# TO ENFORCE

## A COURT ORDER TO PAY

# 1

# SUPPORT

## Child Support, Spousal Maintenance, Medical Expense Reimbursement and Medical Insurance Coverage

FORMS & INSTRUCTIONS

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DRESE1 – 5100 - 121213

**SELF-SERVICE CENTER**

# PETITION AND PAPERS
# TO ENFORCE A COURT ORDER TO PAY SUPPORT

## CHECKLIST

***You may use this packet if . . .***

- ✓ You have a Court Order from Maricopa County for child support, spousal maintenance, medical insurance coverage, or for reimbursement of medical, dental or vision care expenses not covered by insurance, **AND**
- ✓ The other party is behind in child support, spousal maintenance, and/or medical expense reimbursement payments at least one full month, **OR**
- ✓ The other party is not providing medical insurance coverage, **OR**

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**DO <u>NOT</u> USE THESE FORMS:**

- ✖ if your Order is from a court outside this county (unless a lawyer has advised you to)**.**
- ✖ to try to *change* your existing Order.

**WARNING: If the order you want to enforce is not from this county, ask a lawyer about the requirements to file your Petition (Request) with this Court.**

**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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# TO ENFORCE A COURT ORDER TO PAY SUPPORT

**(Forms and Instructions)**

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This packet contains court forms and instructions to file to enforce a court order to pay 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 No. | Title | # Pages |
|---|---|---|---|
| 1 | DRESE1k | Checklist: *You may use these forms if . . .* | 1 |
| 2 | DRESE1t | Table of Contents (this page) | 1 |
| 3 | DRSDS10f | Family Court Coversheet / Sensitive Data Sheet | 1 |
| 4 | DRESE11i | Instructions: How to Complete the ***"Petition to Enforce a Court Order for Support"*** | 3 |
| 5 | DRESE11f | ***"Petition to Enforce"*** | 3 |
| 6 | DRESE16f | Attachment A: ***"Unreimbursed Medical, Dental, & Vision Expense Worksheet"*** | 1 |
| 7 | DRESE11p | Procedures: What to do After Completing the ***Petition*** and Attachment if Required | 2 |
| 8 | DRS88f | ***"Current Employer Information Form"*** | 1 |

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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

_____
Respondent

Case No. _____

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** | ☐ **Male or** ☐ **Female** | ☐ **Male or** ☐ **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.
***Check only if no other category applies***

| | | | |
|---|---|---|---|
| ☐ | **Dissolution (Divorce)** | ☐ | **Paternity** |
| ☐ | **Legal Separation** | ☐ | ***Legal Decision Maker (Custody)/Visitation** |
| ☐ | **Annulment** | ☐ | ***Child Support** |
| ☐ | **Order of Protection** | ☐ | **Other** |

**Interpreter Needed:**
☐ **Yes** ☐ **No**

**If yes, what language?**

**DO NOT COPY OR FILE THIS DOCUMENT. DO NOT SERVE THIS DOCUMENT TO THE OTHER PARTY.**

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# INSTRUCTIONS: HOW TO COMPLETE THE PETITION TO ENFORCE A COURT ORDER FOR SUPPORT

**TYPE OR PRINT CLEARLY. USE BLACK INK ONLY.**

Do not copy or file this page

**Match the numbered instructions to the numbers on the *"Petition to Enforce."***

(1) Fill in the name, address, and phone number of the person requesting enforcement. If filed by an attorney, the attorney must also list his or her name and State Bar Number.

(2) Fill in the name of the persons shown as "Petitioner" and "Respondent" on the case where the support order you are trying to enforce was issued.

(3) Fill in the ATLAS number (if known) that applies to this case.

(4) Fill in the case number that was assigned for the case where the support order you are trying to enforce was issued.

(5) Check the appropriate box or boxes to indicate the type of support you are asking the Court to enforce. Do ***not*** check the boxes for Child Support, Spousal Maintenance, or "Arrears" for either unless the other person is at least one full month behind in payments.

## INSTRUCTIONS FOR SECTION A

**Complete Section A *only* if you marked the box(es) to enforce Child Support and/or Child Support Arrears.**

**(A)(1)** Date(s) of the Order(s) you want to have enforced.

**(2)** Name of the Judicial Officer who signed your order.

**(3)** Name of the party who owes you child support.

**(4)** Amount of child support the Court ordered the other party to pay **AND** the ***exact wording* of the Order**. If you do not have a copy of your order, you may get a copy from the Clerk of the Court at any of the following locations**:**

**Court Customer Service Center**
601 West Jackson (basement level)
Phoenix, Arizona 85003

**Southeast Court Complex**
222 East Javelina Avenue, 1st floor
Mesa, Arizona 85210

**Northwest Court Complex**
14264 West Tierra Buena Lane
Surprise, Arizona 85374

**Northeast Court Complex**
18380 North 40th Street
Phoenix, Arizona 85032

**(5)** Enter the total amount of child support past due.

**(6)** Enter the *time period* for which you claim the past due support was not paid.

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**(7)** Enter total amount of any Child Support Payments made directly to you and NOT through the Clearinghouse.

## INSTRUCTIONS FOR SECTION B

**Complete Section B *only* if you marked the box(es) to enforce Spousal Maintenance** (alimony) **and/or Spousal Maintenance Arrears** (back alimony)**.**

**(B)(1)** Date(s) of the Order(s) you want to have enforced.

**(2)** Name of the Judicial Officer who signed your Order.

**(3)** Name of the party who owes you spousal maintenance.

**(4)** Amount of spousal maintenance the court ordered the other party to pay **AND** the ***exact wording* of the Order**. If you do not have a copy of your order, you may get a copy from the Clerk of the Court at any the locations listed under **(A) (4)** on the previous page.

**(5)** Enter the total amount of spousal maintenance past due.

**(6)** Enter the time period for which you claim the past due support was not paid.

**(7)** Enter total amount of any Spousal Maintenance Payments made directly to you and NOT through the Clearinghouse.

Do not copy or file this page

## INSTRUCTIONS FOR SECTION C

**Complete Section C *only* if you marked the box(es) to enforce Medical Expense Reimbursement or Medical Insurance Coverage. NOTE: *If you complete Section C*, you must *also* complete and attach "*Attachment A*", the "*Unreimbursed Medical Expense Worksheet"*** (which includes dental and vision care expenses)**.**

**(C)(1)** Date(s) of the Order(s) you want to have enforced.

**(2)** Name of the Judicial Officer who signed your Order.

**(3)** Name of the party who owes you reimbursement of medical, dental, or vision care expenses or who was ordered to provide insurance coverage.

**(4)** What the Order said about providing insurance coverage or payment of medical expenses. Use the ***exact wording* of the Order**. If you do not have a copy of your order, you may get a copy from the Clerk of the Court at any the locations listed under **(A) (4)** on the previous page.

**(5)** **IF** the other person failed to provide insurance coverage as ordered, enter the *time period* for which you claim insurance coverage was not provided.

**(6)** **Complete Attachment A, the *Unreimbursed Medical Expense Worksheet*.** Enter the total amount of reimbursement that is *past due* according to the ***Worksheet***.

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## REQUESTS TO THE COURT

There is nothing for you to fill out in this section. The Court may consider these or other actions appropriate for your situation.

## OATH OR AFFIRMATION

Do *not* sign and date the ***Petition*** until you are directed to do so by a Clerk of the Superior Court or a Notary Public. Your notarized signature states to the Court that the information you have provided is true and correct to the best of your knowledge, under penalty of law.

## PROCEDURES: WHAT TO DO AFTER YOU HAVE COMPLETED THE PETITION

After you have completed the ***Petition*** *and any required* ***Worksheets,*** go to the "Procedures" page at the end of this packet and follow the steps listed there concerning number of copies, filing fees, etc.

Do not copy this page

**NOTICE TO THE PERSON FILING THIS PETITION:** After this petition is filed with the Clerk of the Court you must get an ***Order to Appear*** from the **Family Court Conference Center** (formerly "Expedited Services"). The ***Order to Appear*** will tell you what information you need to bring to court and the date and time of your conference and hearing. The person who filed the petition must arrange delivery of the **Petition** and the ***Order to Appear*** to the other person.

Delivery may be by licensed process server, law enforcement officer, or by return receipt mail or commercial delivery service (such as FedEx, DHL, or UPS) where you can obtain a copy of the other party's signature of receipt to file with the Court. You may **only** hand-deliver or otherwise send without proof of delivery if the other person will sign an **Acceptance of Service**, in front of a Notary Public or a Clerk of the Superior Court, and will return that form for you to file with the Court.

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**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

_____ **(2)**
Petitioner

_____ **(2)**
Respondent

**ATLAS No.** _____ **(3)**

**Case Number** _____ **(4)**

## PETITION TO ENFORCE

**(5)**
- ☐ **Child Support**
- ☐ **Child Support Arrears**
- ☐ **Spousal Maintenance** (alimony)
- ☐ **Spousal Maintenance Arrears**
- ☐ **Medical Insurance Coverage**
- ☐ **Medical Expense Reimbursement (Expedited Process)**

**SECTION A: Complete this section ONLY if you marked boxes above to enforce Child Support and/or Child Support Arrears.**

On this date **(1)**_____, the Honorable **(2)**_____, a Judicial Officer of the Superior Court of Arizona, ordered **(3)** _____ to pay child support as follows: **(4)** _____

_____

_____

The total amount of **child support** past due beginning from the first court order to present is **(5)** $_____, for the time period beginning **(6)**_____, through_____.

Child support payments made directly to me since the first court order are **(7)** _____**.** (If the amount is more than zero, please complete an Affidavit of Direct Payment and file it with this Petition)

**SECTION B: Complete this section ONLY if you marked boxes above to enforce Spousal Maintenance** (alimony) **and/or Spousal Maintenance Arrears.**

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Case No._____

On this date **(1)**_____, the Honorable **(2)**_____, a Judicial Officer of the Superior Court of Arizona, ordered **(3)** _____ to pay spousal maintenance as follows: **(4)**

_____

_____

The total amount of **spousal maintenance** past due and owed since the first court order is **(5)** $_____ , for the time period beginning **(6)**_____, through _____.
Spousal maintenance payments made directly to me since the first court order are **(7)** _____**.** (If the amount is more than zero, please complete an Affidavit of Direct Payment and file it with this Petition.)

**SECTION C: Complete this section ONLY if you marked any of the boxes to enforce: Medical Insurance Coverage or Reimbursement of Medical / Dental / Vision Care Expenses.**

On this date **(1)**_____, the Honorable **(2)**_____, a Judicial Officer of the Superior Court of Arizona, ordered **(3)**_____to obtain medical insurance coverage and/or to pay the following percent of uninsured medical, dental or vision expenses as follows: **(4)**

_____

_____

_____

The time period for which medical insurance coverage was not provided is from **(5)** _____ to _____.

I have completed and attached **"Attachment A",** the **"*Unreimbursed Medical Expense Worksheet*", a chronological** (earliest to most recent) **summary** of all bills claimed, insurance payments, personal payments, and the remaining unpaid balance on each bill. The ***Worksheet*** shows the total amount of **medical, dental or vision care expense reimbursement** that is past due is **(6)**_____**.** Documentation of these expenses has been presented to the other party ***and*** reimbursement **is more than 30 days past due**.

## REQUESTS TO THE COURT

**I request that the Court consider any or all of the following action(s)**:

- Order the other person to bring to the conference those items set forth in the Order to Appear.
- Enter judgment for past-due support, un-reimbursed uninsured medical/dental/vision care expenses, clerk's fees, service costs, and other court costs against the other party.

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- Enter an Income Withholding Order to require the other person's employer to take money for the following from the other person's paycheck: current child support, child support arrears, current spousal maintenance, and/or spousal maintenance arrears.
- Order the other person to pay support through the Support Payment Clearinghouse.
- Find the other party in civil contempt of court and order sanctions including but not limited to, incarceration and the posting of a surety bond.
- Issue a civil or child support arrest warrant if the other party fails to appear, and/or enter a default judgment.
- Order the other party to provide evidence of medical insurance coverage within a fixed period of time.
- Order other relief as deemed just and proper by the court.

## OATH OR AFFIRMATION for PETITION TO ENFORCE SUPPORT ORDER

**I state to the Court under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.**

_____ Signature

_____ Date

_____ Affirmed before me this date:

_____ Seal/My Commission Expires

_____ Deputy Clerk or Notary Public

## IMPORTANT INFORMATION

After this petition is filed with the Clerk of the Court you must get an Order to Appear from the Family Court Conference Center (formerly "Expedited Services"). The Order to Appear will tell you what information you need to bring to court and the date and time of your conference and hearing. The person who filed the petition must arrange delivery of the petition and the **Order to Appear** to the other person.

Delivery may be by licensed process server, law enforcement officer, or by return receipt mail or commercial delivery service (such as FedEx, DHL, or UPS) where you can obtain a copy of the other party's signature of receipt to file with the Court. You may **only** hand-deliver or otherwise send without proof of delivery if the other person will sign an **Acceptance of Service**, in front of a Notary Public or a Clerk of the Superior Court, and will return that form for you to file with the Court.

The conference and hearing may last two hours and additional conferences or hearings may be scheduled if needed. Conferences are for the Petitioner and the Respondent. Attorneys are invited to attend and participate in the conference. Spouses, children, family members, significant others, and friends will **not** be allowed in the conference.

**DO NOT BRING CHILDREN.**
**They will not be allowed in the conference or hearing and may NOT be left unattended.**

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# Attachment A: UNREIMBURSED MEDICAL, DENTAL & VISION CARE EXPENSES

**Case Number:** _____

**Father's Name:** _____ **Father's share of all unreimbursed expenses listed on this sheet is:** _____

**Mother's Name:** _____ **Mother's share of all unreimbursed expenses listed on this sheet is:** _____

**Total:** **100%**

| Date of Service (oldest-first) | Name of Health Care Provider | Total Amount of Bill | Amount of Bill Paid by Insurance or 3rd Party | Amount of Bill Paid by Father | Amount of Bill Paid by Mother | Remaining Balance of Bill Due | Amount of Father's Remaining Responsibility | Amount of Mother's Remaining Responsibility |
|---|---|---|---|---|---|---|---|---|
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| **Totals for This Sheet** | | **$** | **$** | **$** | **$** | **$** | **$** | **$** |

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# PROCEDURES: WHAT TO DO AFTER YOU HAVE COMPLETED ALL DOCUMENTS TO ENFORCE A SUPPORT ORDER

## STEP 1. MAKE THREE (3) COPIES (4, IF DES/DCSS is involved*) OF THE:

- ***"Petition to Enforce a Support Order"***
- **Attachment A** (if required)

## STEP 2. Separate your papers into 3 sets (4, if DES / DCSS are involved).

| | |
|---|---|
| **SET 1 - ORIGINALS FOR CLERK OF COURT**<br>• **"Petition to Enforce a Support Order"**<br>• **Attachment A** – if required | **SET 2 - COPIES FOR FAMILY COURT CONFERENCE CENTER**<br>• **"Petition to Enforce a Support Order"**<br>• **Attachment A** – if required |
| **SET 3 - COPIES FOR OTHER PARTY**<br>• **"Petition to Enforce a Support Order"**<br>• **Attachment A** – if required | **SET 4 - COPIES FOR YOU**<br>• **"Petition to Enforce a Support Order"**<br>• **Attachment A** – if required |

* **If DES or DCSS is involved you will also need an *extra* copy** of the ***Petition,*** any ***Attachments*** **and** the ***Order to Appear*** **to serve on the State** as described in **STEP 5** on next page.

do not copy or file this page

## STEP 3. FILE THE PAPERS AT THE COURT:

**GO TO THE CLERK OF THE COURT'S FILING COUNTER:** Hand over the originals and all three sets of copies to the Clerk at the filing counter ***and pay the filing fee***. The Clerk will keep the originals, stamp the extra copies to show that these are copies of papers you have filed with the Court, *and return the stamped* (now called "conformed") copies to you.

You may file your papers from 8:00 a.m. to 5:00 p.m., Monday through Friday, at the following Superior Court locations:

**Central Court Building**
201 West Jefferson, 1st floor
Phoenix, Arizona 85003

**Southeast Court Complex**
222 East Javelina Avenue, 1st floor
Mesa, Arizona 85210

**Northwest Court Complex**
14264 West Tierra Buena Lane
Surprise, Arizona 85374

**Northeast Court Complex**
18380 North 40th Street
Phoenix, Arizona 85032

**FEES:** A list of current fees is available from the Self Service Center and from the Clerk of Court's website.

If you cannot afford the filing fee and/or the fee for having the papers served by the Sheriff or by publication, you may request a deferral (payment plan) when you file your papers with the Clerk of the Court. Deferral Applications are available at no charge from the Self-Service Center.

## STEP 4. GO TO "FAMILY COURT CONFERENCE CENTER" (formerly "Expedited Services")

**Central Court Building**
201 West Jefferson, 3rd floor
Phoenix, Arizona 85003

**Southeast Court Complex**
222 East Javelina Avenue, Suite 1300
Mesa, Arizona 85210

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**Northwest Court Complex**
14264 West Tierra Buena Lane
Surprise, Arizona 85374

**Northeast Court Complex**
Family Court Administration
18380 North 40th Street
Phoenix, Arizona 85032

## DELIVER SET 2 OF THE CLERK-STAMPED COPIES and PICK UP AN "ORDER TO APPEAR".

Family Court Conference Center will schedule a conference and hearing. You and the other party will meet with a conference officer to talk about the case to try to reach agreement on as many issues as possible. For those matters on which you are unable to reach full agreement, a hearing will be held just after your conference to decide the case.

**THE DATE, TIME, AND LOCATION OF THE CONFERENCE/HEARING WILL BE LISTED ON THE "*ORDER TO APPEAR*." Make 1 copies** (**2**, if DES involved) **of the *Order to Appear.***

- Serve **Set 3** and the original ***Order to Appear*** *on the other party*.
- Keep **Set 4** and a copy of the ***Order to Appear*** *for your records***.**
- Serve **Set 5** and a copy of the ***Order to Appear*** on the State, ***if required*** (see # 5).

**STEP 5. SERVE THE PAPERS ON THE OTHER PARTY**. The papers may be delivered by the Sheriff's Department, a licensed private process server, commercial delivery service or mail by which you can obtain an original or copy of the other party's signature confirming delivery or by "***Acceptance of Service***" as described in the "SERVICE" packet available from the Self-Service Center or the internet.

***The State of Arizona may be involved if*** any party received public assistance for the children or used the services of the State in establishing or collecting child support. If either party already has a case with the Division of Child Support Services **(DCSS),** Department of Economic Security **(DES**), involving the same children as in this case, **notice of this action *must also* be given to the Office of the Attorney General.**

**SERVING PAPERS ON THE STATE** *(if required).* The Office of the Attorney General (**the "AG"**) will accept service by signing an "***Acceptance of Service***" form (part of the Self-Service Center's "SERVICE" packet) and returning the form for you to file with the Court. **There are no court fees for serving the State as described below:**

**(a)** You may mail or personally deliver a copy of the *"**Petition to Enforce**", "**Order to Appear**", **Attachment A*** (if required), along with an *"**Acceptance of Service**"* **and** a **self-addressed, stamped envelope** (addressed back to you), to the Office of the Attorney General, CSES, assigned to your case. A list of addresses for the individual CSES offices is available from the Self-Service Center or from the Internet.

**(b)** There may also be a "drop-box" in the Clerk of Court's filing counter area at which you may leave the above listed documents and the envelope for the AG. Ask the clerk at the filing counter, ***or***

**(c)** You may mail all listed documents *and the envelope* to:

**Office of the Attorney General**
**Child Support Enforcement Section**
**P. O. Box 6123, Site Code 775**
**Phoenix, Arizona 85005**

**STEP 6. GO TO THE COURT CONFERENCE/HEARING.** If a conference and hearing have been scheduled, be sure to write down the date, time and place of the court hearing, and come to the hearing.

**Be on time. Dress neatly. Do *not* bring children to court.**

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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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