

Your Name: _____
 Your Mailing Address: _____
 City, State, Zip: _____
 In this case I am [] PAYING [] RECEIVING money
 In this case I [] am representing self [] have an attorney
 Attorney's Name & Bar No.: _____

For Clerk's Use Only

IN THE SUPERIOR COURT OF ARIZONA, YAVAPAI COUNTY

 Petitioner

 Respondent

Case No. 1300DO

ATLAS No. _____

AFFIDAVIT OF DIRECT PAYMENTS

	YEAR	YEAR	YEAR	YEAR
(Insert year)				
January	\$	\$	\$	\$
February	\$	\$	\$	\$
March	\$	\$	\$	\$
April	\$	\$	\$	\$
May	\$	\$	\$	\$
June	\$	\$	\$	\$
July	\$	\$	\$	\$
August	\$	\$	\$	\$
September	\$	\$	\$	\$
October	\$	\$	\$	\$
November	\$	\$	\$	\$
December	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

By signing this document, I state under penalty of perjury that I made the following payments directly to the person ordered to receive the payments or I received the following payments directly from the person ordered to make the payments. These payments were not made through the Support Payment Clearinghouse or the Clerk of the Court.

Signature of Person Receiving Payments and _____
Signature of Person Making Payments

Affirmed before me on: _____ Affirmed before me on: _____

 Notary Public or Deputy Clerk of Court Notary Public or Deputy Clerk of Court

My Commission Expires/Seal: _____ My Commission Expires/Seal: _____

Official use only: Child Support Clerk DCSS (if IV-D case) (e)