

(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 Legal Decision-Making Authority  
(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)	\$	_____

