

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

(Name of Petitioner)

Case Number: _____

ATLAS Number: _____

AND

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

(Name of Respondent)

THE COURT FINDS THAT:

1. Petitioner's Name: _____ Date of Birth: _____
Social Security # _____ (*Can be omitted if using the Confidential
Sensitive Data Form)

Respondent's Name: _____ Date of Birth: _____
Social Security # _____ (*Can be omitted if using the Confidential
Sensitive Data Form)

Owe a duty to support the following children:

<u>Child(ren)'s Names(s)</u>	<u>Date of Birth</u>	<u>Social Security #</u> (*Can be omitted if using the Confidential Sensitive Data Form)
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

DO NOT WRITE BELOW THIS LINE. 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. ☐ **Petitioner** ☐ **Respondent** 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. ☐ **Petitioner** ☐ **Respondent** shall pay child support in the amount of: \$ _____

per month, to: _____

First payment is due on the 1st day of: _____

Presumptive Termination Date: _____ / _____
(Month) (Year)

2. ☐ **Petitioner** ☐ **Respondent** 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: \$ _____

- ☐ **Petitioner** ☐ **Respondent** shall pay \$ _____ per month toward child support arrears until paid in full, OR

- ☐ Arrears not addressed.

3. ☐ **Petitioner** ☐ **Respondent** 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: \$ _____

- ☐ **Petitioner** ☐ **Respondent** 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 may be considered a gift unless you have a notarized affidavit signed by the other party agreeing that he or she received the payment and that it was for child support. All payments not made by Order of Assignment 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**

- ☐ **Petitioner** is responsible for providing ☐ medical ☐ dental ☐ vision care insurance.
- ☐ **Respondent** 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:

Petitioner _____% **Respondent** _____%

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:

Petitioner _____% **Respondent** _____%

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:

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

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.

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.

Pursuant to Arizona Revised Statutes §25-503(I), the right to get a judgment for unpaid child support ends three years after all children included in the Child Support Order have emancipated. To collect the unpaid support, the person owed child support must file a court action to obtain a written judgment for the unpaid amount before the end of the three-year period. (Limited exceptions exist and are found in A.R.S. §25-320(B)).

Although the obligation to pay support may continue, a child is emancipated:

On the date of the child's marriage
On the child's 18th birthday
When the child is adopted
When the child dies

Date

Judicial Officer