



Your Name: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, Zip Code: \_\_\_\_\_  
 Your Phone Number: \_\_\_\_\_  
 ATLAS Number (if applicable) \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing  Self (Without Attorney) OR  
 Attorney for  Petitioner OR  Respondent

FOR CLERK'S USE ONLY

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA  
 IN AND FOR THE COUNTY OF MARICOPA**

\_\_\_\_\_) Case #: \_\_\_\_\_  
 \_\_\_\_\_) Petitioner, \_\_\_\_\_  
 vs. \_\_\_\_\_) **OBLIGOR'S FINANCIAL AFFIDAVIT**  
 \_\_\_\_\_) **(Person Ordered to Pay Support)**  
 \_\_\_\_\_) Respondent. \_\_\_\_\_

1. **NAME:** \_\_\_\_\_  
 Last First M.I.

2. **ADDRESS:** \_\_\_\_\_  
 Street Address  
 \_\_\_\_\_  
 City State Zip Code

3. **TELEPHONE NUMBERS:** Home: ( ) \_\_\_\_\_  
 Work: ( ) \_\_\_\_\_ Message: ( ) \_\_\_\_\_

4. **DATE OF BIRTH:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

5. **NAME OF PRESENT SPOUSE:** \_\_\_\_\_

6. **NAME AND AGE(S) OF MINOR CHILD(REN), COMMON TO YOU AND YOUR PRESENT SPOUSE OR PREVIOUS RELATIONSHIP, LIVING WITH YOU:**

NAME	AGE	NAME	AGE

Case No. \_\_\_\_\_

7. NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_

Street Address

City

State

Zip Code

8. IF UNEMPLOYED NOW, WHY? \_\_\_\_\_

YOUR USUAL OCCUPATION? \_\_\_\_\_

WHEN LAST EMPLOYED: \_\_\_\_\_

9. LIST ALL INCOME YOU RECEIVE FROM ANY SOURCE:

INCOME	DOLLAR AMOUNT
Gross <b>monthly</b> pay (wages, salary, tips, commission, etc.)	\$
Rents (amount after expenses deducted)	\$
Pensions and retirement income	\$
Social Security income	\$
Dividends and interest income	\$
Disability and unemployment pay	\$
Current child support and spousal maintenance received	\$
Welfare and Aid to Dependent Children	\$
Trust funds	\$
Income from any other source	\$
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>

10. LIST ALL BANKS, SAVINGS AND LOAN, CREDIT UNIONS, OR OTHER FINANCIAL INSTITUTIONS IN WHICH YOU HOLD ACCOUNTS AND/OR SHARES:

INSTITUTION	ADDRESS	DOLLAR AMOUNT
		\$
		\$
		\$

Case No. \_\_\_\_\_

INSTITUTION	ADDRESS	DOLLAR AMOUNT
		\$
		\$
		\$

11. LIST THE NAMES OF ANY INDIVIDUALS OTHER THAN THOSE NAMED IN THE PRESENT ACTION, WHOM YOU ARE UNDER COURT ORDER TO SUPPORT, AS WELL AS THE AMOUNT OF THE ORDER:

NAME	AMT. OF ORDER
	\$
	\$
	\$
	\$
	\$

12. LIST ALL PROPERTY, INCLUDING YOUR HOME AND ALL MOTOR VEHICLES, ITS VALUE ANY LIENS OR INDEBTEDNESS, AND WHO INDEBTEDNESS IS OWED:

DESCRIPTION OF PROPERTY	VALUE	INDEBTEDNESS OF LIEN	TO WHOM OWED
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

**13. LIST ALL MONTHLY EXPENSES WHICH YOU ARE RESPONSIBLE TO PAY AT THE PRESENT TIME:**

<b>MORTGAGE/RENT</b> \$ _____	<b>GAS &amp; ELECTRIC</b> \$ _____	<b>TELEPHONE</b> \$ _____	<b>WATER</b> \$ _____
<b>FOOD</b> \$ _____	<b>MEDICAL &amp; DENTAL INSURANCE</b> \$ _____	<b>TRANSPORTATION</b> (Gas, Bus Fare, <u>Not</u> car payment) \$ _____	<b>OTHER</b> \$ _____

**14. LIST ALL INSTALLMENT CONTRACTS AND REVOLVING CREDIT PAYMENTS THAT YOU HAVE NOT INCLUDED IN ITEM 14:**

TO WHOM OWED	MONTHLY AMOUNT	BALANCE DUE
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

**15. TOTAL MONTHLY EXPENSES (TOTAL ITEMS 14 AND 15):**

\$ _____
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**OATH OR AFFIRMATION AND VERIFICATION**

I swear or affirm that the information on this document is true and correct under penalty of perjury.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to or Affirmed before me this: \_\_\_\_\_ by \_\_\_\_\_  
(date)

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk or Notary Public