

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

\_\_\_\_\_  
Name of Petitioner (in out-of-state case)

For Court Use Only.
Arizona Superior Court Case Number

\_\_\_\_\_  
Name of Respondent (in out-of-state case)

### AFFIDAVIT TO REGISTER FOREIGN (OUT OF STATE) FAMILY SUPPORT ORDER A.R.S. § 25-1302 (UIFSA))

### UNDER OATH OR AFFIRMATION

#### 1. INFORMATION ABOUT THE CONTROLLING FOREIGN FAMILY SUPPORT ORDER:

<b>A. Case Number:</b> _____ <small>(in issuing state)</small>	<b>Date Issued:</b> _____ <small>(most recent, if more than one)</small>
<b>County, State:</b> _____ <small>(Where order was issued)</small>	<b>IV-D Number:</b> _____ <small>(if any)</small>
<b>Amount Due per Payment: \$</b> _____	
<b>Payment is due:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Other: _____	
<b>Total Arrears Owed: \$</b> _____ <small>(Total Amount Unpaid and Overdue as of Today's Date)</small>	
<small>(If for spousal maintenance <b>only</b> and no children involved, check "Mother" for Wife, "Father" for Husband.)</small>	
<b>Person listed as PETITIONER on this Order is:</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other
<b>Person listed as RESPONDENT on this Order is:</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other
<b>Person Ordered to PAY Support on this Order is:</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father
<b>Person Ordered to RECEIVE Support on this Order is:</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other

**B.** Have all parties named in the other state’s order either moved out of the issuing state, OR filed a “consent to transfer to Arizona”?

- Yes.** A certified copy of the consent to transfer is included.
- No.** (If “No”, Arizona may enforce but may not have jurisdiction to modify the order.)

**2. Is the order above the *only* one for which past due or current support is owed?**

- Yes**  **No**

If “No,” fill out section 3 below. If “Yes,” skip Section 3 and go directly to Section 4.

**Note: If specific address or identifying information would endanger a party or child and the information is not already known to other parties, write “Protected” in the space for that information and supply it to the court on the “Request for Protected Address” form available from the Self-Service Center or its web site.**

**3. INFORMATION ON ADDITIONAL SUPPORT ORDERS** (Either for current support or on which arrears (“back support”) is still owed.) (If no additional support orders, skip to # 3C.)

<p><b>A. Case Number:</b> _____ (in issuing state)</p> <p><b>County, State:</b> _____ (Where order was issued)</p> <p><b>Amount Due per Payment: \$</b> _____</p> <p><b>Payment is due:</b>    <input type="checkbox"/> <b>Monthly</b>   <input type="checkbox"/> <b>Every 2 Weeks</b>   <input type="checkbox"/> <b>Other:</b> _____</p> <p><b>Total Arrears Owed: \$</b> _____ (Total Amount Unpaid and Overdue as of Today’s Date)</p>	<p><b>Date Issued:</b> _____ (most recent, if more than one)</p> <p><b>IV-D Number:</b> _____ (if any)</p>
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(If for spousal maintenance **only** and no children involved, check “Mother” for Wife, “Father” for Husband.)

Person listed as <b>PETITIONER</b> on this Order is:	<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Other</b>
Person listed as <b>RESPONDENT</b> on this Order is:	<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Other</b>
Person Ordered to <b>PAY</b> Support on this Order is:	<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b>
Person Ordered to <b>RECEIVE</b> Support on this Order is:	<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Other</b>

Have all adult parties named in the foreign order moved out of the state where the order was issued?    **Yes**    **No**

If “**No**”, have those remaining filed a “consent to transfer” state?

- Yes** A certified copy of each “consent to transfer” is included.
- No** (If “No”, Arizona may enforce but may not have jurisdiction to modify the order.)

<b>B. Case Number:</b> _____ (in issuing state)	<b>Date Issued:</b> _____ (most recent, if more than one)
<b>County, State:</b> _____ (Where order was issued)	<b>IV-D Number:</b> _____ (if any)
<b>Amount Due per Payment: \$</b> _____	
<b>Payment is due:</b> <input type="checkbox"/> <b>Monthly</b> <input type="checkbox"/> <b>Every 2 Weeks</b> <input type="checkbox"/> <b>Other:</b> _____	
<b>Total Arrears Owed: \$</b> _____ ((Total Amount Unpaid and Overdue as of Today's Date)	
<b>Date of Last Payment:</b> _____	
(If for spousal maintenance <i>only</i> and no children involved, check "Mother" for Wife, "Father" for Husband.)	
<b>Person listed as PETITIONER on this Order is:</b>	<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Other</b>
<b>Person listed as RESPONDENT on this Order is:</b>	<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Other</b>
<b>Person Ordered to PAY Support on this Order is:</b>	<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b>
<b>Person Ordered to RECEIVE Support on this Order is:</b>	<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Other</b>
Have all adult parties named in the other state's order moved out of the state where the order was issued? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
If " <b>NO</b> ", have those remaining filed a "consent to transfer"?	
<input type="checkbox"/> <b>Yes</b> A certified copy of each "consent to transfer" is included.	
<input type="checkbox"/> <b>No</b> (If "No", Arizona may enforce but may not have jurisdiction to modify the order.)	

**ADDITIONAL ORDERS:** I have provided the same information as above concerning additional support orders on additional included pages.

**C. The total amount of arrears ("back support") from all support orders:**

(including amount listed for order described on page 1, if any, and on any additional pages concerning other support orders)

\$

**D.  A certified statement of arrears is included from the custodian of records of each court or agency responsible for maintaining such records for every order for which overdue support payments (arrears) are claimed to be owed.**

**Note: If specific address or identifying information would endanger a party and the information is not already known to other parties, write "Protected" in the space for that information and supply it to the court on the "Request for Protected Address" form available from the Self-Service Center or their web site.**

**4. A. INFORMATION ABOUT THE PARTIES** (in the case described in section 1)

<b>MOTHER</b> (or Wife), Full Legal Name:	_____
<b>Name as Listed in Other State's Case:</b> (if different)	_____
<b>Maiden Name or Aliases:</b>	_____
<b>Current Address:</b>	_____
	(Street Address, City, State, Zip)

**Employer Name:** \_\_\_\_\_  
**Employer Address:** \_\_\_\_\_

**FATHER (or Husband), Full Legal Name:** \_\_\_\_\_  
**Name as Listed in Other State's Case:** \_\_\_\_\_  
 (if different)  
**Previous Name or Aliases:** \_\_\_\_\_  
**Current Address:** \_\_\_\_\_  
 (Street Address, City, State, Zip)  
**Employer Name:** \_\_\_\_\_  
**Employer Address:** \_\_\_\_\_

**OTHER ADULT (or agency): Full Legal Name:** \_\_\_\_\_  
**Name as Listed in Other State's Case:** \_\_\_\_\_  
 (if different)  
**Previous Name or Aliases:** \_\_\_\_\_  
**Relation to this Case:**  Has legal decision making (custody) or is court appointed guardian of minor(s)  
 Is caretaker or someone the child(ren) live with  
 Other. Explain: \_\_\_\_\_  
**Current Address:** \_\_\_\_\_  
 (Street Address, City, State, Zip)  
**In this case, this Person is:**  Petitioner  Respondent  3<sup>rd</sup> Party

**Note:** If specific address or identifying information would endanger a party or child and the information is not already known to other parties, write "Protected" in the space for that information and supply it to the court on the "Request for Protected Address" form available from the Self-Service Center or their web site.

**B. INFORMATION ABOUT MINOR SUBJECTS OF CHILD SUPPORT ORDER(S):**  
 (if applicable) (Enter date of birth as Month/Date/Year.)

Name of Minor	Address (if not protected)	Date of Birth

**5. ADDITIONAL INFORMATION:**

**A. Has the order you are seeking to register been registered in any other state?**

Yes  No

**B. If "Yes" please list those states:**

\_\_\_\_\_  
 \_\_\_\_\_

**C. Does the person who owes money under the order(s) being registered own property or other assets in Arizona which may be legally seized and sold or otherwise disposed of so that the proceeds may be applied towards satisfaction of this debt?**

Yes  No

(If "yes", list and describe below, as specifically as possible. If you are not sure what property may be exempt, consult an attorney or law library.)

**I have listed and described below all known property and assets in Arizona that are not "exempt from execution" (seizure by the courts), including its location.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Other Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**UNDER OATH OR BY AFFIRMATION**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's Signature

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

\_\_\_\_\_  
Printed Name

My Commission Expires: (or \_\_\_\_\_  
Seal below)

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