

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_  
Evening Phone Number: \_\_\_\_\_  
Representing ☐ Self ☐ Petitioner ☐ Respondent

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA  
IN MARICOPA COUNTY**

CASE NO: \_\_\_\_\_

ATLAS # \_\_\_\_\_

\_\_\_\_\_  
Petitioner

and

**AFFIDAVIT OF  
NON-COMPLIANCE**

\_\_\_\_\_  
Respondent

**IMPORTANT INFORMATION ABOUT THIS DOCUMENT**

This Affidavit is an important document. You must fill out this Affidavit completely, and provide accurate information. Once filed you must provide a copy of this Affidavit to the Family Court Conference Center before further action can be taken by the Court.

**1. INFORMATION REGARDING CURRENT SUPPORT ORDER**

On \_\_\_\_\_ (date), the Honorable \_\_\_\_\_, a  
Judicial Officer of the Superior Court of Arizona, ordered  
\_\_\_\_\_ (obligor/person ordered to pay support) to pay

- ☐ Child Support  
☐ Spousal Maintenance  
☐ Unreimbursed Medical/Dental/Vision Expenses

as follows:

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

## 2. INFORMATION REGARDING ORDER TO MONITOR

On \_\_\_\_\_ (date) the Honorable, \_\_\_\_\_ a  
Judicial Officer of the Superior Court of Arizona, authorized a party to file an *Affidavit  
of Non-compliance* in lieu of filing another petition for enforcement and/or ordered  
that this case be monitored for compliance with

- ☐ Child Support  
☐ Spousal Maintenance  
☐ Unreimbursed Medical/Dental Expenses

## 3. DESCRIPTION ON HOW THE COURT ORDER HAS BEEN VIOLATED

Please provide a description on why you believe the other party is in violation of the  
current court order regarding support.

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## OATH OR AFFIRMATION AND VERIFICATION

I swear or affirm that the information on this document is true and correct under  
penalty of perjury.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

My Commission Expires: \_\_\_\_\_

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