

(1) Person Filing: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Daytime Phone: _____
 Evening Phone: _____
 Representing: Self or 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, _____, Obligor 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, 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 for 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.
County of _____)

Acknowledged before me on: _____

My Commission Expires: _____

Notary Public or Clerk

NOTICE TO PARTIES

If you do not agree with the modification to your child support, you have 20 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.

Request for Hearing and Notice of Hearing
Parent's Worksheet for Child Support Amount

REQUEST TO MODIFY CHILD SUPPORT INSTRUCTIONS

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 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 the order that established the support obligation.
- (4) Fill in the name of the person shown as the respondent on the order that established the support obligation.
- (5) Fill in the case number and ATLAS number (if you have one) that appears on the order that established the support obligation.
- (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 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. Completed Parent's Worksheet for Child Support Amount
3. Completed Child Support Order.
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.

PARENT'S WORKSHEET FOR CHILD SUPPORT AMOUNT

Petitioner (1) _____

(3) Case No. _____

Respondent (2) _____

ATLAS No. _____

Custodial Parent (4): Father Mother

Prepared By (5): Father Mother

No. of Children (6): _____

Date Prepared (7) _____

	Father	Mother
Gross Income (8) Estimated Father <input type="checkbox"/> Mother <input type="checkbox"/>	\$ _____	\$ _____
Attributed Father <input type="checkbox"/> Mother <input type="checkbox"/>		
Spousal Maintenance Paid (9)	\$- _____	\$- _____
Spousal Maintenance Received (10)	\$+ _____	\$+ _____
Child Support Paid/Contributed (11)	\$- _____	\$- _____
Support of Other Children (12)	\$- _____	\$- _____
Adjusted Gross Income (13)	\$ _____	\$ _____
Combined Adjusted Gross Income (14)	\$ _____	
Basic Child Support Obligation (15)	\$ _____	
<i>Plus Costs for:</i>		
Medical/Dental/Vision Insurance (16)	\$ _____	\$ _____
Childcare (17) for <input type="checkbox"/> One Child <input type="checkbox"/> or More Than One Child	\$ _____	\$ _____
Education Expenses (18)	\$ _____	\$ _____
Extraordinary Child (19)	\$ _____	\$ _____
Subtotal (20)	\$ _____	\$ _____
No. of Children Age 12 or Over _____ Adj. % _____ (21)	\$ _____	
Total Adjustments for Costs (22)	\$ _____	
Total Child Support Obligation (23)	\$ _____	
Each Parent's % of Combined Income (24)	_____ %	_____ %
Each Parent's Share of the Total Support Obligation (25)	\$ _____	\$ _____
Less Paying Parent's Costs (26)	\$ _____	\$ _____
Costs Associated with Parenting Time (27): Table A <input type="checkbox"/> Table B <input type="checkbox"/>		
No. of Days _____		
Line (15) x _____ %	\$ _____	\$ _____
Adjustments Subtotal (28)	\$ _____	\$ _____
Preliminary Child Support Amount (29)	\$ _____	\$ _____
Self Support Reserve Test for Payor (30)		
Line (13) \$ _____ Less Paid Arrears \$ _____ Less \$775	\$ _____	\$ _____
Child Support Amount to be Paid By (31): Father <input type="checkbox"/> Mother <input type="checkbox"/>	\$ _____	\$ _____
Travel Related to Parenting Time (32)	_____ %	_____ %
Medical/Dental/Vision Costs Not Paid by Insurance (33)	_____ %	_____ %

PARENT'S WORKSHEET FOR CHILD SUPPORT AMOUNT INSTRUCTIONS

This worksheet provides the information the court needs to determine child support amounts in accordance with Arizona's Child Support Guidelines. You may download a copy of the Guidelines from the Internet at <http://supreme.state.az.us/nav2/divorce.htm> or see your county Clerk of Superior Court or Self Service Center for a copy.

An automated child support calculator is also available on the Supreme Court's website at <http://www.supreme.state.az.us/childsup.htm>. Assuming your computer is connected to a printer, the online calculator will provide you with a printout that you may use in place of this form.

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 and the ATLAS number, if known.
- The monthly gross income of both parents (actual, estimated or attributed).
- The monthly cost of medical, dental and vision insurance for the children who are the subject of this action.
- Monthly childcare amounts paid to others by each parent.
- The number of days the child(ren) spends with the non-custodial parent.
- Monthly obligations of each parent for child support or court-ordered spousal maintenance/support.

DEFINITIONS

- Custodial Parent – The parent designated by the court as having primary physical custody of the child(ren) or if a custody order has not been established, the parent with whom the child lives with most of the time.
- Non-custodial Parent - The parent that has not been granted physical custody of the child(ren) or if a custody order has not been established, the parent who is not the primary caretaker of the child(ren).
- Physical Custody - Rights and responsibilities to determine where the child lives and who cares for the child.

HOW TO COMPLETE THIS FORM:

TYPE OR PRINT NEATLY USING **BLACK INK**. Match each numbered item in the instructions with the same numbered item on the Parent's Worksheet for Child Support Amount. The number in brackets after the instructions tells you where to look in the Guidelines for this item, for example, [Guidelines 5].

- (1) Type or print the name of the person shown as the Petitioner/Plaintiff on the original petition to establish support or on the Order that established support.
- (2) Type or print the name of the person shown as the Respondent/Defendant on the original petition to establish support or on the Order that established support.
- (3) Type or print the case number assigned to your case. If you do not have a case number, leave this item blank.
Type or print the ATLAS number, if one has been assigned to your case; otherwise leave this item blank.
- (4) Check the box indicating the custodial parent. [See definition above].
- (5) Check the box indicating which parent is preparing this form.
- (6) Enter the number of children from this relationship for whom support is being requested.

(7) Type or print the date this Parent's Worksheet for Child Support Amount is being completed.

MONTHLY GROSS INCOME

(8) Type or print the exact, estimated or attributed gross monthly income for each parent. [See Guidelines 5]

Example of estimated income: The father was promoted to supervisor. Before this promotion he was making \$2,000 per month and I believe he received a 20% increase, so I am estimating his income at \$2,400 per month.

Example of attributed income: My ex-wife was a secretary earning \$1,500 per month. Now she has remarried and is staying home as a homemaker. She could be making \$1,500 per month, so I am attributing her income at \$1,500 per month.

If you are estimating or attributing, check the appropriate box(es) in (8).

-
- 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 your "take home pay", it is the total amount before any deductions.
 - To convert weekly "gross income" to "monthly gross income", multiply the weekly amount by 4.33 (52 weeks divided by 12 months = 4.33 average weeks in a month).
 - To convert bi-weekly "gross income" to "monthly gross income" multiply the bi-weekly amount by 2.165 (26 weeks divided by 12 months = 2.165 average pay periods in a month).
-

Gross Income includes monies from:

- Salaries
- Bonuses
- Worker's Compensation Benefits
- Wages
- Dividends
- Disability Insurance (including Social Security disability)
- Annuities
- Royalties
- Commissions
- Capital Gains
- Interest
- Self-employment
- Severance Pay
- Unemployment Insurance Benefits
- Income from a Business
- Pensions
- Rental Income
- Prizes
- Social Security Benefits [Guidelines 26]
- Trust Income
- Recurring Gifts

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 also include one-half of the self-employment tax actually paid.

Gross Income does not include:

- Income of a parent's new spouse. Only income of persons having a legal duty of support shall be treated as income under the Guidelines.
- Benefits from public assistance programs such as Temporary Assistance for Needy Families (TANF), Supplemental Social Security Income (SSI), Food Stamps and General Assistance (GA).

- Child support payments received.

If a parent is unemployed or underemployed, you may ask the court to attribute income to that parent by entering the amount 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 non-custodial parent is capable of full-time employment at least at the federal adult minimum wage. [Guidelines 5.E.] This presumption does not apply to non-custodial parents under the age of eighteen who are attending high school. If gross income is attributed to the parent receiving support, appropriate childcare expenses may also be attributed in (17).

If you are completing this Parent's Worksheet as part of a simplified 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 simplified 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 or explain the amount shown or mark the box in (8) to show that the income amount is estimated or attributed.

ADJUSTMENTS TO MONTHLY GROSS INCOME [Guidelines 2.C., 6 and 6.A.]

- (9) Type or print the total monthly amount of court-ordered spousal maintenance/alimony each parent actually pays from any previous marriage and/or pays or will pay from this marriage.
- (10) Type or print the total monthly amount of court-ordered spousal maintenance/alimony each parent actually receives from any previous marriage and/or receives or will receive from this marriage.
- (11) If either parent has a child(ren) from another relationship who is the subject of a child support order, s/he is entitled to an adjustment as follows:

For the non-custodial parent, the adjustment will be the amount of the court order if being paid. No adjustment will be made for court-ordered arrearage payments.

For the custodial parent, the adjustment will be based upon a "simplified application" of the Guidelines as described below.

Example of the "Simplified Application":

The parent has a gross monthly income of \$2,000, and one child who is the subject of a child support order. To use the Simplified Application of the Guidelines, locate \$2,000 in the Combined Adjusted Gross Income column of the Schedule of Basic Child Support Obligation. Select the amount in the column for one child, \$420. The parent's income will be reduced by \$420, resulting in an Adjusted Gross Income of \$1,580.

Type or print the adjustment.

- (12) If either parent has a natural or adopted child(ren) from another relationship who is not the subject of a child support order, s/he may ask the court to consider the financial obligation. If you choose to do this,

the adjustment amount you may request is determined by a “simplified application of the Guidelines”.

Example of the “Simplified Application”:

The parent has a gross monthly income of \$3,000, and two children who are not the subject of a child support order. To use the Simplified Application of the Guidelines, locate \$3,000 in the Combined Adjusted Gross Income column of the Schedule of Basic Child Support Obligation. Select the amount in the column for two children, \$817. The parent's income may be reduced by up to \$817, resulting in an Adjusted Gross Income of \$2,183.

Type or print the adjustment.

ADJUSTED GROSS INCOME [Guidelines 7]

(13) Add the amounts in (8) and (10), then subtract the amounts in (9), (11) and (12) for each parent. Type or print the answer.

COMBINED ADJUSTED MONTHLY GROSS INCOME [Guidelines 7]

(14) Add the two numbers in (13) together (the one for the father and the one for the mother). Type or print the amount.

BASIC CHILD SUPPORT OBLIGATION [Guidelines 8]

(15) On the Schedule of Basic Child Support Obligation, locate the amount that is closest to the Combined Adjusted Monthly Gross Income in (14). Go to the column for the number of children in (6). Type or print this amount.

PLUS COSTS FOR: (Place in the column for the parent paying the expenses.)

Medical/Dental/Vision Insurance [Guidelines 9.A.]

(16) For each parent type or print the monthly dollar amount of that portion of the insurance premium that is or will be paid for court-ordered medical, dental and/or vision care insurance for the child(ren) in this case.

Child Care [Guidelines 9.B.1]

(17) If the custodial parent is working or if income is attributed to the custodial parent in (8), check the box indicating whether childcare is paid for one or more than one child; then type or print the monthly cost of work-related childcare the custodial parent pays. If these costs vary throughout the year, add the amounts for each month together and divide by 12 to annualize the cost. If appropriate, adjust for the federal child care tax credit.

If the non-custodial parent pays for work-related childcare during periods of physical custody, the amount paid by that parent may also be typed or printed here. If these costs vary throughout the year, add the amounts for each month together and divide by 12 to annualize the cost.

Education Expenses [Guidelines 9.B.2.]

(18) Type or print the monthly 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.

Extraordinary Child [Guidelines 9.B.3.]

- (19) If any of the children for whom support is being requested are gifted or handicapped and have special needs, type or print the monthly costs of meeting those needs.
- (20) Add items (16) through (19) for each parent and type or print the answer.

Children 12 and Over [Guidelines 9.B.4.]

- (21) If there are no children 12 or over, enter "0" and SKIP to (22). Average expenditures for children 12 or older are approximately 10% higher than those for younger children, therefore the Guidelines allow an adjustment of up to 10% to account for these higher costs. If support is being determined for children 12 or older, type or print the number of children 12 or older; then type or print the percentage of adjustment (1-10 percent) you are requesting.

If all children are 12 or over:

- Multiply the Basic Child Support Obligation (15) by the percentage adjustment (1 – 10%), which results in the monthly dollar amount of increase.
- Type or print this amount in the blank with the "\$".

If one or more, but not all children are 12 or older:

- Divide the Basic Child Support Obligation (15) by the total number of children.
- Multiply that amount by the number of children 12 or over.
- Then multiply that amount by the percentage adjustment (1 – 10%), which results in the monthly dollar amount of increase.
- Type or print this amount in the blank with the "\$".

Example A:

All children are 12 or older, Basic Child Support Obligation is \$300 and a 10% Adjustment is being requested:

Multiply Basic Child Support Obligation of \$300 by the 10% adjustment which equals \$30.
$$\$300 \times .10 = \$30$$

Example B:

Support is being requested for three children, two of those children are 12 or older. The Basic Child Support Obligation is \$300 and a 10% Adjustment is being requested:

Divide Basic Child Support Obligation of \$300 by 3 children which equals \$100.
$$\$300 \div 3 = \$100$$

Multiply the answer of \$100 by 2 children which equals \$200.
$$\$100 \times 2 = \$200$$

Multiply the answer of \$200 by the 10% adjustment which equals \$20.
$$\$200 \times .10 = \$20$$

TOTAL ADJUSTMENTS FOR COSTS

- (22) Add the amounts for both parents from (20) to the amount from (21). Type or print the answer.

TOTAL CHILD SUPPORT OBLIGATION

(23) Add the amounts from **(15)** and **(22)**. Type or print the total amount.

EACH PARENT'S PERCENTAGE (%) OF COMBINED INCOME [Guidelines 10]

(24) For each parent, divide the amount in **(13)** (Adjusted Gross Income) by the amount in **(14)** (Combined Adjusted Gross Income). Type or print each parent's percentage. If one parent earns all of the income, this answer will be 100%.

EXAMPLE:	Mother	Father
Adjusted Gross Income (13)	\$600	\$400
Combined Adjusted Gross Income (14)	\$1000	

$\$600 \div \$1,000 = .60$ or 60% is Mother's percentage

$\$400 \div \$1,000 = .40$ or 40% is Father's percentage

EACH PARENT'S SHARE OF THE TOTAL CHILD SUPPORT OBLIGATION

(25) For each parent, multiply the amount in **(23)** by the number for that parent in **(24)**. This equals the dollar amount of each parent's share of the total child support obligation. Type or print each parent's share of the child support obligation.

EXAMPLE:	Mother	Father
Total child support obligation (23)	\$189	
Percentage of combined income (24)	60%	40%

$\$189 \times .60 = \113.40 is Mother's share of the total support obligation

$\$189 \times .40 = \75.60 is Father's share of the total support obligation

LESS PAYING PARENT'S COSTS

(26) For the parent who is or will be ordered to pay child support type or print the amount from **(20)**.

ADJUSTMENT FOR COSTS ASSOCIATED WITH PARENTING TIME [Guidelines 11]

(27) If either of the following is true, neither party receives a parenting time adjustment, SKIP to **(28)**:

- Time with each parent is equal.
- The non-custodial parent will not incur costs for the children during parenting time.

To adjust for costs associated with parenting time, first determine the total number of parenting time days indicated in a court order or parenting plan or by the expectation or past practice of the parents. Using the definitions below, add together each block of parenting time to arrive at the total number of parenting time days per year. Only time spent with the non-custodial parent is considered; time that the child is in school or in childcare is not considered.

For purposes of calculating parenting time days:

- A. A period of 12 hours or more counts as one day.
- B. A period of 6 to 11 hours counts as a half-day.
- C. A period of 3 to 5 hours counts as a quarter-day.
- D. Periods of less than 3 hours may count as a quarter day if, during those hours, the non-custodial parent pays for routine expenses of the child, such as meals.

Based on the information below, check the box to indicate whether “Parenting Time Table A” or “Parenting Time Table B” applies.

“Parenting Time Table A” applies when the number of parenting time days approaches equal time sharing (143 days and above) and 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. Parenting Time Table A applies unless the court finds that costs are not substantially or equally shared in each household.

“Parenting Time Table B” applies only when the custodial parent can prove to the court that the costs are not substantially or equally shared in each household.

PARENTING TIME TABLE A			
Number of Visitation Days	Adjustment Percentage	Number of Visitation Days	Adjustment Percentage
0 – 3	0	116 - 129	.195
4 – 20	.012	130 - 142	.253
21- 38	.031	143 – 152	.307
39 - 57	.050	153 – 162	.362
58 - 72	.085	163 - 172	.422
73 - 87	.105	173 – 182	.486
88 - 115	.161		

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

- Type or print total number of parenting time days in **(27)**.
- Check the box to indicate whether Table A or Table B applies.
- Type or print the percentage adjustment from the appropriate table.
- Multiply the percentage by the amount listed for **(15)**. Type or print the answer in the column for the non-custodial parent.

EXAMPLE

The Basic Child Support Obligation **(15)** is \$425. The non-custodial parent has parenting time with the children a total of 100 days. On “Parenting Time Table A”, the range of days for this amount of parenting time is 88 to 115 days. The corresponding adjustment percentage is .161. Multiply the \$425 Basic Child Support Obligation by .161 (16.1%). The resulting amount of \$68 is entered in **(27)** in the column for the non-custodial parent.

$$\$425 \times .161 = \$68$$

ADJUSTMENTS SUBTOTAL

(28) For the paying parent, add the amounts in **(26)** and **(27)**. Type or print the answer.

PRELIMINARY CHILD SUPPORT AMOUNT

(29) For non-custodial parent: Subtract the amount in **(28)** from **(25)**. Type or print the answer.
For custodial parent: Type or print the amount from **(25)**.

SELF SUPPORT RESERVE TEST FOR PAYING PARENT [Guidelines 15]

- (30)**
- Type or print the paying parent’s adjusted gross income from **(13)**.
 - The court may subtract from the paying parent’s adjusted gross income **(13)** court-ordered arrears on child support for children of other relationships or spousal maintenance, if actually paid. If applicable, type or print that monthly amount.
 - Subtract paid arrears and \$775 from **(13)**.
 - Type or print the answer in the column for the paying parent.

CHILD SUPPORT AMOUNT TO BE PAID

(31) Check the box indicating which parent will be ordered to pay child support and type or print the dollar amount from **(29)** or **(30)** for the paying parent. If the resulting amount is less than the preliminary child support amount **(29)**, the court may reduce the child support amount after considering the financial impact the reduction would have on the custodial household.

RESPONSIBILITY FOR TRAVEL EXPENSES ASSOCIATED WITH PARENTING TIME [Guidelines 18]

(32) Type or print the percentage you think each parent should pay toward the child(ren)’s travel expenses involving travel of more than 100 miles, one-way. The court will decide how to allocate the expense, but you may use the percentages listed in **(24)** as a guide. The allocation of expense does not change the amount of the support ordered in **(31)**.

RESPONSIBILITY FOR MEDICAL EXPENSES NOT PAID BY INSURANCE [Guidelines 9.A.]

(33) Type or print the percentage you think each parent should pay toward uninsured medical, dental and/or vision expenses for the child(ren). The court will decide how to allocate the expense, but you may use the percentages listed in **(24)** as a guide. The allocation of expense does not change the amount of the support ordered in **(31)**.

NOTE: DEVIATION FROM THE GUIDELINES AMOUNT [Guidelines 20]

If you believe the amount of child support shown on this worksheet is too low or too high, the court may deviate from the guidelines and order a different amount, if the amount on the worksheet is found to be unjust or inappropriate. A deviation can only be ordered if the court makes appropriate findings based

upon evidence presented by either party or agreement of the parties.

WHEN YOU HAVE COMPLETED THIS WORKSHEET:

ARIZONA SUPERIOR COURT IN _____ COUNTY

Petitioner

Case No. _____

Date of Birth (Month, Date, Year)

ATLAS No. _____

Respondent

CHILD SUPPORT ORDER

A.R.S. § 25-503

Date of Birth (Month, Date, Year)

THE COURT FINDS THAT:

1. Mother: _____ and

Father: _____

owe a duty to support the following children:

Child(ren)'s Name(s)	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

DO NOT WRITE BELOW THIS LINE. THE COURT PERSONNEL WILL COMPLETE THE FORM.

2. The required financial factors and any discretionary adjustments pursuant to the Arizona Child Support Guidelines are as set forth in the Parent's Worksheet for Child Support Amount, attached and incorporated by reference.

3. **Mother** **Father** is obligated to pay support to: _____
In the amount of: \$ _____ per month

4. Deviation (only in applicable cases)

Application of the Arizona Child Support Guidelines in this case is inappropriate or unjust. The Court has considered the best interests of the child(ren) in determining that a deviation is appropriate.

The child support amount before deviation
is: \$ _____

The child support amount after deviation is:
\$ _____

The Court finds the guidelines amount is inappropriate or unjust because:

The attached written agreement is made part of this order by reference

Other Reasons for Deviation from Guideline Amount:

Arrears

Child support arrears exist in the amount of: \$ _____
For the period
of: _____ to _____

Interest

Interest in the amount of:
\$ _____
For the period
of: _____ to _____

Past Care and Support

A judgment for past care and support should be entered in the amount
of: \$ _____
For the period
of: _____ to _____

IT IS ORDERED THAT:

1. Mother Father shall pay child support in the amount of: \$ _____
per month, to: _____
First payment is due on the 1st day of: _____

2. Mother Father owes child support arrears in the amount of: \$ _____
For the period of: _____ to _____
Judgment is ordered in favor of: _____
and against: _____
In the principal amount of: \$ _____

Mother Father shall pay
\$ _____ per month toward child support
arrears until paid in full, OR
 Arrears not addressed.

Case No. _____

3. Mother Father owes past care and support in the amount of: \$ _____
For the period of: _____ to _____
Judgment is ordered in favor of: _____
and against: _____
In the principal amount of: \$ _____

Mother Father shall pay \$ _____ per month toward
the past care and support amount until paid in full, OR
 Past care and support not addressed.

4. All payments shall be made through the Support Payment Clearinghouse pursuant to an Order of Assignment signed this date. Any time the full amount of support ordered is not withheld, the person obligated to pay (the obligor) remains responsible for the full monthly amount ordered. Payments not made directly through the Support Payment Clearinghouse shall be considered *gifts* unless otherwise ordered by the Court or by a written Affidavit of Direct Payments signed by all parties to the case and filed with the Clerk of the Court or the Support Payment Clearinghouse. All payments shall be made payable to and mailed directly to:

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

Payments must include the payor's name, ATLAS number or Social Security Number.

5. Pursuant to A.R.S. § 25-322, the parties shall submit current address information in writing to the Clerk of the Superior Court and the Support Clearinghouse immediately. The payor shall within 10
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days, submit the names and addresses of employers or other persons or organizations from which he or she is entitled to receive payment.

6. The parties shall submit address changes within 10 days of the change.

7. MEDICAL, DENTAL, VISION CARE INSURANCE FOR MINOR CHILDREN

Mother is responsible for providing medical dental vision care insurance.

Father is responsible for providing medical dental vision care insurance.

8. The costs of medical/dental/vision care expenses not paid by insurance shall be shared as follows:

Mother _____ % **Father** _____%.

Request for payment or reimbursement must be provided to the obligated parent(s) within 180 days after the services occurred. The obligated parent must pay or make payment arrangements within 45 days after receipt of the request.

9. The costs of travel related to parenting time over 100 miles one way shall be shared as follows:

Mother _____ % **Father** _____%

10. The parties shall exchange financial information such as copies of tax returns, earnings statements, a Parent's Worksheet for Child Support Amount, residential addresses and the names and addresses of their employers every 24 months.

11. The court allocates the federal tax exemption(s) for the dependent child(ren) as follows:

Child's Name	Date of Birth (Month, Day, Year)	Parent Entitled to Deduction	For Calendar Year
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	

For years following those listed above while this Child Support Order remains in effect, the parties shall repeat the pattern above of claiming deductions for each child.

Each year, the person obligated to make payments (the obligor) may claim these exemptions only if the obligor has paid all child support and arrears ordered for the year by December 31 of that year.

IMPORTANT INFORMATION:

If this is a modification of child support, all other prior orders of this Court not modified remain in full force and effect.

_____ Date

_____ Judicial Officer

CHILD SUPPORT ORDER INSTRUCTIONS

An automated child support calculator is available on the Supreme Court's website at <http://www.supreme.state.az.us/childsup.htm>. Assuming your computer is connected to a printer, the online calculator will provide you with a printout that you may use in place of this form.

COMPLETE THIS FORM IF:

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

DEFINITIONS

- Custodial Parent – The parent designated by the court as having physical custody of the child(ren) or if a custody order has not been established, the parent with whom the child lives with most of the time.
- Non-custodial Parent - The parent that has not been granted physical custody of the child(ren) or if a custody order has not been established, the parent who is not the primary caretaker of the child(ren).
- Physical Custody - Rights and responsibilities to determine where the child lives and who cares for the child.

HOW TO COMPLETE THIS FORM:

TYPE OR PRINT NEATLY USING **BLACK INK**. Match each numbered item in the instructions with the same numbered item on the Child Support Order.

- (1) Type or print the name of the county in which this Child Support Order is being filed.
- (2) Type or print the first, middle and last name and date of birth of the person shown as the Petitioner/Plaintiff on the original petition to establish support or on the Order that established support.
- (3) Type or print the first, middle and last name and date of birth of the person shown as the Respondent/Defendant on the original petition to establish support or on the Order that established support.
- (4) Type or print the case number assigned to your case. If you do not have a case number, leave this item blank.
Type or print the ATLAS number, if one has been assigned to your case; otherwise leave this item blank.
- (5) Type or print the first, middle and last name of the mother of the child(ren).
- (6) Type or print the first, middle and last name of the father of the child(ren).
- (7) Type or print the first, middle and last name and date of birth of each child for whom support is being requested.

The Judicial Officer or Clerk of the Superior Court will complete the remaining items, date and sign the order.

WHEN YOU HAVE COMPLETED THE CHILD SUPPORT ORDER:

ARIZONA SUPERIOR COURT, COUNTY OF (1) _____

(2) _____
Petitioner/Plaintiff

(3) Case No. _____

ATLAS No. _____

Respondent/Defendant

ORDER OF ASSIGNMENT
A.R.S. § 25-504

TO: Current and future employers or other payors of:

Name (4): _____

SSN: _____

You shall withhold court-ordered monthly payments as follows:

Current Child Support	\$ _____
Current Spousal Maintenance	\$ _____
Child Support Arrearages/Interest	\$ _____
Spousal Maintenance Arrearages/Interest	\$ _____
Clearinghouse Handling Fee	\$ _____ 2.25 *
Total Amount Per Month	\$ _____ **

* The \$2.25 Handling Fee is subject to statutory change pursuant to A.R.S. § 25-510. **No more than 50% of the employee's disposable earnings may be taken to satisfy an order issued for support or spousal maintenance. A.R.S. § 33-1131

This Order of Assignment modifies any previously dated Orders of Assignment with the same case number as listed above in (3). 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 (person ordered to make support payments). If you are again obligated to pay monies to the obligor within 90 days, you are bound by this Order of Assignment. Payment must be sent to the Clearinghouse within 2 business days after the obligor is paid.

This Order terminates on the last day of _____, _____ unless it includes an arrearage payment, in which case, the total amount listed above shall continue to be withheld until further order.

All payments shall be sent to: Support Payment Clearinghouse
P.O. Box 52107
Phoenix, AZ 85072-2107

The ATLAS number above in (3) and the employee's name and social security number in (4) must appear on the transmittal payment form or check. You shall not discharge or otherwise discipline the person named in this assignment because of service of this Order of Assignment.

Date

Judicial Officer or Clerk of the Superior Court

ORDER OF ASSIGNMENT INSTRUCTIONS

COMPLETE THIS FORM IF:

- You have been ordered by the Court to prepare an Order of Assignment.
- You are a party to a case in which the Court may establish or modify a support obligation.
- You are filing a Request to Modify Order of Assignment.

HOW TO COMPLETE THIS FORM:

TYPE OR PRINT NEATLY USING **BLACK INK**. Match each numbered item in the instructions with the same numbered item on the Order of Assignment.

- (1) Type or print the name of the county in which this Order is being filed.
- (2) Type or print the name of the person shown as the Petitioner/Plaintiff on the order that established/will establish the support.
Type or print the name of the person shown as the Respondent/Defendant on the order that established/will establish the support.
- (3) Type or print the case number assigned to your case. If the order was issued in a county other than the one where you are filing this Order, leave this item blank.
Type or print the ATLAS number, if one has been assigned to your case.
- (4) Type or print the first, middle and last name and the social security number of the person ordered/to be ordered to make the support payments.

The Judicial Officer or Clerk of the Superior Court will complete the remaining items, date and sign the order.

(1) Person Filing: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Daytime Phone: _____
 Evening Phone: _____
 Representing: [] Self or [] 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

 State of Arizona)
)ss.
 County of _____)

 Requesting Party's Signature

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.

Date (Judicial Officer)

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

Date (Requesting Party)

**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.