

**RESPONSE
TO PETITION TO MODIFY
CHILD SUPPORT 15% OR MORE
(SIMPLIFIED PROCESS)**

3

**Part 3: RESPONSE / OBJECTION
& REQUEST FOR HEARING
(Forms Packet)**

SELF-SERVICE CENTER

RESPONSE TO PETITION TO MODIFY CHILD SUPPORT ORDER (Simplified Process)

CHECKLIST

USE THE FORMS and instructions in this packet **ONLY** if the following factors apply to your situation:

- ✓ The other party filed a ***“Petition to Modify Child Support” (Simplified Procedure),*** **AND**
- ✓ You disagree with that request; **AND**
- ✓ You want a court hearing to explain why the other party’s request should not be granted, **OR**
- ✓ You want a court hearing to explain why the other party’s request should not be granted **AND** why the child support should be changed to an entirely different amount.

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

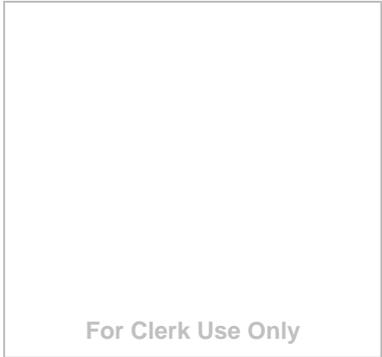
TO MODIFY/CHANGE A COURT ORDER FOR CHILD SUPPORT (Simplified Process)

PART 3: OBJECTION AND REQUEST FOR A COURT HEARING (Forms Only)

This packet contains court forms to file an ***“Objection/Response to a Petition to Modify a Court Order for Child Support --Simplified Process.”***

Order	File Number	Title	# pages
1	DRMSS3k	Checklist: You may use these forms if . . .	1
2	DRMSS3ft	Table of instructions in this packet	1
3	DRMSS31f	<i>“Request for Hearing”</i>	1
Use the FREE Online Child Support Calculator to produce the <i>Parents Worksheet for Child Support</i> that <u>must</u> accompany this <i>Petition</i>. Click on “Child Support Calculator and Worksheet” , on right side of the page at: http://superiorcourt.maricopa.gov/ezcourtforms See the document DRS12h (in the instructions packet) for more information.			
4	DRS81f	<i>“Child Support Order”</i>	4
5	DRS88f	<i>“Current Employer (or Other Payor) 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.



1) Person Filing: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Daytime / Evening Phone: _____ / _____
 Person Filing Document is: Self or Attorney for Plaintiff Respondent
 (If Attorney) State Bar No.: _____ Atty. Phone: _____

For Clerk Use Only

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

 (2)
 Name of Petitioner (in original case)

Case Number: _____ (2)

ATLAS Number: _____ (2)

 (2)
 Name of Respondent (in original case)

**REQUEST FOR HEARING
 (Simplified Procedure)**

A Petition to Modify (change) Child support pursuant to the guidelines' simplified procedure has been filed.

The information provided on the **"Parent's Worksheet"** that was the basis for the request to modify (change) child support is not accurate. I am attaching the required completed **"Parent's Worksheet"** that shows what I believe to be accurate information. I request that a hearing be set so that I can explain to the judge or commissioner my position. I further request that costs and fees incurred in responding to this matter be ordered to be paid by the other party.

(3) **COUNTER PETITION – I further request the child support be modified to an amount different from the amount requested by the other party.**

Dated: _____

 Requesting Party's Signature

Signed and sworn to or affirmed before me this date: _____ by: _____

 Notary Public

My commission expires: _____ OR By: _____
 Deputy Clerk of Superior Court

1. Upon filing the Request for Hearing, the filing party must immediately mail or otherwise deliver a copy of this Request to the other party or his/her attorney. If either party is currently using or has used the State IV-D Agency for child support services (Division of Child Support Enforcement or their representative), the State must also be mailed or provided with a copy of the Request, which can be mailed to:
**Attorney General, Child Support Enforcement
 P. O. Box 6123, Site Code 775 C
 Phoenix, Arizona 850052**

2. If a hearing or conference is scheduled, the court may enter a judgment for past-due support, clerk's fees, service costs, other court costs, and/or attorney fees.

(1) Name of Person Filing : _____

Phone Number(s): _____ / _____

In this case I am Petitioner or Respondent Or represented by Attorney

(IF) Attorney, Name: _____ Bar No.: _____

Atty. Email: _____ Atty. Phone: _____



For Clerk's Use Only

SUPERIOR COURT OF ARIZONA IN MARICOPA(2) COUNTY

PARENT'S WORKSHEET FOR CHILD SUPPORT

(3) Petitioner _____ (4) Case No. _____

(3) Respondent _____ (4) ATLAS _____

(5) Total Number of Children: _____

(6) Parent with Primary Legal Decision-Making Authority
(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).

	FATHER	MOTHER
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) \$ _____	_____

**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**



For Clerk's Use Only

Petitioner

Case No. _____

Date of Birth (Month, Date, Year)

ATLAS No. _____

Respondent

CHILD SUPPORT ORDER

A.R.S. § 25-503

Date of Birth (Month, Date, Year)

THE COURT FINDS THAT:

1. Mother: _____ and
 Father: _____
 have a duty to support the following children:

Child(ren)'s Name(s)	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. 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. **Mother** **Father** is obligated to pay support to: _____
 In the amount of: \$ _____ per month

4. Deviation (only in applicable cases)

Application of the Arizona Child Support Guidelines in this case is inappropriate or unjust. The Court has considered the best interests of the child(ren) in determining that a deviation is appropriate.

The child support amount before deviation is: \$ _____

The child support amount after deviation is: \$ _____

The Court finds the guidelines amount is inappropriate or unjust because:

The attached written agreement is made part of this order by reference

Other Reasons for Deviation from Guideline Amount:

Arrears

Child support arrears exist in the amount of: \$ _____

For the period of: _____ to _____

Interest

Interest in the amount of: \$ _____

For the period of: _____ to _____

Past Care and Support

A judgment for past care and support should be entered in the amount of: \$ _____

For the period of: _____ to _____

IT IS ORDERED THAT:

1. Mother Father shall pay child support in the amount of: \$ _____

per month, to: _____

First payment is due on the 1st day of: _____

2. **Mother** **Father** owes child support arrears in the amount of: \$ _____

For the period of: _____ to _____

Judgment is ordered in favor of: _____
and against: _____

In the principal amount of: \$ _____

Mother **Father** shall pay \$ _____ per month toward child support
arrears until paid in full, OR
 Arrears not addressed.

3. **Mother** **Father** owes past care and support in the amount of: \$ _____

For the period of: _____ to _____

Judgment is ordered in favor of: _____
and against: _____

In the principal amount of: \$ _____

Mother **Father** shall pay \$ _____ per month toward
the past care and support amount until paid in full, OR
 Past care and support not addressed.

4. All payments shall be made through the Support Payment Clearinghouse pursuant to an 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 may be considered a *gift* unless you have a notarized affidavit signed by the other party agreeing that he or she received the payment and that it was for child support. All payments not made by Order of Assignment shall be made payable to and mailed directly to:

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

Payments must include the payor's name, ATLAS number or Social Security Number.

5. 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 Clearinghouse immediately. The payor shall within 10 days, submit the names and addresses of employers or other persons or organizations from which he or she is entitled to receive payment.

6. **The parties shall submit address changes within 10 days of the change.**

7. **MEDICAL, DENTAL, VISION CARE INSURANCE FOR MINOR CHILDREN**

Mother is responsible for providing medical dental vision care insurance.

Father is responsible for providing medical dental vision care insurance.

8. The costs of medical/dental/vision care expenses not paid by insurance shall be shared as follows:
Mother _____ % **Father** _____%.
 Request for payment or reimbursement must be provided to the obligated parent(s) within 180 days after the services occurred. The obligated parent must pay or make payment arrangements within 45 days after receipt of the request.
9. The costs of travel related to parenting time over 100 miles one way shall be shared as follows:
Mother _____ % **Father** _____%
10. The parties shall exchange financial information such as copies of tax returns, earnings statements, a Parent's Worksheet for Child Support Amount, residential addresses and the names and addresses of their employers every 24 months.
11. The court allocates the federal tax exemption(s) for the dependent child(ren) as follows:

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

For years following those listed above while this Child Support Order remains in effect, the parties shall repeat the pattern above of claiming deductions for each child.

Each year, the person obligated to make payments (the obligor) may claim these exemptions only if the obligor has paid all child support and arrears ordered for the year by December 31 of that year.

IMPORTANT INFORMATION:

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

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

Date

Judicial Officer

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 _____