

## INSTRUCTIONS

### PETITION TO MODIFY A CHILD SUPPORT ORDER (SIMPLIFIED PROCESS)

#### TO COMPLETE THIS FORM YOU WILL NEED:

- A copy of your current Child Support Order.
- A copy of the current Order of Assignment for this case, if there is one.
- A completed ***“Parent's Worksheet for Child Support.”***

**NOTE:** Generally you should file this request in the county where the Order you are seeking to change was entered. There will be a charge for filing this Request. There may be other charges including an appearance fee if this is your first appearance in this case. Go online to [www.mohavecourts.az.gov](http://www.mohavecourts.az.gov) for a list of our current fees. If you are unable to pay these amounts, they can be deferred or waived. You may obtain the necessary form “Application for Deferral of Court Fees and/or Costs and Consent to Entry of Judgment,” from the office of the Clerk of Superior Court or download it from the internet at: <http://www.mohavecourts.com>.

**Match each lettered or numbered item in the instructions with the same letter or number on the form. Type or print neatly using BLACK INK ONLY.**

- (A) Fill in the information requested at top left for the person who is filing this form. Write the ATLAS number if one has been assigned to your case. (The spaces marked “representing” and “state bar number” are used **only** if an attorney is preparing this form.)
- (B) Fill in the names of the persons shown as the “Petitioner” and the “Respondent” on the child support order.
- (C) Fill in the case number that appears on your Mohave County Order for child support.
1. Mark the box to indicate whether you are the Petitioner, or Respondent.
  2. Fill in the date on which the judge or commissioner signed your current Child Support Order.
  3. Fill in the name of the judge or commissioner who signed your current Child Support Order.
  4. Fill in the name of the person required to pay insurance and mark the applicable box(s).  
(The obligor)
  5. Fill in the amount and payment due date of your current Child Support Order as it was ordered by the Court. (EXAMPLE: \$150 per month payable on the 1st day of the month or \$150 per month payable one-half on the first and one-half on the 15th of the month).
  6. Fill in the amount from the line that states “Child Support Amount to be Paid” of your completed ***“Parent's Worksheet for Child Support.”***
  7. Calculate the percentage of change between your current support amount and the amount calculated on the completed ***“Parent's Worksheet for Child Support.”*** To determine the

percentage, subtract the larger amount from the smaller amount. Divide the resulting number by the current support amount.

The information and step-by-step procedures listed below may be of assistance.

- (a) Fill in the difference between the amount of child support ordered and the amount requested to be ordered.
- (b) Fill in the amount of the child support currently ordered.
- (c) Enter the percentage change calculated by dividing the amount for "a" by the amount for "b"

**For example, if (a) is 45, and (b), is 225.**

To get (c), you would divide 45 by 225, which would equal .2 (or 20%)

$$45 / 225 = .2 \text{ (or 20\%)}$$

8. If you or the other party received services from the Department of Economic Security (DES), or the Division of Child Support Services (DCSS) mark the box for "Yes." Otherwise, mark the box for "No."

**If the answer is "Yes",** you will need to provide notice of this request to change the amount of child support to the Office of the Attorney General.

9. If there is a current Order of Assignment for automatic withholding of child support payment, fill in the date of that Order. If the amount withheld includes Court ordered payments *in addition to* current child support, list those *other amounts* included on the Order of Assignment.
10. A. Fill in the amount from item 6 of this Request ("Child Support Amount to be Paid" from "**Parents Worksheet for Child Support**").
- B. Mark the boxes to indicate who is responsible for providing medical/dental/vision care insurance. Fill in what percent shall be shared by mother and father.

**OATH OR AFFIRMATION:**

Date and sign before a Clerk of the Superior Court or a Notary Public. By signing, you are stating under oath or affirmation that the contents of this Request are true and correct to the best of your knowledge.