

Name: _____

Mailing Address: _____

Daytime Telephone: _____

ATLAS # _____ (If Child Support or Medical)

For Office Use Only: IV-D NON IV-D

IN THE SUPERIOR COURT OF ARIZONA, YAVAPAI COUNTY

Petitioner

1300DO

ORDER TO ENFORCE SUPPORT

vs.

Respondent

- Child Support
- Child Support Arrearages only
- Medical Insurance Coverage
- Spousal Support
- Medical, Dental or Vision Costs
- Other sums owed pursuant to child support order

THE COURT FINDS

1. This case has come before this Court for an Order concerning enforcement of support. The Court has taken all testimony needed to enter an Order, or has determined testimony is not needed to enter the Order.

2. This Court has jurisdiction over the parties under the law, and the provisions of this Order are fair and reasonable under the circumstances.

Specific findings: _____

3. The Petitioner OR Respondent is more than _____ days late in payments.

4. Other: _____

THE COURT ORDERS

1. Judgment entered against Petitioner Respondent in the amount of \$ _____ for _____

_____ as of (date) _____ with

interest to accrue at the statutory rate beginning (date) _____

until _____

2. [] The [] Petitioner [] Respondent post bond to the Clerk of Superior Court of Yavapai County in the amount of \$_____ by (date) _____
Other: _____

3. [] The [] Petitioner [] Respondent provide evidence of medical insurance to _____ by (date) _____
Other: _____

4. [] Other: _____

DATE _____

JUDICIAL OFFICER