

## **Form 6. Default Information for Spousal Maintenance**

(To be included with an Application for Default if spousal maintenance is requested with your petition and you choose to proceed by motion without a hearing.)

To qualify for spousal maintenance under A.R.S. §25-319, you must provide the following information. Check all boxes that apply.

- I lack sufficient property, including property I will be receiving in the dissolution to provide for my reasonable needs.
- I am unable to be self-sufficient through appropriate employment.
- I am unable to earn enough money to support myself.
- I am the custodian of a child whose age or condition is such that I should not be required to seek employment outside the home.
- I contributed to the education opportunities of my spouse.
- My marriage has lasted \_\_\_\_\_ years.
- I am \_\_\_\_\_ years old.
- There have been excessive or abnormal expenditures, destruction, concealment or fraudulent disposition of community, joint tenancy and other property held in common.
- There are actual damages and judgment from conduct resulting in criminal conviction of either you or your spouse in which the other spouse or child was the victim.

If the court finds you qualify for spousal maintenance, it will need the following information in determining the appropriate amount and duration. To assist the court, please answer the following:

1. If you have been employed during the marriage, state how and when you have been employed.

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2. Do you have a physical or emotional condition that limits your ability to work? Describe:

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3. Describe any contributions you have made to your spouse's earning ability or how you reduced your income or career opportunities to benefit your spouse.

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4. If your request for spousal maintenance is granted, will you and the other party be able to contribute to the educational expense of your children? Describe:

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5. Why are the financial resources available to you, including property awarded in the decree, not adequate to meet your needs?

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6. Do you think additional education or training would enable you to find employment sufficient to meet your needs? \_\_\_\_\_ Is this education or training readily available? \_\_\_\_\_ How long do you think it will take to complete this education or training? \_\_\_\_\_

7. How much will it cost you per month to obtain health insurance after the divorce? \_\_\_\_\_ How much will the other party save per month if the insurance changes from a family plan to employee only health insurance? \_\_\_\_\_

Case No. \_\_\_\_\_

8. What is your spouse's present occupation and monthly income? (If you do not have documentation of your spouse's income, describe how you came to your estimate.)  
\_\_\_\_\_  
\_\_\_\_\_

Complete this financial statement.

**NECESSARY MONTHLY EXPENSES** (for yourself and minor children who reside with you)

House (mortgage/rent) \$ \_\_\_\_\_  
Repair/Upkeep \$ \_\_\_\_\_

**MONTHLY PAYMENTS/DEBTS**

Utilities  
Electricity \$ \_\_\_\_\_  
Gas \$ \_\_\_\_\_  
Water & Sewer \$ \_\_\_\_\_  
Phone \$ \_\_\_\_\_  
Garbage \$ \_\_\_\_\_

Creditor	Balance	Payment
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Monthly Payments	\$ _____	
Total Expenses and Payments	\$ _____	
(Total of ALL Monthly Expenses and Payments)		

Food & Household Supplies \$ \_\_\_\_\_  
Work/School Lunch \$ \_\_\_\_\_  
Medical, dental, drugs supplies \$ \_\_\_\_\_  
Insurance not deducted from pay \$ \_\_\_\_\_  
  
Clothing \$ \_\_\_\_\_  
Laundry/Dry Cleaning \$ \_\_\_\_\_  
Childcare/Sitter \$ \_\_\_\_\_  
Support paid for spouse And/or minor children of prior relationship \$ \_\_\_\_\_

**INCOME**

Car Repair/Maintenance \$ \_\_\_\_\_  
Car Insurance \$ \_\_\_\_\_  
Gas/Oil \$ \_\_\_\_\_  
Vehicle License \$ \_\_\_\_\_  
Public Transportation \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_

**GROSS PAYCHECK**  
 weekly  twice mo\* \$ \_\_\_\_\_  
 monthly  every 2 wks \$ \_\_\_\_\_  
\*for example, the 1<sup>st</sup> and 15<sup>th</sup> \$ \_\_\_\_\_  
Less: Federal Taxes \$ \_\_\_\_\_

**Total Monthly Expenses** \$ \_\_\_\_\_

Less: State Taxes	\$ _____
SS& Medicare	\$ _____
Insurance	\$ _____
Savings, etc.	\$ _____
Other _____	\$ _____
Other _____	\$ _____
<b>Total Deductions</b>	\$ _____

**Net Paycheck** \$ \_\_\_\_\_

**TOTAL GROSS MONTHLY INCOME \$ \_\_\_\_\_**

9. I request \$ \_\_\_\_\_ per month for spousal maintenance for \_\_\_\_\_ years.  
10. Can the other party's needs be met if you receive this request spousal maintenance?  
\_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_