

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