

**PETITION TO MODIFY
CHILD SUPPORT
(STANDARD PROCESS)**

**To Change an Existing Court Order
Due to Continuing Change in Circumstances
(Standard Process)**

Part 1: Filing the Court Papers

For Child Support and/or Spousal Maintenance you
may also need the following forms C17.

SELF-SERVICE CENTER

**INSTRUCTIONS: HOW TO COMPLETE THE
PETITION TO MODIFY (CHANGE) A CHILD SUPPORT ORDER
(Standard Process)**

TO COMPLETE THIS FORM YOU WILL NEED:

- ✓ A copy of your current child support order.
- ✓ A copy of the Income Withholding Order for this case, if there is one.
- ✓ A completed Affidavit of Financial Information.

FEES TO FILE: There are fees for filing petitions, responses, requests, motions, objections, and various forms with the Court. Cash, AMEX/VISA/MasterCard debit or credit cards, or money order made payable to the "Clerk of Superior Court" are acceptable forms of payment.

Go online to www.graham.az.gov or the Self-Service Center for a list of current fees.

If you cannot afford the filing fee and/or the fee for having the papers served by the Sheriff or by publication, you may request a **deferral** (payment plan) when you file your papers with the Clerk of the Court. **Deferral Applications** are available at **no charge** from the Self-Service Center.

INSTRUCTIONS: The letters next to the paragraphs below correspond to the letters in the Petition. Match the letter in front of the instruction below to the letter in the Petition. Write clearly. Use **black** ink.

- (A) Fill in the information requested at top left for the person who is filing this form. If there is a current court order declaring your address is protected, write "protected" on the line provided for your address. Make sure the Clerk of Court has valid contact information on file.) Write the ATLAS number if you have one. The spaces marked "representing" and "state bar number" are used **only** if an attorney is preparing this form.
- (B) Fill in the section where it says **Name of Petitioner AND Name of Respondent**, exactly as it appears on your original Divorce, Paternity, or Child Support and/or Spousal Maintenance/support papers. If your original case was a Paternity case, remember that the Plaintiff is now called the Petitioner and the Defendant is now called the Respondent. If this is the first court case you are filing in Maricopa County, write in your name as Petitioner, and the other party as Respondent.
- (C) Fill in your Maricopa County case number.
- 1, 2. INFORMATION ABOUT THE PETITIONER and RESPONDENT.** Fill in the information requested about the Petitioner and Respondent. If you were the Petitioner or Plaintiff in the original case, put your information in the spaces provided for the Petitioner. If not, put the information about the other party here and your information in the spaces provided for the Respondent.

3. **INFORMATION ABOUT THE CURRENT SUPPORT ORDER I WANT TO CHANGE.** Fill in the information about your current Child Support.
4. **INFORMATION ABOUT OTHER COURT CASES TO CHANGE THIS COURT ORDER INVOLVING THE PETITIONER AND THE RESPONDENT.** Complete the information about other court cases that either party has filed to enforce or modify/change the court order you are trying to have changed. If you have any current modification cases pending in any court, you cannot file this Petition unless you talk to an attorney and the attorney tells you that you can do it.
5. **DEPARTMENT OF ECONOMIC SECURITY.** If you receive services from the Child Support Enforcement Administration (DCSE) or you know the other party does, mark the box “yes”. Otherwise, mark the box “no”. If you do not know, mark the box for “unknown.”
6. **I AM ENTITLED TO HAVE CHILD SUPPORT CHANGED FOR THE FOLLOWING REASONS:** Describe the reasons and the substantial and continuing change in your circumstances that require a change in child support.
7. **AMOUNT OF CHILD SUPPORT:** Based on the reasons stated in (6) above, write in the (new) amount you want the Court to order for child support and the payment period .

DATE AND SIGN. By signing, you are stating that the information you have provided on this document is true and correct to the best of your knowledge – under penalty of perjury.

SELF-SERVICE CENTER

**PROCEDURES: WHAT TO DO AFTER YOU HAVE COMPLETED
THE PETITION TO MODIFY CHILD SUPPORT –
“STANDARD PROCESS”**

1. **AFTER** you have completed the “Petition to Modify”, complete the:
“Affidavit of Financial Information (AFI).” There are two AFI included this packet: Fill out one and leave the blank copy for the other party to complete.
“Current Employer Information Sheet”
2. **MAKE THREE (3) COPIES** (4, IF DES/DCSE is involved*) of the:
 - o Petition to Modify Child Support – Standard Process
 - o Affidavit of Financial Information (completed by you)
3. **Separate your papers into 4 sets** (5, if DES / DCSE is involved).

| | |
|---|--|
| SET 1 - ORIGINALS FOR CLERK OF COURT <ul style="list-style-type: none">• “Petition to Modify”• “Affidavit of Financial Information”• “Current Employer Information Sheet” | SET 2 - FOR FAMILY COURT CONFERENCE CENTER <ul style="list-style-type: none">• “Petition to Modify” (copies)• “Affidavit of Financial Information” |
| SET 3 - COPIES FOR OTHER PARTY <ul style="list-style-type: none">• “Petition to Modify”• “Affidavit of Financial Information” ** | SET 4 - COPIES FOR YOU <ul style="list-style-type: none">• “Petition to Modify”• “Affidavit of Financial Information” |
| SET 5 - COPIES FOR THE ATTORNEY GENERAL (“the AG”) (only if DES or DCSE is involved) * <ul style="list-style-type: none">▪ “Petition to Modify”▪ “Affidavit of Financial Information” | |

* For more information on when and how to serve notice on the AG, see (7) on next page.

** Add a blank AFI to the set of papers served on the other party as stated in (7) on next page.

4. FILE THE PAPERS AT THE COURT:

GO TO THE CLERK OF THE COURT’S FILING COUNTER: Hand the originals and all sets of copies to the Clerk. The Clerk will keep the originals, stamp and return the extra copies to you. The stamp shows they are copies of papers filed with the Court (and are now called “conformed” copies).

You may file your papers from 8am to 5pm, Monday through Friday, at these Superior Court locations:

GRAHAM COUNTY CLERK OF THE COURT
800 W MAIN STREET
SAFFORD, AZ 85546

FEES: There are fees for filing petitions, responses, requests, motions, objections, and various forms with the Court. Cash, AMEX/VISA/MasterCard debit or credit cards, or money order made payable to the “Clerk of Superior Court” are acceptable forms of payment.

A list of current fees is available from the Self Service Center website or from the Clerk of Court’s website. If you cannot afford the filing fee and/or the fee for having the papers served by the Sheriff or by publication, you may request a deferral (payment plan) when you file your papers with the Clerk of the Court. Deferral Applications are available at no charge from the Self-Service Center.

DRMCS12p 092310
Use only most current version

5. **GO TO “FAMILY COURT CONFERENCE CENTER”** (formerly “Expedited Services”)

GRAHAM COUNTY CLERK OF THE COURT
800 W MAIN STREET
SAFFORD, AZ 85546

**DELIVER SET 2 OF THE CLERK-STAMPED COPIES and
PICK UP AN “ORDER TO APPEAR”.**

6. **The Family Court Conference Center will schedule a conference and hearing.** You and the other party will meet with a conference officer to talk about the case to try to reach agreement. For those matters on which you are unable to reach full agreement, a hearing will be held just after your conference to decide the case.

THE DATE, TIME, AND LOCATION OF THE CONFERENCE/HEARING ARE ON THE “ORDER TO APPEAR.” Make 1 copy of the Order to Appear, or if the State of Arizona is involved, make 2.

The State of Arizona may be involved if any parent received public assistance for the children or used the services of the State in establishing or collecting child support. **If the State is involved, notice of this action must also be given to the Attorney General’s Office** as described in 7, below.

7. **Serve the papers on the other party (or parties):** You must arrange for service of the papers on the other party (or parties).
- **Serve the original *Order to Appear* along with Set 3** of the other papers *on the other party*, **and include a blank AFI** for the other party to fill out.
and if DES or DCSE is involved:
 - **Serve a copy of the *Order to Appear* along with Set 5** of the other papers *on the Attorney General’s Office*.

SERVING PAPERS ON THE STATE: *(if required)*. The Office of the Attorney General (the “AG”) will accept service by signing an “**Acceptance of Service**” form and returning the form *for you to file with the Court*. There are no court fees for serving the State with an **Acceptance**, as described below:

- (a) You may mail or personally deliver to the Office of the Attorney General (the “AG”) assigned to your case*:
- a copy of the “**Petition to Modify**” along with an
 - “**Acceptance of Service**” AND
 - a **self-addressed, stamped envelope** *(addressed back to you)*.
- (b) **There may also be a “drop-box” in the Clerk of Court’s filing counter area** at which you may leave the above listed documents and the envelope for the AG. Ask the clerk at the filing counter, **OR**
- (c) **You may mail the documents and the self-addressed stamped envelope to:**

Office of the Attorney General
Child Support Enforcement Section
P.O. Box 6123 – Site Code 775C
Phoenix, AZ 85005

Note: The State is not considered served until the AG’s signed *Acceptance of Service* is filed with the Court!

8. **GO TO THE COURT CONFERENCE/HEARING.** Be on time. Do not bring children to court. Dress neatly. Be prepared to tell the Judge why the court order should be changed.

Bring the following to the hearing:

- A copy of the “**Petition to Modify Child Support**”
- An “**Affidavit of Financial Information**” completed by you

SELF-SERVICE CENTER

**REQUEST TO MODIFY A CHILD SUPPORT ORDER
(Standard Process)**

Forms and Instructions

CHECKLIST

YOU MAY USE THE FORMS and instructions in this packet if . . .

- ✓ You have a child support order from Maricopa County and believe the amount of child support should be changed because there has been a **substantial and continuing** change in your circumstances.

DO NOT USE THESE FORMS:

- ✗ To change spousal maintenance (alimony);
- ✗ To change the amount owed for back child support (arrears).
- ✗ If your order is from a court outside this county (unless an attorney has advised you to);
- ✗ If the reason you are requesting the change is because the living arrangements of the minor child(ren) have changed but the court order about custody and parenting time has **not** (in which case you may need to file to modify or to legally establish **CUSTODY**).

WARNING: If the order you want to change is not from this county, ask a lawyer about the requirements to file your Petition (Request) with this Court.

READ ME: Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website.

Person Filing: (A) _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
ATLAS Number: _____
Lawyer's Bar Number: _____

FOR CLERK'S USE ONLY

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN GRAHAM COUNTY

Name of Petitioner (in original case) (B)

Case Number _____ (C)

ATLAS No. _____ (C)

AND

Name of Respondent (in original case) (B)

**PETITION TO MODIFY A CHILD
SUPPORT ORDER
(Standard Process)**

1. INFORMATION ABOUT THE PETITIONER:

Name: _____
Address: _____
City, State, Zip Code: _____
County of Residence: _____
Date of Birth: _____
Job Title: _____

2. INFORMATION ABOUT THE RESPONDENT:

Name: _____
Address: _____
City, State, Zip Code: _____
County of Residence: _____
Date of Birth: _____
Job Title: _____

3. INFORMATION ABOUT THE CURRENT CHILD SUPPORT ORDER:
(the Order I want to CHANGE)

The Order was issued on: _____ (Month/Day/Year)

The Order was issued by: _____ (Name of Court)

Located in this County: _____

Name of Person ordered to pay: _____

Total Current Amount Ordered Paid: \$ _____ PER _____

The current total court-ordered support payment listed above consists

| | | |
|-----|------------------------------------|--------------------|
| of: | Child Support | \$ _____ per _____ |
| | Spousal Maintenance/Support | \$ _____ per _____ |
| | Other: | \$ _____ per _____ |
| | Payments in Arrears: | \$ _____ per _____ |

4. INFORMATION ABOUT OTHER COURT CASES TO ENFORCE OR CHANGE THIS COURT ORDER INVOLVING THE PETITIONER AND THE RESPONDENT:

No other cases are pending in any court for modification of this court order.
(This **must** be a true statement for this Court to hear your request.)

Neither party has previously filed to enforce or modify this court order.

If *either* party has filed for enforcement or modification of this court order in the past, you must provide the information requested below. Use additional paper if necessary. Otherwise, check the box above to indicate there have been no prior filings for enforcement or modification.

Names of Parties: _____

Date of order, judgment, decree: _____

Explain what order or judgment said: _____

Court Case Number: _____

Location of court (city and county): _____

List type of Case: (modification or enforcement of legal decision making or physical custody, parenting time or support, etc.). Explain:

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
ATLAS Number: _____
Lawyer's Bar Number: _____

FOR CLERK'S USE ONLY

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN GRAHAM COUNTY

Case No. _____

Petitioner/Plaintiff

ATLAS No. _____

AFFIDAVIT OF FINANCIAL INFORMATION

Respondent

Affidavit of _____
(Name of Person Whose Information is on this
Affidavit)

IMPORTANT INFORMATION ABOUT THIS DOCUMENT

WARNING TO BOTH PARTIES: This Affidavit is an important document. You must fill out this Affidavit completely, and provide accurate information. You must provide copies of this Affidavit and all other required documents to the other party and to the judge. If you do not do this, the court may order you to pay a fine.

I have read the following document and know of my own knowledge that the facts and financial information stated below are true and correct, and that any false information may constitute perjury by me. I also understand that, if I fail to provide the required information or give misinformation, the judge may order sanctions against me, including assessment of fees for fines under Rule 31, Arizona Rules of Family Law Procedure.

Date

Signature of Person Making Affidavit

INSTRUCTIONS

1. Complete the entire Affidavit in black ink. If the spaces provided on this form are inadequate, use separate sheets of paper to complete the answers and attach them to the Affidavit. Answer every question completely! You must complete every blank. If you do not know the answer to a question or are guessing, please state that. If a question does not apply, write "NA" for "not applicable" to indicate you read the question. Round all amounts of money to the nearest dollar.
2. Answer the following statements **YES** or **NO**. If you mark **NO**, explain your answer on a separate piece of paper and attach the explanation to the Affidavit.
 - YES NO 1. I listed all sources of my income.
 - YES NO 2. I attached copies of my two (2) most recent pay stubs.
 - YES NO 3. I attached copies of my federal income tax return for the last three (3) years, and I attached my W-2 and 1099 forms from all sources of income.

1. GENERAL INFORMATION:

- A. Name: _____ Date of Birth: _____
- B. Current Address: _____
- C. Date of Marriage: _____ Date of Divorce: _____
- D. Last date when you and the other party lived together: _____
- E. Full names of child(ren) common to the parties (in this case), their dates of birth:

| Name | Date of Birth |
|-------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

- F. The name, date of birth, relationship to you, and gross monthly income for each individual who lives in your household:

| Name | Date of Birth | Relationship to you | Income |
|-------|---------------|---------------------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

G. Any other person for whom you contribute support:

| Name | Age | Relationship to You | Reside With You (Y/N) | Court Order to Support (Y/N) |
|------|-----|------------------------|--------------------------|---------------------------------|
|------|-----|------------------------|--------------------------|---------------------------------|

H. Attorney's Fees paid in this matter \$ _____. Source of funds _____

2. EMPLOYMENT INFORMATION:

A. Your job/occupation/profession/title: _____

Name and address of current employer: _____

Date employment began: _____

How often are you paid: Weekly Every other week Monthly Twice a month
 Other _____

B. If you are not working, why not? _____

C. Previous employer name and address: _____

Previous job/occupation/profession/title: _____

Date previous job began: _____ Date previous job ended: _____

Reason you left job: _____

Gross monthly pay at previous job: \$ _____

D. Total gross income from last three (3) years' tax returns (attach copies of pages 1 and 2 of your federal income tax returns for the last three (3) years):

Year _____ \$ _____ Year _____ \$ _____ Year _____ \$ _____

E. Your total gross income from January 1 of this year to the date of this Affidavit (year-to-date income): \$ _____

3. YOUR EDUCATION/TRAINING: List name of school, length of time there, year of last attendance, and degree earned:

A. High School: _____

B. College: _____

C. Post-Graduate: _____

D. Occupational Training: _____

4. YOUR GROSS MONTHLY INCOME:

- List **all** income you receive from **any** source, whether private or governmental, taxable or not.
- List all income payable to you individually or payable jointly to you and your spouse.
- Use a monthly average for items that vary from month to month.
- Multiply weekly income and deductions by 4.33. Multiply biweekly income by 2.165 to arrive at the total amount for the month.

A. Gross salary/wages per month \$ _____

- **Attach copies of your two most recent pay stubs.**

Rate of Pay \$ _____ per [] hour [] week [] month [] year

B. Expenses paid for by your employer:

1. Automobile \$ _____

2. Auto expenses, such as gas, repairs, insurance \$ _____

3. Lodging \$ _____

4. Other (Explain) _____ \$ _____

C. Commissions/Bonuses \$ _____

D. Tips \$ _____

E. Self-employment Income (See below) \$ _____

F. Social Security benefits \$ _____

G. Worker's compensation and/or disability income \$ _____

H. Unemployment compensation \$ _____

I. Gifts/Prizes \$ _____

Case No. _____

J. Payments from prior spouse \$ _____

K. Rental income (net after expenses) \$ _____

L. Contributions to household living expense by others \$ _____

M. Other (Explain:) _____ \$ _____

(Include dividends, pensions, interest, trust income, annuities
or royalties.)

TOTAL: \$ _____

5. SELF-EMPLOYMENT INCOME (if applicable):

If you are self-employed, attach a copy of the Schedule C for your business from your last tax return and the most recent income/expense statement from your business.

If self employed, provide the following information:

Name, address and telephone no. of business: _____

Type of business entity: _____

State and Date of incorporation: _____

Nature of your interest: _____

Nature of business: _____

Percent ownership: _____

Number of shares of stock: _____

Total issued and outstanding shares: _____

Gross sales/revenue last 12 months: _____

INSTRUCTIONS

Both parties must answer item 6 if either party asks for child support. These expenses include only those expenses for children who are common to the parties, which mean one party is the birth/adoptive mother and the other is the birth/adoptive father of the children.

6. SCHEDULE OF ALL MONTHLY EXPENSES FOR CHILDREN:

- **DO NOT LIST** any expenses for the other party, or child(ren) who live(s) with the other party, **unless** you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HEALTH INSURANCE:

Do you have health insurance available? Yes No **Are you enrolled?** _____

1. Total monthly cost \$ _____

2. Premium cost to insure you alone \$ _____

3. Premium cost to insure child(ren) common to the parties \$ _____

4. List all people covered by your insurance coverage:

5. Name of insurance company and Policy/Group Number:

B. DENTAL/VISION INSURANCE:

1. Total monthly cost \$ _____

2. Premium cost to insure you alone \$ _____

3. Premium cost to insure child(ren) common to the parties \$ _____

4. List all people covered by your insurance coverage:

5. Name of insurance company and Policy/Group Number:

C. UNREIMBURSED MEDICAL AND DENTAL EXPENSES:

(Cost to you after, or in addition to, any insurance reimbursement)

1. Drugs and medical supplies \$ _____

2. Other _____ \$ _____

TOTAL: \$ _____

D. CHILD CARE COSTS:

1. Total monthly child care costs \$ _____

(Do not include amounts paid by D.E.S.)

2. Name(s) of child(ren) cared for and amount per child:

_____ \$ _____

_____ \$ _____

_____ \$ _____

3. Name(s) and address(es) of child care provider(s):

E. EMPLOYER PRETAX PROGRAM:

Do you participate in an employer program for pretax payment of child care expenses?

(Cafeteria Plan)? [] YES [] NO

F. COURT ORDERED CHILD SUPPORT:

1. Court ordered current child support for child(ren)

not common to the parties \$ _____

2. Court ordered cash medical support for child(ren)

not common to the parties \$ _____

3. Amount of any arrears payment \$ _____

4. Amount per month actually paid in last 12 mos. \$ _____

- **Attach proof that you are paying**

5. Name(s) and relationship of minor child(ren) who you support

or who live with you, but are **not** common to the parties.

G. COURT ORDERED SPOUSAL MAINTENANCE/SUPPORT (Alimony):

1. Court ordered spousal maintenance/support you actually pay to previous spouse: \$ _____

H. EXTRAORDINARY EXPENSES:

1. For **Children** (Educational Expense/Special Needs/Other): \$ _____

Explain: _____

2. For **Self**: \$ _____

Explain: _____

INSTRUCTIONS

Both parties must answer items 7 and 8 if either party is requesting:

- Spousal maintenance
- Division of expenses
- Attorneys' fees and costs
- Adjustment or deviation from the child support amount
- Enforcement

7. SCHEDULE OF ALL MONTHLY EXPENSES:

- Do NOT list any expenses for the other party, or children who live with the other party unless you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HOUSING EXPENSES:

1. House payment:

a. First Mortgage \$ _____

b. Second Mortgage \$ _____

Case No. _____

- c. Homeowners Association Fee \$ _____
 - d. Rent \$ _____
 - 2. Repair & upkeep \$ _____
 - 3. Yard work/Pool/Pest Control \$ _____
 - 4. Insurance & taxes not included in house payment \$ _____
 - 5. Other (Explain) _____ \$ _____
- TOTAL:** \$ _____

B. UTILITIES:

- 1. Water, sewer, and garbage \$ _____
 - 2. Electricity \$ _____
 - 3. Gas \$ _____
 - 4. Telephone \$ _____
 - 5. Mobile phone/pager \$ _____
 - 6. Internet Provider \$ _____
 - 7. Cable/Satellite television \$ _____
 - 8. Other (Explain:) _____ \$ _____
- TOTAL:** \$ _____

C. FOOD:

- 1. Food, milk, and household supplies \$ _____
 - 2. School lunches \$ _____
 - 3. Meals outside home \$ _____
- TOTAL:** \$ _____

D. CLOTHING:

- 1. Clothing for you \$ _____
 - 2. Uniforms or special work clothes \$ _____
 - 3. Clothing for children living with you \$ _____
 - 4. Laundry and cleaning \$ _____
- TOTAL:** \$ _____

E. TRANSPORTATION OR AUTOMOBILE EXPENSES:

- 1. Car insurance \$ _____
 - 2. List all cars and individuals covered:

 - 3. Car payment, if any \$ _____
 - 4. Car repair and maintenance \$ _____
 - 5. Gas and oil \$ _____
 - 6. Bus fare/parking fees \$ _____
 - 7. Other (explain): _____ \$ _____
- TOTAL:** \$ _____

F. MISCELLANEOUS:

- 1. School and school supplies \$ _____
- 2. School activities or fees \$ _____
- 3. Extracurricular activities of child(ren) \$ _____
- 4. Church/contributions \$ _____
- 5. Newspapers, magazines and books \$ _____
- 6. Barber and beauty shop \$ _____
- 7. Life insurance (beneficiary: _____) \$ _____
- 8. Disability insurance \$ _____
- 9. Recreation/entertainment \$ _____
- 10. Child(ren)'s allowance(s) \$ _____
- 11. Union/Professional dues \$ _____
- 12. Voluntary retirement contributions and savings deductions \$ _____
- 13. Family gifts \$ _____
- 14. Pet Expenses \$ _____

CURRENT EMPLOYER* INFORMATION

You may also fill out this form online at the Family Support Center Website.

For Clerk's Use Only

THIS FORM MUST BE COMPLETED FOR:

- AN INCOME WITHHOLDING ORDER**
- ORDER TO STOP AN INCOME WITHHOLDING ORDER**
- NOTIFICATION OF A CHANGE OF EMPLOYER (or OTHER PAYOR)**

CASE NUMBER: _____ **ATLAS NUMBER:** _____

NAME OF PERSON ORDERED TO MAKE PAYMENTS:

LIST THE NAME OF THE EMPLOYER* AND THE ADDRESS OF THE PAYROLL OR FINANCIAL DEPARTMENT (for the person named above) WHERE THE INCOME WITHHOLDING ORDER OR STOP ORDER SHOULD BE MAILED.

EMPLOYER* NAME: _____

PAYROLL ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMPLOYER* TELEPHONE: _____

EMPLOYER* FAX: _____

**or other payor or source of funds*

FOR COURT USE ONLY. DO NOT WRITE BELOW THIS LINE.

WA/FSC

WA/LOG ID: _____
TYPE OF W/A _____
DATE _____
AMOUNT OF ORDER _____
EMPLOYER STATUS _____
ENTERED BY _____
NEW W/A _____ SUB _____
AG _____ DCSE _____