

PETITION TO MODIFY CHILD SUPPORT (STANDARD PROCESS)

1

**To Change an Existing Court Order
Due to Continuing Change in Circumstances
(Standard Process)**

**Part 1: Filing the Court Papers
(Forms Packet)**

**SELF-SERVICE CENTER
Forms and Instructions**

**REQUEST TO MODIFY A CHILD SUPPORT ORDER
(Standard Process)**

CHECKLIST

YOU MAY USE THE FORMS and instructions in this packet if . . .

- ✓ You have a child support order from Maricopa County and believe the amount of child support should be changed because there has been a **substantial and continuing** change in your circumstances.

DO NOT USE THESE FORMS:

- ✗ To change spousal maintenance (alimony);
- ✗ To change the amount owed for back child support (arrears).
- ✗ If your order is from a court outside this county (unless an attorney has advised you to);
- ✗ If the reason you are requesting the change is because the living arrangements of the minor child(ren) have changed but the court order about custody and parenting time has **not** (in which case you may need to file to modify or to legally establish **CUSTODY**).

WARNING: If the order you want to change 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 at www.superiorcourt.maricopa.gov/SSC

SELF-SERVICE CENTER

**MODIFY CHILD SUPPORT
DUE TO CONTINUING CHANGE IN CIRCUMSTANCES**

(Standard Process)

PART 1: FILING THE COURT PAPERS

FORMS ONLY

This packet contains court forms to file a ***“Petition to Modify a Court Order for Child Support -- Standard Process.”*** The documents should appear in the following order:

Order	File Number	Title	# Pages
1	DRMCS1k	Checklist: <i>You may use these forms if . . .</i>	1
2	DRMCS1ft	Table of Contents (this page)	1
3	DRMCS11f	<i>“Petition to Modify a Child Support Order”</i> (Standard Process)	3
There are two copies of the <i>“Affidavit of Financial Information” (AFI)</i> in this packet: one for you to fill out and file with the Court, <u>and</u> an extra that you must serve on the other party.			
4	DROSC13f	<i>“Affidavit of Financial Information” (AFI)</i> (for you)	7
5	DROSC13f	<i>“Affidavit of Financial Information” (AFI)*</i> * Leave this copy BLANK for the <i>other party</i> to fill out.	7
6	DRS88f	<i>“Current Employer Information Sheet”</i>	1

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.

Name of Person Filing: (A) _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Lawyer's Bar Number (if applicable): _____
Representing: Self (Without a Lawyer) OR
 Attorney for Petitioner OR Respondent

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Name of Petitioner (in original case) (B)

Case Number _____ (C)

ATLAS No. _____ (C)

AND

PETITION TO MODIFY A CHILD SUPPORT ORDER (Standard Process)

Name of Respondent (in original case) (B)

1. INFORMATION ABOUT THE PETITIONER:

Name: _____
Address: _____
City, State, Zip Code: _____
County of Residence: _____
Date of Birth: _____
Job Title: _____

2. INFORMATION ABOUT THE RESPONDENT:

Name: _____
Address: _____
City, State, Zip Code: _____
County of Residence: _____
Date of Birth: _____
Job Title: _____

3. INFORMATION ABOUT THE CURRENT CHILD SUPPORT ORDER (the Order I want to CHANGE)

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

The Order was issued by: _____ (Name of Court)

Located in this County: _____

Name of Person ordered to pay: _____

Total Current Amount Ordered Paid: \$ _____ PER _____

Case No. _____

5. **DEPARTMENT OF ECONOMIC SECURITY (DES).** Is the Division of Child Support Enforcement (DCSE) providing Child Support Services to at least one of the parties?
 Yes (If yes, see instructions.) **No** **Unknown.**

6. **I AM ENTITLED TO HAVE CHILD SUPPORT CHANGED FOR THE FOLLOWING REASONS:** (Describe the substantial and continuing change in your circumstances and reasons for the change of child support.) _____

7. **For the substantial and continuing reasons listed in “6” above, the amount of the child support obligation should be changed to:**
Payments of \$ _____ **PER** _____ **.**

OATH OR AFFIRMATION

I swear or affirm that the contents of this document are true and correct under penalty of perjury.

Signature

Date

Printed Name

Name: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Daytime Phone Number: _____
 Evening Phone Number: _____
 Representing: Self Petitioner Respondent
 State Bar Number: _____



FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

 Petitioner/Plaintiff

Case No. _____

ATLAS No. _____

AFFIDAVIT OF FINANCIAL INFORMATION

 Respondent

Affidavit of _____
 (Name of Person Whose Information is on this Affidavit)

IMPORTANT INFORMATION ABOUT THIS DOCUMENT

WARNING TO BOTH PARTIES: This Affidavit is an important document. You must fill out this Affidavit completely, and provide accurate information. You must provide copies of this Affidavit and all other required documents to the other party and to the judge. If you do not do this, the court may order you to pay a fine.

I have read the following document and know of my own knowledge that the facts and financial information stated below are true and correct, and that any false information may constitute perjury by me. I also understand that, if I fail to provide the required information or give misinformation, the judge may order sanctions against me, including assessment of fees for fines under Rule 31, Arizona Rules of Family Law Procedure.

 Date

 Signature of Person Making Affidavit

INSTRUCTIONS

1. Complete the entire Affidavit in black ink. If the spaces provided on this form are inadequate, use separate sheets of paper to complete the answers and attach them to the Affidavit. Answer every question completely! You must complete every blank. If you do not know the answer to a question or are guessing, please state that. If a question does not apply, write "NA" for "not applicable" to indicate you read the question. Round all amounts of money to the nearest dollar.
2. Answer the following statements **YES** or **NO**. If you mark **NO**, explain your answer on a separate piece of paper and attach the explanation to the Affidavit.

[] YES [] NO	1. I listed all sources of my income.
[] YES [] NO	2. I attached copies of my two (2) most recent pay stubs.
[] YES [] NO	3. I attached copies of my federal income tax return for the last three (3) years, and I attached my W-2 and 1099 forms from all sources of income.

1. GENERAL INFORMATION:

- A. Name: _____ Date of Birth: _____
- B. Current Address: _____
- C. Date of Marriage: _____ Date of Divorce: _____
- D. Last date when you and the other party lived together: _____
- E. Full names of child(ren) common to the parties (in this case), their dates of birth:

Name	Date of Birth
_____	_____
_____	_____
_____	_____

- F. The name, date of birth, relationship to you, and gross monthly income for each individual who lives in your household:

Name	Date of Birth	Relationship to you	Income
_____	_____	_____	_____
_____	_____	_____	_____

- G. Any other person for whom you contribute support:

Name	Age	Relationship to You	Reside With You (Y/N)	Court Order to Support (Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- H. Attorney's Fees paid in this matter \$ _____. Source of funds _____

2. EMPLOYMENT INFORMATION:

- A. Your job/occupation/profession/title: _____
 Name and address of current employer: _____

 Date employment began: _____
 How often are you paid: Weekly Every other week Monthly Twice a month
 Other _____
- B. If you are not working, why not? _____
- C. Previous employer name and address: _____

 Previous job/occupation/profession/title: _____
 Date previous job began: _____ Date previous job ended: _____
 Reason you left job: _____
 Gross monthly pay at previous job: \$ _____
- D. Total gross income from last three (3) years' tax returns (attach copies of pages 1 and 2 of your federal income tax returns for the last three (3) years):
 Year _____ \$ _____ Year _____ \$ _____ Year _____ \$ _____
- E. Your total gross income from January 1 of this year to the date of this Affidavit (year-to-date income): \$ _____

3. YOUR EDUCATION/TRAINING: List name of school, length of time there, year of last attendance, and degree earned:

- A. High School: _____
- B. College: _____
- C. Post-Graduate: _____
- D. Occupational Training: _____

4. YOUR GROSS MONTHLY INCOME:

- List **all** income you receive from **any** source, whether private or governmental, taxable or not.
- List all income payable to you individually or payable jointly to you and your spouse.
- Use a monthly average for items that vary from month to month.
- Multiply weekly income and deductions by 4.33. Multiply biweekly income by 2.165 to arrive at the total amount for the month.

A. Gross salary/wages per month \$ _____

- **Attach copies of your two most recent pay stubs.**

Rate of Pay \$ _____ per [] hour [] week [] month [] year

B. Expenses paid for by your employer:

- 1. Automobile \$ _____
- 2. Auto expenses, such as gas, repairs, insurance \$ _____
- 3. Lodging \$ _____
- 4. Other (Explain) _____ \$ _____

C. Commissions/Bonuses \$ _____

D. Tips \$ _____

E. Self-employment Income (See below) \$ _____

F. Social Security benefits \$ _____

G. Worker's compensation and/or disability income \$ _____

H. Unemployment compensation \$ _____

I. Gifts/Prizes \$ _____

J. Payments from prior spouse \$ _____

K. Rental income (net after expenses) \$ _____

L. Contributions to household living expense by others \$ _____

M. Other (Explain:) _____ \$ _____

(Include dividends, pensions, interest, trust income, annuities or royalties.)

TOTAL: \$ _____

5. SELF-EMPLOYMENT INCOME (if applicable):

If you are self-employed, attach a copy of the Schedule C for your business from your last tax return and the most recent income/expense statement from your business.

If self employed, provide the following information:

Name, address and telephone no. of business: _____

Type of business entity: _____

State and Date of incorporation: _____

Nature of your interest: _____

Nature of business: _____

Percent ownership: _____

Number of shares of stock: _____

Total issued and outstanding shares: _____
Gross sales/revenue last 12 months: _____

INSTRUCTIONS

Both parties must answer item 6 if either party asks for child support. These expenses include only those expenses for children who are common to the parties, which means one party is the birth/adoptive mother and the other is the birth/adoptive father of the children.

6. SCHEDULE OF ALL MONTHLY EXPENSES FOR CHILDREN:

- **DO NOT LIST** any expenses for the other party, or child(ren) who live(s) with the other party, **unless** you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HEALTH INSURANCE:

Do you have health insurance available? Yes No **Are you enrolled?** _____

- 1. Total monthly cost \$ _____
- 2. Premium cost to insure you alone \$ _____
- 3. Premium cost to insure child(ren) common to the parties \$ _____
- 4. List all people covered by your insurance coverage:

5. Name of insurance company and Policy/Group Number:

B. DENTAL/VISION INSURANCE:

- 1. Total monthly cost \$ _____
- 2. Premium cost to insure you alone \$ _____
- 3. Premium cost to insure child(ren) common to the parties \$ _____
- 4. List all people covered by your insurance coverage:

5. Name of insurance company and Policy/Group Number:

C. UNREIMBURSED MEDICAL AND DENTAL EXPENSES:

(Cost to you after, or in addition to, any insurance reimbursement)

- 1. Drugs and medical supplies \$ _____
 - 2. Other _____ \$ _____
- TOTAL:** \$ _____

D. CHILD CARE COSTS:

- 1. Total monthly child care costs \$ _____
(Do not include amounts paid by D.E.S.)
- 2. Name(s) of child(ren) cared for and amount per child:
_____ \$ _____
_____ \$ _____
_____ \$ _____

3. Name(s) and address(es) of child care provider(s):

E. EMPLOYER PRETAX PROGRAM:

Do you participate in an employer program for pretax payment of child care expenses? (Cafeteria Plan)? [] YES [] NO

F. COURT ORDERED CHILD SUPPORT:

- 1. Court ordered current child support for child(ren) **not common to the parties** \$ _____
- 2. Court ordered cash medical support for child(ren) **not common to the parties** \$ _____
- 3. Amount of any arrears payment \$ _____
- 4. Amount per month actually paid in last 12 mos. \$ _____
 - **Attach proof that you are paying**
- 5. Name(s) and relationship of minor child(ren) who you support or who live with you, but are **not** common to the parties.

G. COURT ORDERED SPOUSAL MAINTENANCE/SUPPORT (Alimony):

- 1. Court ordered spousal maintenance/support you actually pay to previous spouse: \$ _____

H. EXTRAORDINARY EXPENSES :

- 1. For **Children** (Educational Expense/Special Needs/Other): \$ _____
Explain: _____

- 2. For **Self**: \$ _____
Explain: _____

INSTRUCTIONS

Both parties must answer items 7 and 8 if either party is requesting:

- Spousal maintenance
- Division of expenses
- Attorneys' fees and costs
- Adjustment or deviation from the child support amount
- Enforcement

7. SCHEDULE OF ALL MONTHLY EXPENSES:

- Do NOT list any expenses for the other party, or children who live with the other party unless you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HOUSING EXPENSES:

- 1. House payment:
 - a. First Mortgage \$ _____
 - b. Second Mortgage \$ _____
 - c. Homeowners Association Fee \$ _____
 - d. Rent \$ _____
 - 2. Repair & upkeep \$ _____
 - 3. Yard work/Pool/Pest Control \$ _____
 - 4. Insurance & taxes not included in house payment \$ _____
 - 5. Other (Explain) _____ \$ _____
- TOTAL:** \$ _____

B. UTILITIES:

- 1. Water, sewer, and garbage \$ _____
 - 2. Electricity \$ _____
 - 3. Gas \$ _____
 - 4. Telephone \$ _____
 - 5. Mobile phone/pager \$ _____
 - 6. Internet Provider \$ _____
 - 7. Cable/Satellite television \$ _____
 - 8. Other (Explain:) _____ \$ _____
- TOTAL:** \$ _____

C. FOOD:

- 1. Food, milk, and household supplies \$ _____
 - 2. School lunches \$ _____
 - 3. Meals outside home \$ _____
- TOTAL:** \$ _____

D. CLOTHING:

- 1. Clothing for you \$ _____
 - 2. Uniforms or special work clothes \$ _____
 - 3. Clothing for children living with you \$ _____
 - 4. Laundry and cleaning \$ _____
- TOTAL:** \$ _____

E. TRANSPORTATION OR AUTOMOBILE EXPENSES:

- 1. Car insurance \$ _____
 - 2. List all cars and individuals covered:

 - 3. Car payment, if any \$ _____
 - 4. Car repair and maintenance \$ _____
 - 5. Gas and oil \$ _____
 - 6. Bus fare/parking fees \$ _____
 - 7. Other (explain): _____ \$ _____
- TOTAL:** \$ _____

F. MISCELLANEOUS:

- 1. School and school supplies \$ _____
- 2. School activities or fees \$ _____
- 3. Extracurricular activities of child(ren) \$ _____

Name: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Daytime Phone Number: _____
 Evening Phone Number: _____
 Representing: Self Petitioner Respondent
 State Bar Number: _____



FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

 Petitioner/Plaintiff

Case No. _____

ATLAS No. _____

AFFIDAVIT OF FINANCIAL INFORMATION

 Respondent

Affidavit of _____
 (Name of Person Whose Information is on this Affidavit)

IMPORTANT INFORMATION ABOUT THIS DOCUMENT

WARNING TO BOTH PARTIES: This Affidavit is an important document. You must fill out this Affidavit completely, and provide accurate information. You must provide copies of this Affidavit and all other required documents to the other party and to the judge. If you do not do this, the court may order you to pay a fine.

I have read the following document and know of my own knowledge that the facts and financial information stated below are true and correct, and that any false information may constitute perjury by me. I also understand that, if I fail to provide the required information or give misinformation, the judge may order sanctions against me, including assessment of fees for fines under Rule 31, Arizona Rules of Family Law Procedure.

 Date

 Signature of Person Making Affidavit

INSTRUCTIONS

1. Complete the entire Affidavit in black ink. If the spaces provided on this form are inadequate, use separate sheets of paper to complete the answers and attach them to the Affidavit. Answer every question completely! You must complete every blank. If you do not know the answer to a question or are guessing, please state that. If a question does not apply, write "NA" for "not applicable" to indicate you read the question. Round all amounts of money to the nearest dollar.
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[] YES [] NO	1. I listed all sources of my income.
[] YES [] NO	2. I attached copies of my two (2) most recent pay stubs.
[] YES [] NO	3. I attached copies of my federal income tax return for the last three (3) years, and I attached my W-2 and 1099 forms from all sources of income.

1. GENERAL INFORMATION:

- A. Name: _____ Date of Birth: _____
- B. Current Address: _____
- C. Date of Marriage: _____ Date of Divorce: _____
- D. Last date when you and the other party lived together: _____
- E. Full names of child(ren) common to the parties (in this case), their dates of birth:

Name	Date of Birth
_____	_____
_____	_____
_____	_____

- F. The name, date of birth, relationship to you, and gross monthly income for each individual who lives in your household:

Name	Date of Birth	Relationship to you	Income
_____	_____	_____	_____
_____	_____	_____	_____

- G. Any other person for whom you contribute support:

Name	Age	Relationship to You	Reside With You (Y/N)	Court Order to Support (Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- H. Attorney's Fees paid in this matter \$ _____. Source of funds _____

2. EMPLOYMENT INFORMATION:

- A. Your job/occupation/profession/title: _____
Name and address of current employer: _____

Date employment began: _____
 How often are you paid: Weekly Every other week Monthly Twice a month
 Other _____

- B. If you are not working, why not? _____
- C. Previous employer name and address: _____

Previous job/occupation/profession/title: _____
 Date previous job began: _____ Date previous job ended: _____
 Reason you left job: _____
 Gross monthly pay at previous job: \$ _____

- D. Total gross income from last three (3) years' tax returns (attach copies of pages 1 and 2 of your federal income tax returns for the last three (3) years):
 Year _____ \$ _____ Year _____ \$ _____ Year _____ \$ _____
- E. Your total gross income from January 1 of this year to the date of this Affidavit (year-to-date income): \$ _____

3. YOUR EDUCATION/TRAINING: List name of school, length of time there, year of last attendance, and degree earned:

- A. High School: _____
- B. College: _____
- C. Post-Graduate: _____
- D. Occupational Training: _____

4. YOUR GROSS MONTHLY INCOME:

- List **all** income you receive from **any** source, whether private or governmental, taxable or not.
- List all income payable to you individually or payable jointly to you and your spouse.
- Use a monthly average for items that vary from month to month.
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A. Gross salary/wages per month \$ _____

- **Attach copies of your two most recent pay stubs.**

Rate of Pay \$ _____ per [] hour [] week [] month [] year

B. Expenses paid for by your employer:

- 1. Automobile \$ _____
- 2. Auto expenses, such as gas, repairs, insurance \$ _____
- 3. Lodging \$ _____
- 4. Other (Explain) _____ \$ _____

C. Commissions/Bonuses \$ _____

D. Tips \$ _____

E. Self-employment Income (See below) \$ _____

F. Social Security benefits \$ _____

G. Worker's compensation and/or disability income \$ _____

H. Unemployment compensation \$ _____

I. Gifts/Prizes \$ _____

J. Payments from prior spouse \$ _____

K. Rental income (net after expenses) \$ _____

L. Contributions to household living expense by others \$ _____

M. Other (Explain:) _____ \$ _____

(Include dividends, pensions, interest, trust income, annuities or royalties.)

TOTAL: \$ _____

5. SELF-EMPLOYMENT INCOME (if applicable):

If you are self-employed, attach a copy of the Schedule C for your business from your last tax return and the most recent income/expense statement from your business.

If self employed, provide the following information:

Name, address and telephone no. of business: _____

Type of business entity: _____

State and Date of incorporation: _____

Nature of your interest: _____

Nature of business: _____

Percent ownership: _____

Number of shares of stock: _____

Total issued and outstanding shares: _____
Gross sales/revenue last 12 months: _____

INSTRUCTIONS

Both parties must answer item 6 if either party asks for child support. These expenses include only those expenses for children who are common to the parties, which means one party is the birth/adoptive mother and the other is the birth/adoptive father of the children.

6. SCHEDULE OF ALL MONTHLY EXPENSES FOR CHILDREN:

- **DO NOT LIST** any expenses for the other party, or child(ren) who live(s) with the other party, **unless** you are paying those expenses.
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A. HEALTH INSURANCE:

Do you have health insurance available? Yes No **Are you enrolled?** _____

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4. List all people covered by your insurance coverage:

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C. UNREIMBURSED MEDICAL AND DENTAL EXPENSES:

(Cost to you after, or in addition to, any insurance reimbursement)

1. Drugs and medical supplies \$ _____
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2. Name(s) of child(ren) cared for and amount per child:
_____ \$ _____
_____ \$ _____
_____ \$ _____

3. Name(s) and address(es) of child care provider(s):

E. EMPLOYER PRETAX PROGRAM:

Do you participate in an employer program for pretax payment of child care expenses? (Cafeteria Plan)? [] YES [] NO

F. COURT ORDERED CHILD SUPPORT:

- 1. Court ordered current child support for child(ren) **not common to the parties** \$ _____
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G. COURT ORDERED SPOUSAL MAINTENANCE/SUPPORT (Alimony):

- 1. Court ordered spousal maintenance/support you actually pay to previous spouse: \$ _____

H. EXTRAORDINARY EXPENSES :

- 1. For **Children** (Educational Expense/Special Needs/Other): \$ _____
Explain: _____

- 2. For **Self**: \$ _____
Explain: _____

INSTRUCTIONS

Both parties must answer items 7 and 8 if either party is requesting:

- Spousal maintenance
- Division of expenses
- Attorneys' fees and costs
- Adjustment or deviation from the child support amount
- Enforcement

7. SCHEDULE OF ALL MONTHLY EXPENSES:

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 - 2. Repair & upkeep \$ _____
 - 3. Yard work/Pool/Pest Control \$ _____
 - 4. Insurance & taxes not included in house payment \$ _____
 - 5. Other (Explain) _____ \$ _____
- TOTAL:** \$ _____

B. UTILITIES:

- 1. Water, sewer, and garbage \$ _____
 - 2. Electricity \$ _____
 - 3. Gas \$ _____
 - 4. Telephone \$ _____
 - 5. Mobile phone/pager \$ _____
 - 6. Internet Provider \$ _____
 - 7. Cable/Satellite television \$ _____
 - 8. Other (Explain:) _____ \$ _____
- TOTAL:** \$ _____

C. FOOD:

- 1. Food, milk, and household supplies \$ _____
 - 2. School lunches \$ _____
 - 3. Meals outside home \$ _____
- TOTAL:** \$ _____

D. CLOTHING:

- 1. Clothing for you \$ _____
 - 2. Uniforms or special work clothes \$ _____
 - 3. Clothing for children living with you \$ _____
 - 4. Laundry and cleaning \$ _____
- TOTAL:** \$ _____

E. TRANSPORTATION OR AUTOMOBILE EXPENSES:

- 1. Car insurance \$ _____
 - 2. List all cars and individuals covered:

 - 3. Car payment, if any \$ _____
 - 4. Car repair and maintenance \$ _____
 - 5. Gas and oil \$ _____
 - 6. Bus fare/parking fees \$ _____
 - 7. Other (explain): _____ \$ _____
- TOTAL:** \$ _____

F. MISCELLANEOUS:

- 1. School and school supplies \$ _____
- 2. School activities or fees \$ _____
- 3. Extracurricular activities of child(ren) \$ _____

CURRENT EMPLOYER* INFORMATION

You may also fill out this form online at the Family Support Center Website at:

<http://www.familysupportcenter.maricopa.gov>

For Clerk's Use Only

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 _____