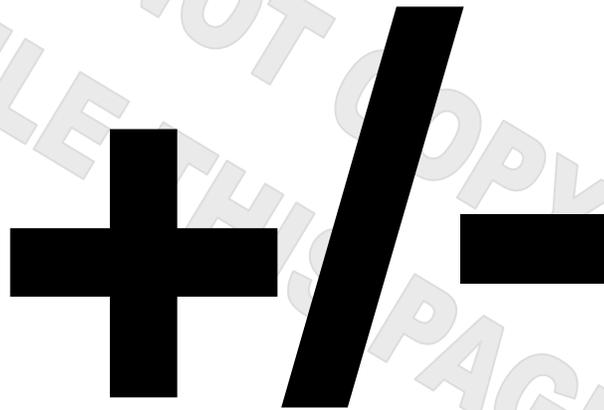


# HOW TO CALCULATE CHILD SUPPORT



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

for those who do not want to use the  
FREE online calculator at:

<http://www.superiorcourt.maricopa.gov/ezcourtforms>

(FORMS ONLY)



## SELF-SERVICE CENTER

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

### (FORMS ONLY)

This packet contains court forms related to calculating, establishing or modifying child support.

Order	File Number	Title	# pages
1	DRS1ft	Table of Contents (this page)	1
2	DRSDS10f-c	<b><i>“Sensitive Data Sheet in Cases With Minor Children” *</i></b>	1
3	DRS12f	<b><i>“Parents Worksheet for Child Support”</i></b>	2
4	DRS81f	<b><i>“Child Support Order”</i></b>	4

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Do not type in ALL CAPS

FOR CLERK'S USE ONLY

Name:

Representing: Self Petitioner Respondent

(If Attorney) State Bar Number:

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Petitioner Case No.
Respondent ATLAS No.
FAMILY COURT / SENSITIVE DATA
COVERSHEET WITH CHILDREN
(CONFIDENTIAL RECORD)

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

A. Personal Information:
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 Male Female Child Social Security No. Child Date of Birth
Male Female
Male Female
Male Female
Male Female

C. Type of Case being filed - Check only one category.
\*Check only if no other category applies
Dissolution (Divorce) Paternity
Legal Separation \*Custody/Visitation
Annulment \*Child Support
Order of Protection Other
Interpreter Needed:
Yes No
If yes, what language?

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

(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 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).

	<b>FATHER</b>	<b>MOTHER</b>
<b>Gross Income</b> (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)	\$ - _____
<b>Adjusted Gross Income</b>	\$ _____ (14)	\$ _____
Combined Adjusted Gross Income	(15) \$ _____	
<b>Basic Child Support Obligation</b>	(16) \$ _____	
<b>Plus Costs for:</b>		
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:

<b>Child(ren)'s Name(s)</b>	<b>Date of Birth</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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 1<sup>st</sup> 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"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b>	
		<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b>	
		<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b>	
		<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b>	

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

**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