

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

(Name of Petitioner)

Case Number: _____

ORDER TO ENFORCE SUPPORT

AND

(Name of Respondent)

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

THE COURT FINDS

1. This case has come before this Court for an Order concerning enforcement of support. The Court has taken all testimony needed to enter an Order, or has determined testimony is not needed to enter the Order.
2. This Court has jurisdiction over the parties under the law, and the provisions of this Order are fair and reasonable under the circumstances.
Specific Findings _____

3. The Petitioner OR Respondent is more than _____ days late in payments.
4. Other _____

THE COURT ORDERS

1. Judgment entered against Petitioner Respondent in the amount of \$ _____
for _____
_____ as of (date) _____ with
 Interest to accrue at the statutory rate beginning (date) _____
2. The Petitioner OR Respondent post bond to the Clerk of Superior Court of Mohave County in the amount of \$ _____ by (date) _____
Other _____

Case No. _____

3. The Petitioner OR Respondent provide evidence of medical insurance to _____
_____ by (date) _____ Other _____

4. Other _____

DATE _____

JUDICIAL OFFICER