guidelines 26]

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THE SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

(1)_____ Petitioner/Plaintiff	)	**(3)** Case Number:_____
	)	**(4)** ATLAS Number:_____
vs.	)	**ORDER OF ASSIGNMENT**
(2)_____ Respondent/Defendant	)	

TO: Current and future employers or other payors of:
(5)
Name: _____ SSN:_____

This order modifies and replaces any previous *"Order of Assignment"* with the same case number.

You shall withhold court-ordered payments as follows:

Current Child Support	$_____
Current Spousal Maintenance/Support	$_____
Payments on Arrears / Interest	$_____
Clearinghouse Handling Fee	$_____2.25__ per month*
TOTAL AMOUNT per month	$_____, *but* ***no more than 50%*** *of disposable earnings* (A.R.S. § 33-1131). *The Clearinghouse handling fee is set by statute and subject to change (A.R.S. § 25-510).

This ***"Order of Assignment"*** is effective immediately upon receipt by an employer or other payor, including self-employed persons, and continues until further Order, or until a period of 90 continuous days from the last payment to the Obligor. If you are again obligated to pay monies to the Obligor within 90 days, you are again bound by **this *"Order of Assignment."*** Payment must be sent to the Support Payment Clearinghouse within two (2) business days of the date the monies were withheld.

You shall NOT discharge or otherwise discipline the person named in this assignment, because of service of this *"Order of Assignment."*

The above ATLAS number and employee's name **must** appear on the *Transmittal Form or check.*
Make payments payable and send to:

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

Dated this _____ day of _____, 20___.

_____
Judicial Officer or Clerk of Superior Court

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December 5, 2002
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OOA

DRS82f
Use current version

CURRENT EMPLOYER INFORMATION

This form must be completed for:

- **An *"Order of Assignment"* (Staple to the *"Order of Assignment")***
- ***"Order to Stop an Order of Assignment"* (Staple to the Stop Order)**
- ***"Notification of a Change of Employer"***

CASE NUMBER _____ ATLAS NUMBER _____

PAYOR NAME _____
(Name of Person to Make Payment)

Social Security Number _____

List only the Employer's Name and Payroll Address where the *"Order of Assignment"* or *"Stop Order of Assignment"* should be mailed.

CURRENT EMPLOYER NAME _____

PAYROLL ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER (___) _____ FAX NUMBER (___) _____

PREVIOUS EMPLOYER (IF KNOWN) _____

PAYROLL ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER (___) _____ FAX NUMBER (___) _____

SUBMITTED BY _____ DATE _____

WA/FSC
TYPE OF W/A _____
DATE _____
TYPE OF ORDER _____
EMPLOYER STATUS _____
ENTERED BY _____
NEW W/A _____ SUB _____
AG _____ DCSE _____

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June 18, 2002
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CEI

Case No._____

ATLAS No._____

JUDGMENT DATA SHEET (FOR INTERNAL USE ONLY*)

ATTENTION: COURT DIVISION AND STAFF. DO *NOT* FILE THIS DOCUMENT. DO *NOT* DISTRIBUTE THE COMPLETED JUDGMENT DATA SHEET TO THE PARTIES. THIS FORM IS FOR CLERK OF COURT INTERNAL USE *ONLY*.

PERSON TO RECEIVE PAYMENTS:

Name:_____

Gender: Male Female Date of Birth: _____

SSN:_____

Mailing Address: _____

_____

_____

Daytime Phone: _____

Evening Phone: _____

Other (cell, pager): _____

Email Address: _____

PERSON TO MAKE PAYMENTS:

Name:_____

Gender: Male Female Date of Birth:_____

SSN:_____

Mailing Address: _____

_____

_____

Daytime Phone: _____

Evening Phone: _____

Other (cell, pager): _____

Email Address: _____

EMPLOYER INFORMATION FOR PERSON MAKING PAYMENTS: Firm Name: _____

Payroll Mailing Address:_____

_____

Phone: _____ Email Address:_____

CHILDREN:

Name	Gender (M/F)	Date of Birth	Social Security No. (if available)

Additional children listed on attached sheet.

FOR COURT USE ONLY

Order Date:_____

Current Child Support
Amount_____
Frequency_____
Due Date_____

Arrearages
Amount_____
Frequency_____
Total_____
Thru Date_____
Due Date_____

Current Spousal Maint.
Amount_____
Frequency_____
Total_____

Type of Order:_____

Arrearages
Amount_____
Frequency_____
Due Date_____
Thru Date_____
Due Date_____

Miscellaneous
Med Ins_____
Frequency_____
Due Date_____
Med Bills_____
Frequency_____