

Person Filing: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Email Address: _____

AZCARES Number (if applicable) _____

☐ Representing Self (No Attorney) OR ☐ Represented by Attorney

If Attorney, Bar Number: _____

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

Case Number: _____ (3)

(2)

Name of Petitioner (in original case)

PETITION TO ENFORCE

AND

- (4) ☐ Child Support
☐ Child Support Arrears
☐ Spousal Maintenance (alimony)
☐ Spousal Maintenance Arrears
☐ Medical Insurance Coverage
☐ Medical Expense Reimbursement
(Expedited Process)

(2)

Name of Respondent (in original case)

SECTION A: Complete this section ONLY if you marked boxes above to enforce Child Support and/or Child Support Arrears

On this date (1) _____ the Honorable (2) _____ a Judicial Officer of the Superior Court of Arizona ordered (3) _____ to pay child support as follows: (4) _____

I have completed and attached "**Attachment A**", the "**Child Support Arrears Worksheet**" which show the total amount of child support past due is (5) \$ _____ for the time period beginning (6) _____ through _____.

SECTION B: Complete this section ONLY if you marked boxes above to enforce Spousal Maintenance (Alimony) and/or Spousal Maintenance Arrears

On this date (1) _____ the Honorable (2) _____ a Judicial Officer of the Superior Court of Arizona ordered (3) _____ to pay Spousal Maintenance as follows: (4) _____

Case No. _____

I have completed and attached "**Attachment B**" the "**Spousal Maintenance Arrears Worksheet**" which shows The total amount of **Spousal Maintenance** past due is (5) \$ _____ for the time period beginning (6) _____ through _____.

SECTION C: Complete this section ONLY if you marked any of the boxes to enforce: Medical Insurance Coverage or Reimbursement of Medical/Dental/Vision Care Expenses.

On this date (1) _____ the Honorable _____ a Judicial Officer of the Superior Court of Arizona ordered (3) _____ to obtain medical insurance coverage and/or to pay the following percent of uninsured medical, dental or vision expenses as follows: (4) _____

The time period for which medical insurance coverage was not provided is from (5) _____ to _____.

I have completed and attached "**Attachment C**", the "**Unreimbursed Medical Expense Worksheet**", a **chronological** (earliest to most recent) **summary** of all bills claimed, insurance payments, personal payments, and the remaining unpaid balance on each bill. The **Worksheet** shows the total amount of **medical, dental or vision care expense reimbursement** that is past due is (6) \$ _____. Documentation of these expenses has been presented to the other party **and reimbursement is more that 30 days past due.**

REQUESTS TO THE COURT

I request that the Court consider any or all of the following actions(s):

- Order the other person to bring to the conference those items set forth in the Order to Appear.
- Enter Judgment for past-due support, un-reimbursed uninsured medical/dental/vision care expenses, clerks fees, service costs, and other court costs against the other party.
- Enter an Order of Assignment to require the other person's employer to take money for the following from the other person's paycheck: current child support, child support arrears, current spousal maintenance, and/or spousal maintenance arrears.
- Order the other person to pay support through the Support Payment Clearinghouse.
- Find the other party in civil contempt of court and order sanctions that may include but are not limited to incarceration and the posting of a surety bond.
- Issue a civil or child support arrest warrant if the other party fails to appear, and/or enter a default judgment.
- Order the other party to provide evidence of medical insurance coverage within a fixed period of time.
- Order other relief as deemed just and proper by the court.

Case No. _____

I declare under penalty of perjury that the foregoing is true and correct.

Signature: _____ Date: _____

IMPORTANT INFORMATION

After this petition is filed with the Clerk of the Court you must get an Order to Appear from the clerk or Law Library. 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 made 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 for you to file with the court.

The hearing may last two hours and additional hearings may be scheduled if needed.

DO NOT BRING CHILDREN.

They will not be allowed in the conference or hearing and may NOT be left unattended.