

PIMA COUNTY MODIFICATION CHILD SUPPORT INFORMATION INTAKE FORM	
CLIENT INFORMATION	
CLIENT NAME	BEST PHONE
CLIENT EMAIL	SECOND PHONE
CLIENT IS <input type="checkbox"/> PETITIONER or <input type="checkbox"/> RESPONDENT	PETITIONER IS <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER
PARENT WITH PRIMARY PHYSICAL CUSTODY OR SOLE LEGAL CUSTODY <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER	
CASE INFORMATION	
PIMA CO. CASE NO.	ATLAS NO.
CURRENT CHILD SUPPORT AMOUNT	DATE /JUDGE OF CURRENT CHILD SUPPORT ORDER
EMPLOYER INFORMATION (PAYING PARENT ONLY)	
EMPLOYER NAME	
MAILING ADDRESS (where paychecks come from)	
CITY, STATE, ZIP	
PETITIONER (Plaintiff) INFORMATION	
FULL LEGAL NAME (AS STATED ON CURRENT ORDER)	
CURRENT FULL LEGAL NAME (IF CHANGED SINCE ORDER)	
ADDRESS	
CITY, STATE, ZIP	
BEST PHONE	SECOND PHONE
BIRTHDAY	SS NO.
RESPONDENT (Defendant) INFORMATION	
FULL LEGAL NAME (AS STATED ON CURRENT ORDER)	
CURRENT FULL LEGAL NAME (IF CHANGED SINCE ORDER)	
ADDRESS	
CITY, STATE, ZIP	
BEST PHONE	SECOND PHONE
BIRTHDAY	SS NO.

MINOR CHILDREN INFORMATION (INVOLVED WITH THIS MATTER ONLY)

Use the back of this form for additional children information.

FULL LEGAL NAME

BIRTHDAY

SS NO.

CITY AND STATE OF BIRTH

FULL LEGAL NAME

BIRTHDAY

SS NO.

CITY AND STATE OF BIRTH

FULL LEGAL NAME

BIRTHDAY

SS NO.

CITY AND STATE OF BIRTH

FULL LEGAL NAME

BIRTHDAY

SS NO.

CITY AND STATE OF BIRTH

OTHER MINOR CHILDREN INFORMATION (NOT INVOLVED WITH THIS MATTER)

Use the back of this form for additional children information.

PETITIONER

FULL LEGAL NAME

AGE

FULL LEGAL NAME

AGE

RESPONDENT

FULL LEGAL NAME

AGE

FULL LEGAL NAME

AGE

METHOD OF SERVICE

THE NON-REQUESTING PARTY MUST **LEGALLY** RECEIVE A COPY OF THE PETITION AND CHILD SUPPORT WORK SHEET, THEREFORE, PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS:

- 1) **VOLUNTARY ACCEPTANCE OF SERVICE** - NO ADDITIONAL CHARGE (ONLY OPTION IF NON-REQUESTION PARTY IS IN THE MILITARY);
- 2) **CERTIFIED MAIL** - \$45 (ONLY IF NON-REQUESTION PARTY RESIDES OUT OF TOWN); OR
- 3) **PRIVATE PROCESS SERVER** - \$85 - \$300

PROCESS SERVICE INFORMATION

OTHER NAMES (NICKNAMES, AKA's)

RESIDENCE

EMPLOYER

WORK ADDRESS

WORK DAYS/HOURS

BEST TIME & PLACE TO SERVE

RACE

COMPLEXION

HEIGHT _____ ' _____ "

WEIGHT _____ LBS.

EYE COLOR

GLASSES

HAIR COLOR

LENGTH/STYLE

FACIAL HAIR

MARKS/SCARS/TATTOOS

VEHICLE YEAR

MAKE/MODEL

COLOR

LICENE PLATE

OTHER VEHICLES

CHILD SUPPORT CALCULATION INFORMATION

CLIENT NAME	PHONE		
CLIENT EMAIL	CLIENT IS <input type="checkbox"/> PETITIONER or <input type="checkbox"/> RESPONDENT		
PETITIONER IS <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER	RESPONDENT IS <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER		
PARENT WITH PRIMARY PHYSICAL CUSTODY OR SOLE LEGAL CUSTODY <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER			
GROSS INCOME Use Either: 1) Yearly Salary ÷ 12; 2) Hourly Wage x 40 Hours per Week x 4.33 weeks per month or 3) Hourly Wage x 40 Hours per Week x 52 Weeks per year ÷ 12 months per year.	FATHER	MOTHER	
Father's Calculation:	\$		
Mother's Calculation:		\$	
SPOUSAL MAINTENANCE please indicate if paid (-) or received (+)	\$	\$	
OTHER COURT ORDERED CHILD SUPPORT paid	\$	\$	
OTHER CHILDREN with another relationship			
NUMBER OF MINOR CHILDREN in this matter			
NUMBER OF MINOR CHILDREN 12 AND OVER			
MEDICAL/DENTAL/VISION PREMIUMS for the children's portion only. The difference between what Employee would pay out of pocket for Employee ONLY and what Employee pays out of pocket for Employee plus children divided by members covered times number of minor children.	MEDICAL	\$	\$
	DENTAL/ VISION	\$	\$
MONTHLY CHILD CARE AMOUNT (Sometimes different in summer. 36 school weeks ~ 13 summer weeks ~ 3 other weeks) YEARLY AMOUNT ÷ 12 for MONTHLY AMOUNT.	\$	\$	
EXTRA EDUCATION COSTS tutoring or private school upon agreement of parents.	\$	\$	
EXTRAORDINARY/SPECIAL NEEDS EXPENSES ongoing fixed medical treatment, medicines, or special needs situations for the child/ren.	\$	\$	
PARENTING TIME DAYS ~ "One day" means more than 12 continuous and consecutive hours or an overnight. "One-half day" means greater than 4 and up to and including 12 continuous and consecutive hours. "One-quarter day" means up to and including 4 continuous and consecutive hours. Actual time is calculated taking into consideration either the current court order, historical practice, or unreasonable restrictions placed on parenting time by the primary custodial parent.			
COUNT THE NORMAL WEEKS PER YEAR Weeks per year = 52, Subtract Summer weeks (-), Subtract Holiday weeks (Christmas/Winter Break, Easter/Spring Break) (-), TOTAL 'Normal' weeks per year (=)			
ADD THE DAYS			
Add Summer Days (Summer weeks x 7) (+).....			
Add Holiday Days (add 5-10 average) (+).....			
Add Every other weekend (normal weeks ÷ 2 x 2) (+).....			
Add One evening every week less than 4 hours (normal weeks x .25) (+).....			
TOTAL days per year (=)			
UNINSURED MEDICAL/DENTAL/VISION EXPENSES RESPONSIBILITY PERCENTAGES (Co-pays, Deductibles, Braces or any other expenses not covered by insurance) [%___] FATHER [%___] MOTHER			
PARENTING TIME (VISITATION) RELATED TRAVEL EXPENSES (applicable when the parents live more than 100 miles from each other) [%___] FATHER [%___] MOTHER			
CLAIMING THE CHILD(REN) AS TAX EXEMPTIONS (should be an allocation of the federal tax exemptions applicable to the minor child(ren) which as closely as possible approximates the percentages of child support being provided by each of the parents) Four (4) choices, complete ONLY ONE choice. 1) <input type="checkbox"/> FATHER claims all every year; 2) <input type="checkbox"/> MOTHER claims all every year; 3) FATHER claims all every <input type="checkbox"/> even <input type="checkbox"/> odd year AND MOTHER claims all every <input type="checkbox"/> even <input type="checkbox"/> odd year. 4) FATHER claims ___ child(ren) every year and MOTHER claims ___ child(ren) every year.			