

Name of Person Filing: _____
Mailing Address: _____
City, State, and Zip Code: _____
Phone Number: _____
Email Address: _____
ATLAS Number (if applicable): _____
State Bar Number (if applicable): _____
Representing: Self Petitioner Respondent

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

(Name of Petitioner)

Case Number: _____

AFFIDAVIT OF DIRECT PAYMENTS

AND

(Name of Respondent)

COMES NOW _____ and swears that the attached foregoing account of direct payments made by _____ and received by _____ is true and correct to the best of his/her knowledge.
(Obligor's Name) (Obligee's Name)

Signature of Obligor: _____ Date: _____

SUBSCRIBED AND SWORN TO before me on this _____ day of _____, _____

My commission Expires: _____

Notary Public / Deputy Clerk

Signature of Obligee: _____ Date: _____

SUBSCRIBED AND SWORN TO before me on this _____ day of _____, _____

My commission Expires: _____

Notary Public / Deputy Clerk

Case No. _____

YEAR _____

YEAR _____

YEAR _____

YEAR _____

**AMOUNT
PAID**

**AMOUNT
PAID**

**AMOUNT
PAID**

**AMOUNT
PAID**

JAN _____

JAN _____

JAN _____

FEB _____

FEB _____

FEB _____

FEB _____

FEB _____

MAR _____

MAR _____

MAR _____

MAR _____

APR _____

APR _____

APR _____

APR _____

MAY _____

MAY _____

MAY _____

MAY _____

JUN _____

JUN _____

JUN _____

JUN _____

JUL _____

JUL _____

JUL _____

JUL _____

AUG _____

AUG _____

AUG _____

AUG _____

SEP _____

SEP _____

SEP _____

SEP _____

OCT _____

OCT _____

OCT _____

OCT _____

NOV _____

NOV _____

NOV _____

NOV _____

DEC _____

DEC _____

DEC _____

DEC _____

Obligor's Signature: _____

Obligee's Signature: _____