

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

 Petitioner

Case No. _____

ATLAS No. _____

 Respondent

AFFIDAVIT OF DIRECT PAYMENTS

	YEAR	YEAR	YEAR	YEAR
(Insert year)				
January	\$	\$	\$	\$
February	\$	\$	\$	\$
March	\$	\$	\$	\$
April	\$	\$	\$	\$
May	\$	\$	\$	\$
June	\$	\$	\$	\$
July	\$	\$	\$	\$
August	\$	\$	\$	\$
September	\$	\$	\$	\$
October	\$	\$	\$	\$
November	\$	\$	\$	\$
December	\$	\$	\$	\$

By signing this document I state under penalty of perjury that I made the following payments directly to the person ordered to receive the payments or I received the following payments directly from the person ordered to make the payments. These payments were not made through the Support Payment Clearinghouse or the Clerk of the Court.

 Signature of Person Receiving Payments

and/or

 Signature of Person Making Payments

 Printed Name of Person Receiving Payments

 Printed Name of Person Making Payments

Affirmed before me on: _____

Affirmed before me on: _____

 Deputy Clerk of Court or Notary Public

 Deputy Clerk of Court or Notary Public

My Commission Expires/Seal:

My Commission Expires/Seal: