

Name: _____

Mailing Address: _____

Daytime Telephone: _____

ATLAS # _____ (If Child Support or Medical)

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



For Clerk's Use Only

IN THE SUPERIOR COURT OF ARIZONA, YAVAPAI COUNTY

Petitioner

1300DO

vs.

PETITION TO ENFORCE SUPPORT

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

Respondent

Expedited

STATEMENTS TO THE COURT UNDER OATH:

1. Petitioner's Name: _____ Date of Birth _____
Address: _____

2. Respondent's Name: _____ Date of Birth _____
Address: _____

3. CURRENT ORDER.

I have a current support order by the Superior Court in Yavapai County.
Date of order _____

I have a current support order from the Superior Court in Arizona but not from Yavapai County and I am filing or have already filed a certified copy with this Court.
Name of county _____
Date of Order _____

I have a current support order from another state and I am filing or have already filed a certified copy with this Court.
Name of county _____
Date of Order _____

The current order requires the Petitioner Respondent to pay the Petitioner Respondent the following:
 child support;

- spousal support;
- medical insurance coverage;
- medical, dental or vision costs;
- Pay other: _____

What the Order says: _____

4. **Current enforcement or modification cases:** No other cases are pending in any court for enforcement or modification of this court order for support. **(YOU MUST CHECK HERE, AND THIS MUST BE TRUE)**

5. **ANY OTHER COURT CASES THAT INVOLVE THESE PARTIES:** Describe any other court cases that involve these same parties, whether still pending or not, and complete all the information for each court order (use extra paper if necessary; if no such cases, write "none")

Names of Parties: _____
 Explain Type of Case: _____
 Court Case No.: _____
 Date of order, judgment, dismissal, etc.: _____
 Explain what order or judgment said, or basis for dismissal: _____

 Location of court (city and county): _____

Status of Case Now

- Final Order Entered; Case is over
- Hearing Date Set: on (date) _____ at (time) _____
 Court location/address: _____
- Other (explain in detail): _____

6. **SUPPORT AMOUNT DUE.** The total amount of support past due is \$_____ for the time period _____ to _____ with a portion of this due during the past year. The other party is more than 30 days late in his/her payments (this must be true).

- A calculation of arrears from the Department of Child Support Services is attached.
- I am providing a statement of the arrears owed showing how I determined the amount.

7. I am requesting reimbursement of medical, dental, or vision costs and have completed the Health Care Worksheet below. Documentation of these expenses has been given to the other party and reimbursement is more than 30 days past due.

Type of bill: _____	Type of bill: _____	Type of bill: _____
Total amount of bill: _____	Total amount of bill: _____	Total amount of bill: _____
Amt. paid by third party: _____	Amt. paid by third party: _____	Amt. paid by third party: _____
Amt. paid by Petitioner: _____	Amt. paid by Petitioner: _____	Amt. paid by Petitioner: _____
Amt. paid by Respondent: _____	Amt. paid by Respondent: _____	Amt. paid by Respondent: _____
Unpaid balance: _____	Unpaid balance: _____	Unpaid balance: _____
Amt. owed by Petitioner: _____	Amt. owed by Petitioner: _____	Amt. owed by Petitioner: _____
Amt. owed by Respondent: _____	Amt. owed by Respondent: _____	Amt. owed by Respondent: _____

8. **EXPEDITED PROCESS.** I am requesting an expedited process because _____

9. I estimate the length of time necessary for the hearing to be _____ [] minutes **OR**
[] hours.

10. Other: _____

REQUESTS TO THE COURT

- A. Order the other party to bring to court at the time of the scheduled conference/hearing all those items set forth in the Order to Appear.
- B. Enter judgment for past-due support, unreimbursed medical, dental or visions costs, filing/service/other court costs and attorney fees against the other party.
- C. Enter an Order of Assignment for payments on current support, past-due support and clerk’s fees against the other party.
- D. Order the other party to pay support through the Clearinghouse.
- E. Find the other party in contempt of court and order sanctions that may include, but are not limited to, incarceration and the posting of a surety bond.
- F. Issue a civil arrest warrant if the other party fails to appear and/or enter a default judgment.
- G. Order referral to a professional licensing board/agency to determine the possible suspension of the other party’s professional license or certificate.
- H. Order the other party to provide evidence of medical insurance coverage within a fixed period of time.
- I. Such other relief as deemed just and proper by the Court.
- J. Other: _____

OATH AND VERIFICATION

State of Arizona)
County of Yavapai)

I _____, being duly sworn and under oath, state that I have read this Petition and the contents are true and correct to the best of my knowledge, information and belief. I understand that if the judicial officer finds that I did file this for an improper purpose, contempt or other sanctions may be ordered against me, including assessing me for any and all reasonable costs, attorney fees, or other expenses associated with the improper filing.

SIGNED _____

SUSCRIBED AND SWORN to before me this _____ day of _____, 20____, by
_____.

My commission expires: _____
Notary Public