

# INSTRUCTIONS: HOW TO COMPLETE THE PETITION TO ENFORCE A COURT ORDER FOR SUPPORT

TYPE OR PRINT CLEARLY, USE BLACK INK ONLY.

Match the numbered instructions to the numbers on the "Petition to Enforce"

- (1) Fill in the name, address, and phone number of the person requesting enforcement. If filed by an attorney, the attorney must also list his or her name and State Bar Number.  
  
Fill in the ATLAS number (if known) that applies to this case.
- (2) Fill in the name of the persons shown as "Petitioner" and "Respondent" on the case where the support order you are trying to enforce was issued.
- (3) Fill in the case number that was assigned for the case where the support order you are trying to enforce was issued.
- (4) Check the appropriate box or boxes to indicate the type of support you are asking the court to enforce. Do not check the boxes for Child Support, Spousal Maintenance, or "Arrears" for either unless the other person is at least a full month behind in payments.

## INSTRUCTIONS FOR SECTION A

Complete Section A *only* if you marked the box(es) to enforce Child Support and/or Child Support Arrears. NOTE: If you complete Section A, you must also complete and attach "Attachment A", to the "Child Support Arrears Worksheet".

### Section A:

- (1) Date(s) of the Order(s) you want to have enforced.
- (2) Name of the Judicial Officer who signed your order.
- (3) Name the party who owes you child support.
- (4) Amount of child support the court ordered the other party to pay **AND the exact wording of the Order**. If you do not have a copy of your Order you may get a copy from the Clerk of the Court at any of the following locations:

<b>Clerk of Superior Court</b> 415 E. Spring St. Kingman, AZ 86401 (928) 753-0713 Monday-Friday 8:00a-5:00p	<b>Clerk of Superior Court</b> 2225 Trane Road Bullhead City, AZ 86442 (928) 758-0730 Monday-Friday 8:30a-12:00p, 1:30p-4:30p	<b>Clerk of Superior Court</b> 2001 College Drive Lake Havasu City, AZ 86404 (928) 453-0701 Monday-Friday 8:30a-12:00p, 1:30p-4:30p
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- (5) **Complete Attachment A, the *Child Support Arrears Worksheet*.** Enter the total amount of child support that is past due according to the ***Worksheet***. Attach a copy of the ***Worksheet*** to the ***Petition***.
- (6) Enter the time period for which you claim the past due support was not paid.

## INSTRUCTIONS FOR SECTION B

Complete Section B *only* if you marked the box(es) to enforce Spousal Maintenance (alimony) and/or Spousal Maintenance Arrears (back alimony). **NOTE: If you complete Section B, you must also complete and attach "Attachment B", the "Spousal Maintenance Arrears Worksheet".**

### Section B:

- (1) Date(s) of the Order(s) you want to have enforced.
- (2) Name of the Judicial Officer who signed your Order.
- (3) Name of the party who owes you spousal maintenance.
- (4) Amount of spousal maintenance the court ordered the other party to pay **AND** the **exact wording of the Order**. If you do not have a copy of your Order, you may get a copy from the Clerk of the Court at any of the locations listed under **(A) (4)** on previous page.
- (5) **Complete Attachment B, the Spousal Maintenance Arrears Worksheet.** Enter the total amount of spousal maintenance that is *past due* according to the **Worksheet**. Attach a copy of the **Worksheet** to the **Petition**.
- (6) Enter the time period for which you claim the past due support was not paid.

## INSTRUCTIONS FOR SECTION C

Complete Section C *only* if you marked the box(es) to enforce Medical Expense Reimbursement or Medical Insurance Coverage. **NOTE: If you complete Section C, you must also complete and attach "Attachment C," the "Unreimbursed Medical Expense Worksheet"** (Which includes dental and vision care expenses).

### Section C:

- (1) Date(s) of the Order(s) you want to have enforced.
- (2) Name of the Judicial Officer who signed your Order.
- (3) Name of the party who owes you reimbursement of medical, dental or vision care expenses or who was ordered to provide insurance coverage.
- (4) What the Order said about providing insurance coverage or payment of medical expenses. Use the **exact wording of the Order**. If you do not have a copy of your Order, you may get a copy from the Clerk of the Court at any of the locations listed under **(A) (4)** on the previous page.
- (5) **IF** the other person failed to provide insurance coverage as ordered, enter the time period for which you claim insurance coverage was not provided.
- (6) **Complete Attachment C, the Unreimbursed Medical Expense Worksheet.** Enter the total amount of reimbursement that is *past due* according to the **Worksheet**.

## REQUESTS TO THE COURT

There is nothing for you to fill out in this section. The court may consider these or other actions appropriate for your situation.

## OATH OR AFFIRMATION

Do not sign and date the **Petition** until you are directed to do so by a Clerk of Superior Court or a Notary Public. Your notarized signature states to the court that the information you have provided is true and correct to the best of your knowledge, under penalty of law.

**NOTICE TO THE PERSON FILING THIS PETITION:** After this **Petition** is filed with the Clerk of the Court, you must get an **Order to Appear** from the Clerk of the Court. The **Order to Appear** will tell you what information you need to bring to court and the date and time of your hearing. The person who filed the **Petition** must arrange delivery of the **Petition** and the **Order to Appear** to the other person.

Delivery may be by licensed process server, law enforcement officer, or by return receipt mail or commercial delivery service (such as FedEx, DHL, or UPS) where you can obtain a copy of the other party's signature of receipt to file with the Court. You may only hand-deliver or otherwise send without proof of delivery if the other person will sign an **Acceptance of Service**, in front of a Notary Public or a clerk of the Superior Court, and will return that form for you to file with the Court.