

<p style="text-align: center;">REQUEST TO MODIFY CHILD SUPPORT INSTRUCTIONS</p>
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COMPLETE THIS FORM IF:

You have an Arizona child support order and believe the amount of support should be changed, and

You have completed a Parent's Worksheet for Child Support Amount and it results in a child support amount (item 38) that varies 15% or more from the amount of your current order. See example for item 12 of this form.

TO COMPLETE THIS FORM YOU WILL NEED:

A copy of your current Arizona Child Support Order, the Order of Assignment for this case, if there is one, and a completed Parent's Worksheet for Child Support Amount.

NOTE : Generally you should file this Request for Modification in the County where the order you are seeking to modify was entered.

NOTE : There will be a charge for filing this request. There may be other charges including an appearance fee if this is your first appearance in this case. If you are unable to pay these amounts, they can be waived or deferred. The Clerk of the Superior Court has the necessary forms to ask for a waiver or deferral.

FOLLOW THESE INSTRUCTIONS WHICH ARE NUMBERED TO MATCH THE IDENTIFYING NUMBERS ON THE FORM. PLEASE TYPE OR PRINT NEATLY USING BLACK INK.

- (1) Fill in the name, address, and phone number of the person filing the form. (The spaces marked representing and state bar number are used only if an attorney is preparing this form.)
- (2) Fill in the name of the county where you are filing this Request to Modify. (This may already be printed on the form.)
- (3) Fill in the name of the person shown as the petitioner on your order for child support.
- (4) Fill in the name of the person shown as the respondent on your order for child support.
- (5) Fill in the case number and ATLAS number (if you have one) that appears on your Arizona Order for Child Support.
- (6) Fill in your name and check the correct word to identify yourself as the Obligor (person paying support) or Obligee (person receiving support).

- (7) Fill in the date on which the judge or commissioner signed your current child support order.
- (8) Fill in the name of the judge or commissioner who signed your current child support order.
- (9) Fill in the name of the obligor (person ordered to make child support payments).
- (10) Fill in the amount and payment due date of your current child support order as it was ordered by the court. (EXAMPLE: \$150 per month payable on the 1st day of the month or \$150 per month payable one-half on the first and one-half on the 15th of the month).
- (11) Fill in the amount from item **38** of your completed Parent's Worksheet for Child Support Amount.
- (12) Calculate the percentage of change between your current support amount and the amount calculated pursuant to the Parent's Worksheet for Child Support Amount. To determine the percentage, subtract the larger amount from the smaller amount. Divide that number by the current support amount. See example.
 - a. Fill in the difference between the amount of child support ordered and the amount requested to be ordered.
 - b. Fill in the amount of the child support currently ordered.
 - c. Enter the percentage change calculated by dividing the amount for "a" by the amount for "b".

Ex.: The current child support order is \$225. The Parent's Worksheet calculation result is \$270.

$$\$270 - \$225 = 45 \div \$225 = 20\%$$

- (13) If you receive services from the Department of Economic Security (DES) or you know the other party does, mark the box for "yes". Otherwise, mark the box for "no".
- (14) If there are other court-ordered payments included in the current Order of Assignment (14) enter the amounts and frequency of payment.
- (15) Fill in the amount from item 11 of this request.
- (16) You must date and sign here in person before a Notary Public or a Clerk of Superior Court. By signing, you are stating under oath that the contents of this Request are true and correct to the best of your knowledge.

WHEN YOU HAVE COMPLETED THIS FORM:

File the following forms with the Clerk of the Superior Court:

1. Request to Modify Child Support
2. A Completed Parent's Worksheet for Child Support Amount
3. A proposed Child Support Order on which you have filled in items on page 1 numbered 1 - 4, and the obligor's employment information in section 3 of page 2.
4. An Order of Assignment completed according to the directions for that form.

If the box for item 13 is marked "yes" to indicate that one of the parties is using the child support enforcement services of the Department of Economic Security (DES), notice of this action **must** be given to that DES office. Mail a copy of the "Request to Modify Child Support" and a copy of the "Parent's Worksheet for Child Support Amount" to:

Child Support Enforcement
ATTN: Modification
P.O. Box 40458
Phoenix, AZ 85067

Serve the following items on the other party:

- A copy of your completed "Request to Modify Child Support," and
- A copy of your completed "Parent's Worksheet for Child Support Amount."

Some counties also **REQUIRE** that you serve these items:

- A blank copy of the Request for Hearing and Notice of Hearing form with instructions, and
- A blank copy of the Parent's Worksheet for Child Support Amount with instructions.

To "Serve" means to use the legally required method of delivering notice or documents, pursuant to Rules 4.1 and 4.2, Rules of Civil Procedure. The most common method of service on a party is personal service by a private process server or sheriff. Process servers are listed in the yellow pages.

When service is complete, file proof of service with the Clerk of Superior Court. The Affidavit of Service is usually prepared by the person serving the document, indicating the date and time service was made.

(1) Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Daytime Phone: _____
Evening Phone: _____
Representing: r Self or r Attorney
State Bar Number (if applicable) _____

ARIZONA SUPERIOR COURT, COUNTY OF (2) _____

(3) _____
Petitioner/Plaintiff

DOB _____ SSN _____

(5) Case No. _____
ATLAS No. _____

(4) _____
Respondent/Defendant

DOB _____ SSN _____

**REQUEST TO MODIFY
CHILD SUPPORT
PURSUANT TO GUIDELINES
SIMPLIFIED PROCEDURE**

IMPORTANT NOTICE TO PARTY NOT REQUESTING THE MODIFICATION
Your support order may be modified , if you do not request a hearing

(6) I, _____, r Obligor r Obligee, ask this court to modify the
Arizona child support order in this case entered on (7) _____ by
(8) _____.

1. The child support order currently in effect requires (9) _____
to make payments of (10) \$ _____ per _____, payable on the _____ day(s)
of the month.
2. Attached is a Parent's Worksheet for Child Support Amount. According to the worksheet
calculations (item 36), the child support amount should be (11) \$ _____ per month.
3. The following calculations show that the requested change varies from the current ordered amount by 15% or
more.

(12)(a) _____ ÷ (b) _____ = (c) _____%

a = the difference between the amount currently ordered and the amount requested

b = the amount currently ordered; and

c = the percentage change

4. Is Department of Economic Security (DES) providing child support enforcement services to at least one of the parties? (13) Yes No Unknown

If YES, see instructions, "When You Have Completed This Form."

5. Other court-ordered payments included in the current Order of Assignment (14)

Spousal Maintenance \$ _____ per _____

Payments on Arrears :

Child Support \$ _____ per _____

Spousal Support \$ _____ per _____

Other \$ _____ per _____

WHEREFORE, I request that child support be ordered in the amount of (15) \$ _____ per month and that relief requested in the Parent's Worksheet be ordered.

If this matter goes to hearing, I further request that costs and fees incurred in bringing this action be ordered to be paid by the opposing party.

I have read this document and the information given here is true and correct to the best of my knowledge.

Date

(16) Requesting Party's Signature

State of Arizona)

)ss.

Acknowledged before me on: _____

County of _____)

My Commission Expires: _____

Notary Public or Clerk

NOTICE TO PARTIES

If you do not agree with the modification to your child support, you have twenty days in which to ask for a hearing on the requested modification. If service of process is made outside the State of Arizona, the parent receiving service has 30 days in which to ask for a hearing on the requested modification.

Upon proof of service and if no hearing is requested within the time allowed, the court will review the request and enter an appropriate order modifying the support award. If an error is noted, the amount awarded may be different from the amount requested, but there will be no greater modification than requested.

In the event the court has serious concerns regarding the accuracy of the information, or if a substantial mathematical error is found, the court may set the matter for hearing. If either party requests a hearing within the time allowed, the court shall conduct the hearing. No order shall be modified without a hearing if a hearing is requested.

If you wish to request a hearing, you may obtain the following forms from the Office of the Clerk of Superior Court free of charge. (These forms may be in your packet.)

Request for Hearing and Notice of Hearing

Parent's Worksheet for Child Support Amount

PARENT'S WORKSHEET INSTRUCTIONS

This worksheet provides the information the court needs to determine child support amounts in accordance with Arizona's Child Support Guidelines. You may get a copy of the Guidelines from the Clerk of the Superior Court's office. An automated child support calculation is also available on the Supreme Court's website at <http://www.supreme.state.az.us/childsup>.

NOTE: THESE INSTRUCTIONS CAN BE MADE AVAILABLE IN LARGE FORMAT OR ON AUDIO TAPE UPON REQUEST.

COMPLETE THIS WORKSHEET IF:

- .. You are a party to a court action to establish a child support obligation or to modify an existing order for child support.

TO COMPLETE THIS WORKSHEET YOU WILL NEED TO KNOW:

- .. Your case number.
- .. Your monthly gross income and that of the other parent.
- .. The monthly cost of medical insurance for the children who are the subject of this action.
- .. Monthly child care amounts paid to others.
- .. The number of days the child(ren) spend with the non-custodial parent.
- .. Monthly obligations of yourself and the other parent for child support or court-ordered spousal support.

FOLLOW THESE INSTRUCTIONS NUMBERED TO MATCH THE IDENTIFYING NUMBERS IN PARENTHESES ON THE FORM. TYPE OR PRINT NEATLY USING BLACK INK. The number in brackets after the instructions tells you where to look in the Guidelines for this item, for example, [Guidelines 5].

BASIC INFORMATION

- (1) Type or print the name, mailing address, and daytime and evening phone number of the person filing the form. If you are representing yourself without an attorney check the box in front of "Self". (The space marked "state bar number" is used only if an attorney is preparing this form.)
- (2) Type or print the name of the county in which this worksheet is being filed. (This may already be printed on the form.)
- (3) If you are providing this information to establish a child support amount, Type or print the name, date of birth (DOB), and social security number (SSN) of the person shown as the petitioner on the original petition

filed in the case that requests a support order be established.

If you are providing this information to modify your current support amount, Type or print the name, date of birth (DOB), and social security number (SSN) of the person who is shown as the petitioner on the order that established the current support order.

- (4) Type or print the name, date of birth (DOB), and social security number (SSN) of the person shown as the Respondent on the document you used to answer Item 3.
- (5) Type or print your case number and the ATLAS number. If you do not have a case number, leave this item blank. If you do not have an ATLAS number, leave this item blank.
- (6) Mark the appropriate box(es) to indicate the party or parties completing the form.

MONTHLY GROSS INCOME

NOTE:

- .. Terms such as "gross income" and "adjusted gross income" as used here do not have the same meaning as when they are used for tax purposes.
- .. "Gross income" is NOT the same as "take-home" pay (gross income is the higher number).
- .. If you are converting a weekly "Gross Income" to a monthly amount multiply the weekly amount by 4.33. (52 weeks ÷ 12 months = 4.33 average weeks in a month)

- (7) If you estimate or attribute income in Item 8, check the box indicating which parent's income is estimated or attributed, and explain in Item 7 on the Basis For Amounts Shown on Worksheet. Examples of ESTIMATED income: He was promoted to supervisor and I know that position pays more; she has the same job as my sister, who works at the same place and makes this amount. Example of ATTRIBUTED income: My ex-wife was a secretary earning \$1500/month. Now she has remarried and is staying home as a homemaker.
- (8) Type or print the total amount of your Gross Income each month. Gross income means the amount before taxes and other deductions are taken out. For income from self-employment, rent, royalties, proprietorship of a business, joint ownership of a partnership or closely held corporation, gross income means gross receipts minus ordinary and necessary expenses required to produce income. What you include as "ordinary and necessary expenses" may be adjusted by the court, if deemed inappropriate for determining gross income for child support. Ordinary and necessary expenses include one-half of the self-employment tax actually paid. Gross Income includes monies from:

- | | |
|-----------------------------------|------------------------------------|
| .. Salaries | .. Unemployment Insurance Benefits |
| .. Bonuses | .. Self-employment |
| .. Worker's Compensation Benefits | .. Severance Pay |
| .. Wages | |
| .. Dividends | |

- .. Disability Insurance Benefits (including Social Security disability)
- .. Income from a Business
- .. Pensions
- .. Rental Income
- .. Annuities
- .. Recurring Gifts
- .. Royalties
- .. Commissions
- .. Retirement Plans
- .. Trust Income
- .. Expense Reimbursements (that reduce personal living expenses)
- .. Capital Gains
- .. Prizes (including lottery winnings)
- .. Interest
- .. Social Security Benefits
- .. Spousal Maintenance (Item 9)

Gross Income does not include benefits from public assistance programs such as Temporary Assistance for Needy Families (TANF), Supplemental Social Security Income (SSI), Food Stamps, and General Assistance (GA); and, it does not include child support payments received.

Also type or print the total monthly Gross Income for the other parent, to the best of your knowledge. If a parent is unemployed or underemployed, you may ask the court to attribute income to that parent by entering an estimate of what you think that parent would be earning if he or she worked at full earning capacity. The court shall presume, in the absence of contrary testimony, that a noncustodial parent is capable of full-time employment at least at the federal adult minimum wage. [Guidelines 4.e.] This presumption does not apply to noncustodial parents under the age of eighteen who are attending high school. If gross income is attributed to the parent receiving support, appropriate child care expenses may also be attributed at Item 17.

If you are completing this Parent's Worksheet as part of a modification proceeding and your income is different from the court's most recent findings, you must attach documentation to verify your current income. The documentation should include: your most recent tax return, W-2, or 1099 forms and your most recent paycheck stub showing year-to-date information. If these are not available, provide other documentation such as a statement of earnings from your employer showing year-to-date income.

If you are completing this Parent's Worksheet as part of a modification proceeding and the income you show for the other party is different from that listed on the court's most recent findings regarding income of that parent, you must attach documentation of the amount or mark the box in Item 7 to show that the income amount is estimated/attributed and explain the basis for the amount shown in Item 7 on the Basis For Amounts Shown on Worksheet. [Guidelines 4]

ADJUSTMENTS TO MONTHLY GROSS INCOME

- (9) Type or print the total monthly amount of court-ordered spousal maintenance you and/or the other parent actually pay to a former spouse or receive from a former spouse. Also, the amount that is paid or received or will be paid or received in this court case each month. Spousal maintenance paid is a deduction from gross income. [Guidelines 2.c. and 5.a.]
- (10) Type or print the total amount of court-ordered child support you and/or the other parent actually pay or contribute each month for children of other relationships. [Guidelines 5.a. and 5.c.]
- (11) You may ask the court to consider the financial obligation you have to support other natural or adopted children for whom there is no court order requiring you to pay support. If you choose to do this, the adjustment amount you may request is determined by a simplified application of the guidelines. On the Schedule of Basic Child Support Obligations, find the amount that is closest to the adjusted gross income amount of the parent requesting an adjustment. Go to the column for the number of children in question. Enter the amount shown there in Item 11. Complete Item 11 on the Basis For Amounts Shown on Worksheet to explain why you are requesting an adjustment, include the names, dates of birth and social security numbers of the children for whom an adjustment is requested. [Guidelines 5.c.]
- (12) For each parent, add or subtract the numbers in Items 9 through 11 from the number in Item 8. Write the results for each parent on the line in Item 12. This is the Adjusted Monthly Gross Income for each parent. [Guidelines 6]

COMBINED ADJUSTED MONTHLY GROSS INCOME

- (13) Add the two numbers in Item 12 together (the one for the Father and the one for the Mother). This total is the Combined Adjusted Monthly Gross Income.

BASIC CHILD SUPPORT OBLIGATION

- (14) Enter the number of children from this relationship for whom support is being sought in this court action. Complete Item 14 on the Basis For Amounts Shown on Worksheet, including the names, dates of birth and social security numbers of the children for whom support is requested. Indicate if any of the children are age 12 or older.
- (15) On the Schedule of Basic Child Support Obligations, locate the amount that is closest to the Combined Adjusted Monthly Gross Income listed in Item 13. Go to the column for the number of children listed in Item 14. This amount is your Basic Child Support Obligation, enter it in Item 15. [Guidelines 7]

ADJUSTMENTS FOR NECESSARY EXPENSES

Place in the column for the parent paying the expenses.

- (16) Type or print the monthly dollar amount of that portion of the insurance premium that is or will be paid for court-ordered medical and/or dental insurance for the children who are the subject of this order. [Guidelines 8.a.]
- (17) If the parent with primary physical custody is working or if you have attributed income to that parent in Item 7, type or print the monthly cost of work-related child care that parent pays. If these costs vary throughout the year, add the amounts for each month together and divide by 12 to annualize the cost. [Guidelines 8.b.1.A]
- (17a) The court may apportion the benefit the custodial parent derives from any federal child and dependent care tax credits. If the custodial parent qualifies for a federal tax credit enter the amount as adjusted under Section 8.B.1.a. of the guidelines or the amount in Item 17. [Guidelines 8.b.1.A]

If the noncustodial parent pays for work-related child care during periods of physical custody, the amount paid by that parent may also be included here (each month's amount added together and divided by 12 to annualize the cost). The annualized amount paid directly by the noncustodial parent may be subtracted under the Noncustodial Child Care Adjustment section, Item 31. Complete Item 17 on the Basis For Amounts Shown on Worksheet.

- (18) Type or print the monthly costs of reasonable and necessary expenses for special or private schools and special educational activities. These expenses must be agreed upon by both parents or ordered by the court. [Guidelines 8.b.1.B]
- (19) If any of the children for whom support is being ordered are gifted or handicapped and have special needs that are not recognized elsewhere, the additional monthly cost of meeting those needs should be entered here. [Guidelines 8.b.1.C]
- (20) Type or print the monthly costs of court-ordered supervised visitation or supervised exchanges, if not otherwise assigned by court order to one or both parties. [Guidelines 8.b.1.D.]
- (21) Average expenditures for children age 12 or older are approximately 10% higher than those for younger children. Therefore, if support is being determined for children 12 or older, enter the number of children who are 12 or older, and the monthly dollar amount of increase you believe this warrants. The highest possible increase would be 10% of the basic child support obligation. If more than one child is 12 or older, divide the basic support obligation by the number of children and multiply that figure by the number of children 12 or older; up to 10% of this amount may be requested as an adjustment. Explain why you think more support is needed on the Basis For Amounts Shown on Worksheet, Item 19. [Guidelines 8.b.2.]

- (22) Add the amounts from Items 16, 17, 17a, 18, 19, 20 and 21 for both parents. Enter the total amount on the line in Item 22.

TOTAL CHILD SUPPORT OBLIGATION

- (23) Add the amounts from Items 15 and 22. Enter the total amount on the line in Item 23. This is the Total Child Support Obligation amount.

EACH PARENT'S PERCENTAGE (%) OF COMBINED INCOME

Complete the calculations in this section to the best of your knowledge and ability. [Guidelines 9]

- (24) For each parent, type or print the amount shown in Item 12.
- (25) For each parent, type or print the amount shown in Item 13.
- (26) For each parent, divide the amount written in Item 24 by the amount written in Item 25. This will probably give you a decimal point answer less than 100%. However, if one parent earns all of the income for the family, this number will be 100%.

EXAMPLE: Item 24 = \$600
Item 25 = \$1000 $\$600 \div \$1,000 = .60$ or 60%

EACH PARENT'S PERCENTAGE (%) OF THE TOTAL CHILD SUPPORT OBLIGATION

Complete the calculations in this section to the best of your knowledge and ability.

- (27) For each parent, type or print the amount shown in Item 23.
- (28) For each parent, type or print the amount shown in Item 26.
- (29) For each parent, multiply the number in Item 27 by the number for that parent in Item 28. This equals the amount each parent should pay for child support.

EXAMPLE: Item 27 = \$189
Item 28 = 60% $\$189 \times .60 = \113.40

ADJUSTMENT FOR COSTS ASSOCIATED WITH VISITATION

- (30) To adjust for the costs of visitation, first determine the total amount of visitation indicated in a court order or parenting plan or by the expectation or historical practice of the parents. Using the following definitions, add together each period of visitation within twenty-four hours to arrive at the total number of visitation days per year.

- A. "One day" means more than 12 continuous and consecutive hours or an overnight.
- B. "One-half day" means greater than 4 and up to and including 12 continuous and consecutive hours.
- C. "One-quarter day" means up to and including 4 continuous and consecutive hours.

For purposes of calculating visitation days, only the time spent by a child with the noncustodial parent is considered. Time that the child is in school or child care is not considered.

Calculate the total number of visitation days by determining the extended periods of visitation first. Potential midweek visits or weekends should be reduced to reflect time spent on extended visitation periods.

Example: Father’s visitation schedule calls for four weeks of summer visitation, alternating weekends and one midweek visit each week. The summer visitation of 4 weeks reduces the potential alternating weekends from 26 to 24. The midweek visits are also reduced from 52 to 48.

After determining the total number of visitation days, refer to “Visitation Table A”.

“Visitation Table A” assumes that as the number of visitation days approaches equal time sharing (143 days and above), certain costs usually incurred only in the custodial household are assumed to be substantially or equally shared by both parents. These costs are for items such as the child’s clothing and personal care items, entertainment, and reading materials. If this assumption is rebutted by proof, however, by the person objecting to the assumption taking place, that these items are not duplicated in each household, only “Visitation Table B” must be used to calculate the visitation adjustment for this range of days.

If time with each parent is essentially equal, neither party receives a visitation adjustment. [Guidelines 10]

VISITATION TABLE A		
Number of Visitation Days		Adjustment Percentage
0	3	0
4	20	.012
21	38	.031
39	57	.050
58	72	.085
73	87	.105
88	115	.161
116	129	.195

130	142	.253
143	152	.307
153	162	.362
163	172	.422
173	182	.486

VISITATION TABLE B		
Number of Visitation Days		Adjustment Percentage
143	152	.275
153	162	.293
163	172	.312
173	182	.331

MEDICAL INSURANCE PREMIUM ADJUSTMENT

- (31) If the parent who will be ordered to make the child support payment is the same parent who will pay the children's medical insurance premium, enter the amount from Item 16 here.

NON-CUSTODIAL CHILD CARE ADJUSTMENT

- (31) If the parent who will be ordered to make the child support payments pays for work-related child care during periods of visitation, enter the amount from Item 17a. Complete Item 17 on the Basis For Amounts Shown on Worksheet.

EXTRA EDUCATION ADJUSTMENT

- (31) If the parent who will be ordered to make the child support payment is the same parent who will pay the children's reasonable and necessary expenses for attending private or special schools, enter the amount from Item 18 here.

EXTRAORDINARY/SPECIAL NEEDS CHILD

- (31) If the parent who will be ordered to make the child support payment is the same parent who will pay the special needs of gifted or handicapped children, enter the amount from Item 19 here.

COURT-ORDERED VISITATION/EXCHANGE

- (31) If the parent who will be ordered to make the child support payment is the same parent who will pay the costs associated with court-ordered supervision or supervised exchanges, enter the amount from Item 20 here.

ADJUSTMENTS SUBTOTAL

- (32) For the noncustodial parent, add the amounts entered in Items 30 and 31. Enter the total in Item 32.

PRELIMINARY CHILD SUPPORT AMOUNT

- (33) Deduct the amount in Item 32 from Item 29. [Guidelines 11]

EQUAL TIME SHARING, UNEQUAL INCOMES

- (34) If the time spent with each parent is essentially equal, but the incomes are not equal, the total child support amount shall be divided equally between the two households. In this case, adjustments under Item 31 apply for both parents, if the parent(s) pays a third party for the services listed under Item 31. The parent owing the greater amount shall be ordered to pay what is necessary to achieve that equal share in the other parent's household. Determine which parent has the lower preliminary child support amount from Item 33, deduct the lower amount from the higher amount, divide that amount in half. The resulting amount is paid to the parent with the lower obligation. Enter the amount in Item 34. If time with each parent is essentially equal, neither party receives a visitation adjustment. [Guidelines 10]

MULTIPLE CHILDREN, DIVIDED CUSTODY

- (35) When each parent is granted physical custody of at least one of the parties' children, each parent is obligated to contribute to the support of all the children. However, the amount of current support to be paid by the parent having the greater support obligation shall be reduced by the amount of support owed to that parent by the other parent. Determine which parent has the lower preliminary child support amount from Item 33, deduct the lower amount from the higher amount. The resulting amount is paid to the parent with the lower obligation. Enter the amount in Item 35. [Guidelines 14]

SELF SUPPORT RESERVE TEST

- (36a) Enter the paying parent's adjusted gross income from Item 12, then enter \$710 (the self support reserve amount) in Item 36a. [Guidelines 13]
- (36b) The court may deduct from the noncustodial parent's Adjusted Gross Income for purposes of the self support reserve test only, court-ordered arrears on child support for children of other relationships or spousal maintenance, if actually paid. Enter any arrears amount actually paid in Item 36b. [Guidelines 13]

- (36) Deduct \$710 (the self support reserve amount) and any arrears amount actually paid, from the adjusted gross income of the parent who will pay support. If the resulting amount is less than the preliminary child support amount, the court may reduce the current child support order to the resulting amount after first considering the financial impact the reduction would have on the custodial household. The test applies only to the current support obligation, but does not prohibit an additional amount to be ordered to reduce an obligor's arrears. Absent a deviation, the preliminary child support amount or the result of the self support reserve test is the amount of the child support to be ordered in Item 38. [Guidelines 13]

AMOUNT TO BE ORDERED BASED ON THESE CALCULATIONS

- (38) The amount on this Item is the amount of child support that should be ordered based on your calculations. ENTER THE LESSER AMOUNT FROM Item 33, 34, 35 or 36.

DEVIATION FROM THE GUIDELINES AMOUNT

- (39) The court shall deviate from the guidelines (i.e., order support in an amount different from the amount which is calculated under these guidelines), if an order would be unjust or inappropriate. Show the total support amount you believe should be ordered. A deviation can only be ordered if the court makes appropriate findings. Complete Item 39 on the Basis For Amounts Shown on Worksheet if you believe a deviation is warranted. [Guidelines 18]

RESPONSIBILITY FOR VISITATION-RELATED TRAVEL EXPENSES

- (40) The court may allocate the costs of visitation-related travel. On the Basis For Amounts Shown on Worksheet, Item 40, describe the expected visitation plan and related travel/transportation expenses. On this Item, list the dollar amount or percentage you think each parent should pay toward the travel/transportation costs. The court will decide how to allocate the expense. The allocation of expense does not change the amount of the support ordered in Item 38. [Guidelines 16]

RESPONSIBILITY FOR MEDICAL EXPENSES NOT PAID BY INSURANCE

- (41) The court must specify each parent's proportionate share of uninsured medical expenses for the children. Based on each parent's ability to pay, indicate what you think this percentage should be for each parent. The court will make the final decision. [Guidelines 8.a.]

SIGNATURE LINE

- (42) The person completing the worksheet must sign here before a Notary Public or Court Clerk affirming the correctness of the information. (If both parents complete the form together, both should sign here.)

WHEN YOU HAVE COMPLETED THIS WORKSHEET:

If you are completing this worksheet to establish a child support obligation:

- .. Make a copy of the worksheet for your records;
- .. Make a copy to send or deliver to the other party and/or the state prior to the hearing;
- .. Take the original to court at the time of your hearing; and
- .. Take financial documentation.

If you are completing this worksheet to modify a child support obligation:

- .. Attach any documentation required for Item 7 or 8;
- .. Make a copy of the worksheet for your records;
- .. Make a copy of the worksheet to serve on the other party and/or the state; and
- .. Attach the original worksheet to the Request for Modification of Child Support Pursuant to Guidelines' Simplified Procedure and file it with the Clerk of Superior Court.

(1) Person Filing: _____
 Mailing Address: _____
 City, State, Zip: _____
 Daytime Phone: _____
 Evening Phone: _____
 Representing: r Self r Attorney
 State Bar Number: _____

SUPERIOR COURT OF ARIZONA, IN (2) _____ COUNTY

(3) _____)
 Petitioner/Plaintiff,)
 _____)
 DOB SSN)
 vs.)
 _____)
 (4) _____)
 Respondent/Defendant,)
 _____)
 DOB SSN)
 _____)

Case No. (5) _____

ATLAS No. _____

**PARENT'S WORKSHEET FOR
CHILD SUPPORT AMOUNT**

Prepared By:

(6) r Father r Mother
 r Court r State

Adopted by Court r Yes r No

MONTHLY GROSS INCOME

Total Monthly Gross Income

(7) Estimated/Attributed to: r Father r Mother
 (Explanation is required on the sheets following
 the signature page at Item 7)

Father

Mother

_____ (8) _____

ADJUSTMENTS TO MONTHLY GROSS INCOME

(Can be an addition or deduction)

Court-Ordered Spousal Maintenance Actually Received +/- Paid _____ (9) _____

	<u>Father</u>	<u>Mother</u>
Court-Ordered Child Support Actually Paid or Contributed for Children of Other Relationships	_____	(10) _____
Cost of Supporting Children of Other Relationships (Explanation is required on the sheets following the signature page at Item 11)	_____	(11) _____
Adjusted Monthly Gross Income for Each Parent (add or subtract lines 9 through 11 from line 8)	_____	(12) _____
<u>COMBINED ADJUSTED MONTHLY GROSS INCOME</u>		(13) _____
Add both amounts from line 12 together.		
<u>BASIC CHILD SUPPORT OBLIGATION</u>		
Number of children for whom support is requested: provide details on the sheets following the signature page at Item 14)		(14) _____
Basic Child Support Obligation (from the Schedule)		(15) _____
<u>ADJUSTMENTS FOR NECESSARY EXPENSES</u>		
You may need to complete items 30-31; (Explanation is required on the sheets following the signature page.)		
Medical/Dental Insurance Costs for Children	_____	(16) _____
Child Care Costs	_____	(17) _____
Adjusted for Tax Credit	_____	(17a) _____
Extra Education Costs	_____	(18) _____
Extraordinary/Special Needs Child Costs	_____	(19) _____
Court-Ordered Visitation/Exchange Costs	_____	(20) _____
Number of Child(ren) 12 and Over _____ 0 - 10% _____		(21) _____
Total Adjustments for Necessary Expenses		(22) _____

TOTAL CHILD SUPPORT OBLIGATION

Total Child Support Obligation (add lines 15 and 22) (23) _____

EACH PARENT'S PERCENTAGE (%) OF COMBINED INCOME

	<u>Father</u>	<u>Mother</u>
Calculate for each parent:		
Parents' Adjusted gross income (from line 12)	_____	(24) _____
Combined adjusted gross income (from line 13)	_____ (25) _____	
Parents' Adjusted gross income DIVIDED BY combined adjusted gross income EQUALS	_____ % (26) _____ %	

EACH PARENT'S PERCENTAGE (%) OF THE TOTAL SUPPORT OBLIGATION

Calculate for each parent:

Total child support obligation (from line 23)	_____ (27) _____
Percentage of combined adjusted gross income (from line 26)	_____ % (28) _____ %
Percentage TIMES the total obligation EQUALS the amount of the parent's support obligation	_____ (29) _____

COMPLETE THIS SECTION FOR COSTS PAID BY THE NONCUSTODIAL PARENT:

ADJUSTMENT FOR COSTS ASSOCIATED WITH VISITATION

Requested Adjustment to be completed for paying parent **ONLY**

Using r Table A Or r Table B

Number of Visitation Days _____ Per year (Explain on page 7)
 Visitation Table Percentage _____ X Line 15 = _____ (30) _____

MEDICAL INSURANCE MONTHLY PREMIUM ADJUSTMENT

Enter the monthly amount of the medical/dental insurance
 premium paid directly to an insurance carrier by the
 noncustodial parent (from line 16) [Guidelines 11] _____ (31) _____

support amount on line 33, deduct the lower amount from the higher amount, divide that amount in half. The resulting amount is paid by the parent with the higher preliminary child support amount to the parent with the lower preliminary child support amount. Explain on the sheets following the signature page.

MULTIPLE CHILDREN, DIVIDED CUSTODY

	<u>Father</u>	<u>Mother</u>
Prepare a Parent’s Worksheet to determine support for children in the mother’s household and a separate worksheet for children in the father’s household. Determine which parent has the lower support amount from line 33, deduct the lower amount from the higher amount. The resulting amount is paid to the parent with the lower obligation. Explain is required on the sheets following the signature page.	_____	(35) _____

SELF SUPPORT RESERVE TEST

Paying parent’s Adjusted Gross Income from line 12	_____	(12) _____
Minus reserve	(_____ \$710)(36a)	(_____ \$710)
Minus arrears	(_____)	(36b)(_____)
RESULT	_____	(37) _____

If the amount from line 37 above is less than the Preliminary Child Support Amount, line 33, the court MAY order the resulting amount as child support order on line 37, absent a deviation.

**AMOUNT TO BE ORDERED BY THE PARENT ORDERED TO PAY
BASED ON THESE CALCULATIONS**

Enter the lesser of the amounts shown on line 33, 34, 35 or 37. _____ (38) _____

DEVIATION FROM THE GUIDELINES SUPPORT AMOUNT

If you believe the Guidelines support amount is too high or too low in your case, enter the amount which you believe the court should order as child support in this case. Explain why on the sheets following the signature page. _____ (39) _____

BASIS FOR AMOUNTS SHOWN ON WORKSHEET

(7) **Estimated/Attributed Income** - Explain why you believe the other party is or could be earning the amount you indicated. Be as specific as possible. See the instructions for item 7 for examples. [Guidelines 4.e.]

(11) **Cost of Supporting Children of Other Relationships** - List the names and ages of the natural or adopted children for whom you are requesting an adjustment and describe the support you provide for these children. [Guidelines 5.a., 5.b., and 5.c.]

Name	Date of Birth	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(14) **Children for whom Support is Requested** - List the names and ages of the natural or adopted children for whom you are requesting support.

Name	Date of Birth	12 or over Y / N	Social Security Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- (17) **Child Care Costs** - If the custodial parent's income is in excess of the chart in Guidelines 8.b.1., the court may adjust the cost of day care in order to apportion the dependent care tax credit benefit. The court may reduce the annualized amount of day care by 25% with a maximum monthly reduction of \$50 per month for one child, \$100 per month for two or more children.

Custodial Parent

Monthly Child	Number	Annual	Adjusted	Adjusted
Care Costs	X of months	= Cost	X .75 = Cost	÷ 12 = Monthly Cost
_____	X _____	= _____	X .75 = _____	÷ 12 = _____

Noncustodial Parent

Monthly Child	Number	Adjusted
Care Costs	X of months	÷ 12 = Monthly Cost
_____	X _____	÷ 12 = _____

- (21) **Child 12 and Over** - Follow the worksheet instructions for item 21. Explain why you need extra money to support the child(ren) age 12 and over. [Guidelines 8.b.2.]

- (30) **Adjustment for Costs Associated with Visitation** - Calculate the number of visitation days per year. [Guidelines 10]

Extended periods	_____ days	Weekend periods	_____ days
Holidays periods	_____ days	Midweek periods	_____ days
School breaks	_____ days	Other periods	_____ days

Upon proof that certain costs usually incurred in the custodial household are NOT substantially or equally shared by both parents, Visitation Table B must be used. Explain the basis of the requested adjustment:

(34) **Equal Time Sharing, Unequal Incomes** - Show how you arrived at the amount on line 38. [Guidelines 10]

Higher _____

Lower _____

Result _____ $\div 2 =$ _____

(35) **Multiple Children, Divided Custody** - Show how you arrived at the amount on line 37. [Guidelines 14]

Higher _____

Lower _____

Result _____

(39) **Deviation From the Guidelines Support Amount** - If you believe the Guidelines support amount is too high or too low in your case, explain why. READ THE GUIDELINES GENERALLY AND SECTION 18 IN PARTICULAR. (This does not include physical custody adjustments; those are considered in item 30.) Show the total support amount you believe should be ordered. A deviation can only be ordered if the court makes appropriate findings. [Guidelines 18]

Requested Support Amount: \$ _____

(40) **Visitation-Related Travel Expenses** - Describe the anticipated visitation plan and related travel/transportation costs. The court may consider how the conduct of each parent has contributed to such costs. Explain how you think the cost should be divided between the parents. Enter the amount or percentage you think each parent should pay on line 38. The allocation of travel expenses does not change the amount of the support ordered. [Guidelines 16]

Federal Tax Exemption - Explain how you want the tax exemptions for the child(ren) allocated and the reason for such an allocation. [Guidelines 26]

Other Requests - Identify and explain any additional issues you want the court to address.

ARIZONA SUPERIOR COURT, COUNTY OF (1) _____

(3) _____
Petitioner/Plaintiff

DOB SSN

(2) Case No. _____

ATLAS No. _____

CHILD SUPPORT ORDER

(4) _____
Respondent/Defendant

DOB SSN

THE COURT FINDS THAT:

1. The parties owe a duty to support the following children:

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
(14) _____	_____	_____
_____	_____	_____
_____	_____	_____

2. The parties' circumstances are as follows:

	<u>Father</u>		<u>Mother</u>
Gross Monthly Income	_____	(8)	_____
Spousal Maintenance Paid +/- Received	_____	(9)	_____
Child Support for Other Children Paid	(_____)	(10)	(_____)
Adjustment for Supporting Other Children	(_____)	(11)	(_____)
Adjusted Monthly Gross Income	_____	(12)	_____
Combined Adjusted Monthly Gross Income	(13)		_____
Basic Child Support Obligation	(15)		_____

Adjustments to Child Support Obligation:

	<u>Father</u>		<u>Mother</u>
Medical/Dental Insurance Premium	_____	(16)	_____
Child Care	_____	(17)	_____
Adjusted for Tax Exemption	_____	(17a)	_____
Extra Education	_____	(18)	_____
Court-ordered Visitation/Exchange	_____	(19)	_____
Extraordinary Child	_____	(20)	_____
Child(ren) 12 or Older _____	(21)	_____	_____
0 - 10% _____			
Total Adjustments	(22)	_____	_____
Total Monthly Child Support Obligation	(23)	_____	_____
Each Party's Proportionate Share of Income	_____%	(26)	_____%
Each Party's Support Obligation	_____	(29)	_____
Adjustment for Costs Associated with Visitation Using r Table A r Table B	(_____)	(30)	(_____)
Medical/Dental Insurance Premium Adjustment	(_____)	(31)	(_____)
Child Care Adjustment	(_____)	(31)	(_____)
Extra Education Adjustment	(_____)	(31)	(_____)
Extraordinary Child Adjustment	(_____)	(31)	(_____)
Visitation/Exchange Adjustment	(_____)	(31)	(_____)
Adjustments Subtotal	_____	(32)	_____
Preliminary Child Support Amount	_____	(33)	_____
Equal Time Sharing, Unequal Incomes	_____	(34)	_____
Multiple Children, Divided Custody	_____	(35)	_____

Self Support Reserve Test

Paying party's Adjusted Gross Income from line 12 _____ (12) _____
Minus reserve (\$710) (36a) (\$710)
Minus arrears (_____) (36b) (_____)
RESULT _____ (37) _____

If the amount from line 37 above is less than the Preliminary Child Support Amount, line 33, the court MAY order the resulting amount as child support order on line 37, absent a deviation.

AMOUNT TO BE ORDERED: _____ (38) _____

3. Paying Party's employer/payor is:

Name: _____

Payroll Dept. Address: _____

4. Written Findings for Physical Custody Adjustment and/or Other Adjustments:

5. The court finds that the paying party has the ability to pay child support in the amount from line 38:

\$ _____

6. The court, having considered the best interests of the child(ren), deviates from the guidelines for the following reason(s):

- r Application of the guidelines is inappropriate.
- r Application of the guidelines is unjust.
- r The parties have signed a written agreement with knowledge of the amount of support that would have been ordered by the guidelines but for the agreement.

The court makes the following findings regarding the deviation:

r The child support order would have been \$ _____

r The child support order after deviation is \$ _____

r All parties have signed the agreement free of duress and coercion.

r _____

IT IS ORDERED THAT:

A. The r Petitioner r Respondent shall pay child support of \$ _____ per month to the other party. The effective date of the obligation to pay child support ordered by the court is ____ with the first payment due on . If this is a modification of child support, all other prior orders of this court not modified herein remain in full force and effect.

B. The court finds that an arrearage exists in the amount of \$ _____ for the period of time of _____ to _____. The r Petitioner r Respondent shall pay an arrearage payment of \$ _____ per month to the other party with the first arrearage payment due on _____.

C. All payments shall be made through the Support Payment Clearinghouse pursuant to an Order of Assignment signed this date. At any time the paying party's employer/payor is not paying pursuant to an Order of Assignment, the paying party must make full and timely payment directly to:

Support Payment Clearinghouse
P.O. Box 52107
Phoenix, AZ 85072-2107

Payments not made through the Clerk of the Court/Clearinghouse shall be considered gifts unless otherwise ordered. Payments must include the case number and the paying party's name.

IMPORTANT NOTICE: Under state law (section 25-503, subsection I, Arizona Revised Statutes) the right to collect unpaid child support payments ends three years after the last child included in the child support order *emancipates. To collect the unpaid support, the person owed child support must file a court action to obtain a written judgment for the unpaid amount due before the end of the three year period. (Limited exceptions exist and are found in A.R.S. § 25-320.B.)

*A child is emancipated: On the date of the child's marriage.
 On the child's 18th birthday.
 When the child is adopted.
 When the child dies.
 When the support obligation is terminated by the court if support is extended beyond
 the age of 18.

D. Unless the court has ordered otherwise, the parties affected by this order shall notify the Clerk of the Court/
Clearinghouse of their addresses and shall notify the Clerk/Clearinghouse of any change of address within ten (10) days.
The paying party shall also notify the Clerk/Clearinghouse of the names and addresses of the paying party's employers
or other payors and, within ten (10) days, of any changes thereof.

E. The costs of visitation-related travel/transportation shall be shared by the parties as follows:

Father: _____ Mother: _____

F. r Petitioner r Respondent is responsible for providing medical insurance for the children.

r Petitioner r Respondent shall pay _____ % of any uninsured medical/dental expenses and the other party
shall pay the remainder.

r Other orders - Medical: _____

G. The parties shall:

r Exchange financial information such as copies of tax returns, earnings statements, and a Parent's Worksheet every
24 months.

r Exchange residential addresses and the names and addresses of their employers every 24 months.

r _____.

H. The court allocates the tax exemption(s) as follows:

Date

Judge or Commissioner

<p style="text-align: center;">ORDER OF ASSIGNMENT INSTRUCTIONS</p>
--

“**Obligor**” is the person ordered to make support payments.
“**Obligee**” is the person or agency entitled to receive support.

COMPLETE THIS FORM IF:

You have completed a Request for an Ex Parte Assignment, or

You have been ordered by the court to prepare an Order of Assignment, or

You are a party to a proceeding in which the court may establish or modify a support obligation.

FOLLOW THESE INSTRUCTIONS WHICH ARE NUMBERED TO MATCH THE IDENTIFYING NUMBERS ON THE FORM. PLEASE TYPE OR PRINT NEATLY USING BLACK INK.

- (1) Fill in the name, address, and phone number of the person filing the form. (The spaces marked representing and state bar number are used only if an attorney is preparing this form.)
- (2) Fill in the name of the county in which this order is being filed. (This may already be printed on the form.)
- (3) Fill in the name of the person shown as the petitioner on the order that established the support obligation. If there is no order, type or print the name of the person shown as the petitioner in the original petition filed in the case.
- (4) Fill in the name of the person shown as the respondent on the order that established the support obligation. If there is no order, type or print the name of the person shown as the respondent in the original petition filed in the case.
- (5) Fill in the case number and ATLAS number (if you have one) that appears on the support order. If the order was issued in a county other than the one where you are filing this request and order, leave this item blank.

If you do not yet have an order establishing a support obligation. Leave this item blank.
- (6) If you are completing this order because you have completed a Request for an Ex Parte Assignment: Mark the “Ex Parte” box.

OR

If you are completing this order for any other reason, mark the “Automatic/After Hearing” box, unless the court orders you to do otherwise.

- (7) Fill in the name (first, middle and last) and Social Security Number of the Obligor.
- (8) If you marked the “Automatic/After Hearing” box in Item 6 above, leave this item blank.

If you marked the “Ex Parte” box in Item 6, fill in the monthly amount of each obligation that you are including in you request for assignment. The current child support and spousal maintenance amounts must be the same as the amounts listed on the Request in Items 9 and 10. If you are requesting payment on arrearages, the amount entered must be the same as the amount listed on the Request, in Item 14. Then enter the total amount of all monthly obligations.

- (9) Fill in the number that appears in Item 5 above.
- (10) Leave this area blank; the Judicial Officer or Clerk will date and sign the order.

(1) Person Filing: _____
 Mailing Address: _____
 City, State, Zip: _____
 Daytime Phone: _____
 Evening Phone: _____
 Representing: r Self r Attorney
 State Bar Number: _____

IN THE SUPERIOR COURT OF ARIZONA,

COUNTY

_____))
 _____))
 Petitioner/Plaintiff))
 _____))
 vs.))
 _____))
 Respondent/Defendant))
 _____))

Case Number: _____
 ATLAS Number: _____

ORDER OF ASSIGNMENT

r Ex Parte
 r Automatic/After Hearing

TO: Current and future employers or other payors of:

Name: _____
 Social Security Number: _____

You shall withhold court-ordered payments as follows:

Current Child Support	\$ _____
Spousal Maintenance	\$ _____
Payments on Arrears / Interest	\$ _____
Other Amounts	\$ _____

for the total amount per month of \$ _____, but no more than 50% of the disposable earnings (A.R.S. § 33-1131) to be made payable to the Support Payment Clearinghouse, **plus an additional handling fee amount** (A.R.S. § 12-284).

Case Number: _____

THIS ORDER MODIFIES ANY PREVIOUSLY DATED ORDERS OF ASSIGNMENT WITH THE SAME CASE NUMBER, AS ABOVE.

This Order of Assignment is effective immediately upon receipt by an employer or other payor, including self-employed persons, and continues until further Order, or until a period of 90 continuous days from the last payment to the Obligor. If you are again obligated to pay monies to the Obligor within 90 days, you are again bound by this Order of Assignment. Any employer or other payor of monies shall begin withholding no later than fourteen days after receipt of an Order of Assignment. Payment must be sent to the Clearinghouse within two business days of the date the monies were withheld.

If this is an "Ex Parte" Order, and you are the first employer or other payor served, you are ordered to serve by personal delivery or registered mail a copy of: (1) the Request, (2) the Order of Assignment, and (3) the Notice to the person ordered to pay child support or spousal support (maintenance) within ten days of the date you were served. The first employer or other payor served shall not withhold or deduct amounts specified in the Ex Parte Order of Assignment for fourteen calendar days to allow the obligor an opportunity to contest the Order of Assignment, if necessary, pursuant to A.R.S. § 25-504 (G).

You shall not discharge or otherwise discipline the person named in this assignment, because of service of this Order of Assignment.

All Payments shall be sent to :

Support Payment Clearinghouse
P.O. Box 52107
Phoenix, AZ 85072-2107

Please reference the Court Case number and ATLAS number on the first page as well as the employee's name and Social Security Number on all payments sent on the Transmittal of Payment Form.

DONE IN OPEN COURT this _____ day of _____, 20__.

JUDGE OR COURT COMMISSIONER

CURRENT EMPLOYER INFORMATION

CASE NUMBER _____

ATLAS NUMBER _____

PAYOR NAME _____

SSN _____

CURRENT EMPLOYER NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____ FAX NUMBER _____

PREVIOUS EMPLOYER (IF KNOWN) _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____ FAX NUMBER _____

**REQUEST FOR HEARING
AND NOTICE OF HEARING
INSTRUCTIONS**

COMPLETE THIS FORM IF:

A Request to Modify Child Support Pursuant to Guidelines' Simplified Procedure has been filed, **and**

You want to have a hearing to explain your position.

TO REQUEST A HEARING YOU WILL NEED:

A copy of the Request to Modify Child Support, **and**

A completed "Parent's Worksheet for Child Support Amount."

NOTE: There may be a charge for filing this Request. There may be other charges including an appearance fee if this is your first appearance in this case. If you cannot pay these fees, you may request the fees be waived or deferred. The Clerk of the Superior Court has the necessary forms to ask for waiver/deferral.

FOLLOW THESE INSTRUCTIONS WHICH ARE NUMBERED TO MATCH THE IDENTIFYING NUMBERS ON THE FORM. PLEASE TYPE OR PRINT NEATLY USING BLACK INK.

1. Fill in the name, address, and phone number of the person filing the form.(The spaces marked representing and state bar number are used only if an attorney is preparing this form.)
2. Fill in the name of the county that appears in this space on the Request to Modify Child Support. (This may already be printed on the form.)
3. Fill in the name of the person shown as the petitioner on the Request to Modify Child Support.
4. Fill in the name of the person shown as the respondent on the Request to Modify Child Support.
5. Fill in the case number that appears on the Request to Modify Child Support.
6. You must date and sign here in person before a Notary Public or a clerk of court. By signing, you are stating under oath that the contents of this Request for Hearing are true and correct to the best of your knowledge.
7. Leave this area blank; it will be completed by personnel at the Office of the Clerk of the Superior Court when you file these documents.

8. List the name and current mailing address of the other party to this action. If you are using the child support services of the Department of Economic Security (DES) or if the other party answered YES to item 13 on the Request to Modify Child Support, you MUST also mail a copy of this Request for Hearing and Notice of Hearing to the DES.
9. Sign and date the form to indicate that you will mail the Request for Hearing and Notice of Hearing as indicated.

WHEN YOU HAVE COMPLETED THIS FORM:

Give the form and your completed worksheet to the Clerk of the Superior Court. The Clerk's office will fill in the date, time, and place of the Hearing and have the notice signed.

IMMEDIATELY AFTER THE COURT SETS THE HEARING AND FILLS IN THE INFORMATION IN ITEM 7:

You must send the Request for Hearing and Notice of Hearing as indicated in item 8.

(1) Person Filing: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Daytime Phone: _____
 Evening Phone: _____
 Representing: r Self or r Attorney
 State Bar Number (if applicable) _____

ARIZONA SUPERIOR COURT, COUNTY OF (2) _____

(3) _____
 Petitioner/Plaintiff

(4) Case No. _____

ATLAS No. _____

 Respondent/Defendant

**REQUEST FOR HEARING
 AND NOTICE OF HEARING
 (Simplified Procedure)**

A request to Modify Child Support Pursuant to Guidelines' Simplified Procedure has been filed.

The information provided on the Parent's Worksheet that was the basis for the Request to Modify Child Support is not accurate. I am attaching the required completed Parent's Worksheet that shows what I believe to be accurate information. I request that a hearing be set so that I can explain to the judge or commissioner my position. I further request that costs and fees incurred in responding to the Request for Modification be ordered to be paid by the opposing party.

I have read this document and the information is true and correct to the best of my knowledge.

 Date

 Requesting Party's Signature

State of Arizona)
)ss.
 County of _____)

Acknowledged before me on: _____

My Commission Expires: _____

 Notary Public or Clerk

NOTICE OF HEARING

The above verified Request for Hearing having been filed, this matter shall be heard:

DATE AND TIME: _____

PLACE: _____

If either party fails to appear at the hearing after proper notice, the court will take evidence from the party who does appear and make a decision based on the information provided in the Request to Modify Child Support, Request for Hearing, and any oral testimony.

_____ (Judicial Officer)
Date

Upon receipt of the hearing date, I will immediately mail a copy of this Request for Hearing and Notice of Hearing to the other parent, or such person's attorney as follows:

Name: _____
Address: _____

If one of the parties is using the child support services of the Department of Economic Security, I will also immediately mail a copy of this Request for Hearing and Notice of Hearing to:

Child Support Enforcement
ATTN: Modification
P.O. Box 40458
Phoenix, AZ 85067

_____ (Requesting Party)
Date