

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Representing Self, without a Lawyer

**ARIZONA SUPERIOR COURT IN YAVAPAI COUNTY**

\_\_\_\_\_  
Petitioner

Case No. \_\_\_\_\_

\_\_\_\_\_  
Date of Birth (Month, Day, Year)

ATLAS No. \_\_\_\_\_

\_\_\_\_\_  
Respondent

**CHILD SUPPORT ORDER**  
A.R.S. §25-503

\_\_\_\_\_  
Date of Birth (Month, Day, Year)

**THE COURT FINDS THAT :**

1. Mother: \_\_\_\_\_ and

Father: \_\_\_\_\_

have 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 the 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 1<sup>st</sup> 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.

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  
 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 may be considered a *gift* 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 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 service occurred. The obligated parent must pay or make payment arrangements within 45 days after receipt of the request.

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

**Mother** \_\_\_\_\_%      **Father** \_\_\_\_\_%

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

11. The courts 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