

**PETITION TO MODIFY
CHILD SUPPORT**

“Simplified Mod”

1

**To Change An Existing Court Order
15% or more (Increase OR Decrease)**

OR

**To Assign or Change Responsibility for
Medical Insurance**

Part 1: Filing the Court Papers

(Forms Packet)

NOTICE: This process requires calculation of child support. To calculate child support, you may use the online calculator through ezcourtforms, the packet titled “C17”, or you may make an appointment with the Clerk of Court to calculate support for you for a fee.

SIMPLIFIED MODIFICATION
NOTICE TO THE PERSON FILING

BEFORE YOUR PETITION CAN BE PROCESSED, it is your responsibility to provide **PROOF OF SERVICE** to Family Court Services, that the other party received a copy of your petition and papers.

If you use a process server or the Sheriff's Office they will file the **AFFIDAVIT OF SERVICE** at the Family Court Filing Counter and provide you with a date-stamped copy.

If the other party signs the **ACCEPTANCE of SERVICE** or if you serve the other party by U.S. Mail or commercial delivery service (such as FedEx, DHL, etc), you must file at the Family Court Filing Counter the:

- **ACCEPTANCE OF SERVICE** or the

- **AFFIDAVIT OF SERVICE with SIGNATURE CONFIRMATION** *along with a copy or printout of the other party's signature acknowledging receipt of delivery, or if by Certified Mail, the green return-receipt card.*

- If the other party is **NOT** served with a copy of the **Petition to Modify Child Support** within 120 days, the Court will send a ***Notice of Dismissal***.

- If no proof of service is received by the Court, the request will be dismissed without further notice 180 days after filing.

- If a hearing is requested, you will be notified by mail.

SELF-SERVICE CENTER

INSTRUCTIONS TO COMPLETE THE PETITION TO MODIFY CHILD SUPPORT - “SIMPLIFIED PROCESS”

YOU WILL NEED:

- A copy of your current **Child Support Order**.
- A copy of the current **Income Withholding Order** for this case, if there is one.
- A completed “**Parent's Worksheet for Child Support**” (See separate instructions for the Worksheet)

Match each numbered item in the instructions with the same numbered item (in parentheses) on the form. Type or print neatly using BLACK INK ONLY.

- A.** Fill in the information requested at top left for the person who is filing this form. Write the ATLAS number if one has been assigned to your case. (The spaces marked “representing” and “state bar number” are used **only** if an attorney is preparing this form.)
- B.** Fill in the names of the persons shown as the “Petitioner” and the “Respondent” on the child support order.
- C.** Fill in the case number that appears on your Graham County order for child support.
1. Check the box to indicate whether you are the Petitioner or the Respondent, and
- Fill in the date on which the Judge or Commissioner signed your current child support order.
 - Fill in the name of the Judge or Commissioner who signed your current child support order.
 - Fill in name of the court (example: “Superior Court”)
 - Fill in name of the county where the order was issued.
2. Check the boxes to indicate who, under the current child support order, is responsible for insurance.
3. (a) Fill in the name of the person ordered to make child support payments.
- (b) Fill in the amount, schedule (monthly, weekly, bi-weekly), and payment due date listed on the current child support order. (EXAMPLE: \$150 per month payable on the 1st day of the month or \$150 per month payable one-half on the first and one-half on the 15th of the month).
4. Fill in the amount from of your completed “**Parent's Worksheet for Child Support**”
- On the *Online Calculator's* Worksheet, it's last item: “**Child Support Obligation To Be Paid**”
 - On the *paper* Worksheet, it's **item 35**.
5. To use the “simplified” process, the calculations must show you are entitled to a change of at least 15%. To calculate the percentage of change between your current support amount and the amount calculated on your new **Parent's Worksheet for Child Support**, **you will need to:**
- Calculate the amount for **(a)** (See next page for assistance.)
 - Enter the amount of child support currently ordered for **(b)**
 - *Divide the amount listed in (a) by the amount listed in (b), and enter the resulting number in (c).*

See the information and step-by-step procedures on next page for assistance with 5(a)(b)(c).

5(a) is the difference between the amount of child support ordered and the amount you are requesting.

Enter the amount of child support on the current order (same as 3(a) on the Petition) \$ _____

Enter amount from line 35 of the new Parents Worksheet (same as (4) on the Petition) \$ _____

Which is larger? Write the *larger* amount here: _____

Write the *smaller* amount here: - _____

and ***SUBTRACT*** the smaller from the larger.

Write the result in the box here and on line 5(a) :

5(b) is the amount of *child support* in the current order (the same as 3(b) on the Petition). Write that amount on the line for 5(b).

5(c) is the difference between the amount currently ordered and the new amount requested (the amount you just calculated for 5(a)), divided by the amount currently ordered, written as a percentage, or

Divided 5(a) by 5(b). Write the resulting *percentage* on the line for 5(c).

For example, if 5(a) is \$45 and 5(b) is \$225.

To get (c), you would divide 45 by 225, which would equal .2 (or 20%)

Shown another way, that's $45 / 225$ or $45 \div 225$, which equals .2 or 20%

6. If the State of Arizona is involved in your case because you or the other party received services from the State (DES or DCSE), mark the box for "Yes". Otherwise, mark the box for "No".

If the answer is "Yes". You will need to provide notice of this request to change the amount of child support to the Office of the Attorney General. Refer to page 2 of the "Procedures" document in the instruction packet for information on providing notice to the State.

7. If there is a current **Income Withholding Order** for child support, fill in the date of that order. If the amount withheld includes Court ordered payments *in addition to* current child support, list those *other amounts* included on the **Income Withholding Order**.

RELIEF REQUESTED

- A. Write in the same amount as you previously entered on line 4.
- B. Check the boxes to indicate any requested changes in which parent is responsible for insurance, and then write in the percentages to indicate how any uninsured medical expenses should be shared.
- C. Requires no action on your part though you may strike it if you disagree.

OATH OR AFFIRMATION

Date and sign the Petition in the presence of a Clerk of the Superior Court or a Notary Public. By signing, you are stating to the Court that the information you have provided is true and correct, under penalty of perjury.

SELF-SERVICE CENTER

**PROCEDURES: WHAT TO DO AFTER YOU HAVE COMPLETED
THE PETITION TO MODIFY CHILD SUPPORT
("Simplified Process")**

STEP 1 MAKE THREE (3) COPIES* (4, if DES or DCSE is involved) **OF THE:**

- *Petition to Modify - Simplified Process*
- *Parent's Worksheet*
- *Child Support Order*
- *Current Employer or Other Payor Information Sheet*

* If DES or DCSS is involved, you will also need an extra copy of the *Petition* and the *Parent's Worksheet* to serve on the State, as described in **STEP 5** on next page.

STEP 2 Separate your papers into 3 sets* (4, if DES or DCSE is involved).

Set 1 for the Clerk of Court:

"Petition to Modify" (original + 1 copy)
"Parent's Worksheet" (original)
"Child Support Order" (original + 2 copies)
"Current Employer Information Sheet" (original)

Two Self-Addressed Stamped Envelopes:

- 1 addressed to **YOU**, and
- 1 addressed to *the other party* so the Court can mail the decision

Set 2: Your Copy:

"Petition to Modify" (copy)
"Parent's Worksheet" (copy)

Set 3: Other Party's Copy:

"Petition to Modify" (copy for process server)
"Parent's Worksheet" (copy for process server)

* **Set 4 – to Serve on the State** if DES or DCSS is involved.

"Petition to Modify" (copy)
"Parent's Worksheet" (copy)
"Acceptance of Service" (original) (See **Step 5** on next page for more information on serving the State)

STEP 3. GO TO THE CLERK OF COURT FILING COUNTER TO FILE YOUR PAPERS. You may file your papers from 8am to 5pm, Monday through Friday, at the following Superior Court locations:

**GRAHAM COUNTY CLERK OF THE COURT
800 WEST MAIN STREET
SAFFORD, ARIZONA 85546**

Hand the originals and all sets of copies to the Clerk at the filing counter **and pay the filing fee**. The Clerk will keep the originals, stamp the extra copies to show that these are copies of papers you have filed with the Court, and return the stamped copies to you. The stamped sets of copies are now called "conformed" copies.

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, money order, or check 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.

STEP 4: MAKE SURE YOU GET BACK THE FOLLOWING FROM THE CLERK:

- Your Copy.
- The Other Party's Copy
- The Copy for DES/DCSS, *if required*

STEP 5: SERVE THE PAPERS ON THE OTHER PARTY(IES). The papers may be delivered by the Sheriff's Department, a licensed process server, commercial delivery service or mail by which you can obtain an original or copy of the other party's signature confirming delivery or by **Acceptance of Service** as described in the "SERVICE" packet available from the Self-Service Center or the Internet at the Maricopa County Superior Courts webpage.

The State of Arizona may be involved if any party received public assistance for the children or used the services of the State in establishing or collecting child support. If either party already has a case with the State (**DCSS or DES**) involving the same children as in this case, notice of this action **must also** be given to 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 "AG" assigned to your case:

- a copy of the "**Petition to Modify Child Support**",
- a copy of the "**Parents Worksheet for Child Support**", along with an
- "**Acceptance of Service**" AND
- a self-addressed, stamped envelope (*addressed back to you*).

A list of addresses for the AG's offices is available from the Self-Service Center or from the Internet

(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 all listed documents *and the 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!

Note: A party who is served with the papers *in Arizona*, whether a person or the State of Arizona (the AG / DCSE), has **20** days from the date of service to file a request for a hearing. A party who is served with the papers outside Arizona has **30** days from the date of service to file a request for hearing.

STEP 6: WAIT for the Court to let you know whether the Order was signed or the matter was set for a hearing. If a hearing is requested, a hearing or a conference will be scheduled. If no party requests a hearing, the Judge may grant or deny your request or may still schedule a hearing to obtain further information. If a hearing is scheduled, you will receive written notice of the date, time, and location.

If a hearing or a conference is scheduled:

- **Attend**
- **Be On Time**
- **Dress Neatly**
- **Write down the date, time and location.**
- **Do NOT Bring Children to Court.**

SELF-SERVICE CENTER

**INSTRUCTIONS: HOW TO COMPLETE THE
“CHILD SUPPORT ORDER”**

Type or print neatly using **BLACK INK ONLY.**

CASE CAPTION

- If you are providing this information to **establish** a child support order, fill in the names and the dates of birth (DOB) of the persons shown as Petitioner and Respondent on the petition to establish child support or to get other relief (divorce, paternity, etc.)
- If you are providing this information to **modify** your current support order, fill in the names and dates of birth (DOB) of the persons shown as Petitioner and Respondent on the order that established the child support.
- Fill in your case number. If you do not have a case number, leave this item blank.
- Fill in your ATLAS number. If you do not have an ATLAS number, leave this item blank.

NUMBERED INSTRUCTION

Match the number of the instruction below to the matching number on the first page of the “*Child Support Order.*”

- (1) Fill in the full name of the mother and the father of the minor children who are the subject of this “*Child Support Order.*”

Fill in the full name and birth date of all minor children who are the subject of this “*Child Support Order.*” (Use extra pages if necessary).

**LEAVE THE REST OF THE FORM BLANK. THE JUDGE OR COMMISSIONER WILL
COMPLETE THE REST OF THE INFORMATION AND SIGN THE ORDER.**

SELF-SERVICE CENTER

**PETITION TO MODIFY CHILD SUPPORT – Simplified Process
("Simplified Mod")**

CHECKLIST

You may use this packet if the following factors apply to your situation:

- ✓ You have a Maricopa County child support order and you believe the amount you pay or receive should be changed, **AND**
- ✓ You have completed a **"Parent's Worksheet for Child Support"** and the result for "Child Support Obligation" (last line from the online version or item 35 from the paper worksheet) is different from the amount of your current order by **at least 15%**, **OR**
- ✓ **You want to assign responsibility or change who is responsible for medical insurance.** A modification of the medical assignment or responsibility does not need to vary by 15% or more from the existing child support amount.

Typically, this procedure is used when there has been a change in the income of the parent(s),

OR

There are two or more children and support is no longer owed for one child but *is* still owed for others.

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.

DO NOT USE THESE FORMS:

- ✗ To change spousal support/maintenance (alimony);
- ✗ If your order is from a court outside this county (unless an attorney has advised you to);
- ✗ If the amount of the change in the order is not **at least 15%**;
- ✗ If the reason you are requesting the change is because the living arrangements of the child(ren) have changed but the court order about legal decision making (custody) and visitation has **not**.

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

(B) _____
Name of Petitioner (in original case)

Case Number: (C) _____

PETITION TO MODIFY (change) CHILD SUPPORT "SIMPLIFIED PROCESS"

(B) _____
Name of Respondent, (in original case)

**IMPORTANT NOTICE TO PARTY NOT REQUESTING THE MODIFICATION (CHANGE).
Your support order may be modified (changed) if you do not request a hearing.**

1. The Petitioner, or Respondent asks this court to modify the Arizona child support order:

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

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

Located in this County: _____

If the Order was not issued by the Superior Court of Arizona in *this county*, the case has already been transferred to this county and has a Maricopa County case number.

2. Under the current child support order:

Mother is responsible for providing medical dental vision care insurance

Father is responsible for providing medical dental vision care insurance

Neither party was ordered to provide medical dental vision care insurance

3. The child support order *currently* in effect requires the Mother, or the Father to make payments of (b) \$ _____ per _____, payable on the _____ (time period: week/month, 2 wks, etc.) (day(s) of the month)

4. Attached is a Parent's Worksheet for Child Support. According to the worksheet calculations, the child support amount should be \$ _____ per month.

5. The following calculations show that the new amount varies from the current amount of court-ordered child support by 15% or more.

(a) _____ divided by (b) _____ = (c) _____%

a = the difference between the amount currently ordered and the amount requested;
 b = the amount currently ordered; and,
 c = the percentage change

6. Is the Department of Economic Security or the Division of Child Support Enforcement (DES or DCSE) providing services to at least one of the parties? Yes No Unknown

(If YES, see page 2 of "Procedures" document in the instruction packet regarding notice to the State.)

7. Other court-ordered payments included in the current Order of Assignment dated ____/____/____

Spousal Maintenance: \$ _____ per _____

Payments on Arrears: \$ _____ per _____

Other: \$ _____ per _____

Payments on Arrears: \$ _____ per _____

Other: \$ _____ per _____

RELIEF REQUESTED (WHAT I WANT THIS COURT TO DO):

A. I request that child support be ordered in the amount of \$ _____ per month to be paid by the Mother or Father, and that relief requested in the Parent's Worksheet be ordered.

B. **REGARDING INSURANCE FOR MINOR CHILDREN, order that:**

Mother is responsible for providing medical dental vision care insurance.

Father is responsible for providing medical dental vision care insurance.

The costs of medical/dental/vision care expenses not paid by insurance shall be shared as follows: **Mother** _____ % **Father** _____. Request for payment or reimbursement must be provided to the obligated parent(s) within 180 days after the services occurred. The obligated parent must pay or make payment arrangements within 45 days after receipt of the request.

C. If this matter goes to hearing, I further request that costs and fees incurred in bringing this action be ordered to be paid by the opposing party.

UNDER OATH OR BY AFFIRMATION

I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

Date

Petitioner's Signature

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ by
(date)

_____.

(notary seal)

Deputy Clerk or Notary Public

NOTICE TO PARTIES

If you do **not** agree with the modification/change in child support, you have twenty (20) days to ask for a hearing. If service of process is made outside the State of Arizona, the parent receiving service has 30 days in which to ask for a hearing.

Upon proof of service and if no hearing is requested within the time allowed, the court will review the request and enter an appropriate order modifying the support award. If an error is noted, the amount awarded may be different from the amount requested, but the modification will not be greater than the amount requested.

In the event the court has serious concerns regarding the accuracy of the information, or if a substantial mathematical error is found, the court may set the matter for hearing. The court will set a hearing if requested by either party within the time allowed. No order will be modified without a hearing if a hearing is requested. The forms necessary to request a hearing (below) are available from the Clerk of Superior Court, for purchase from the Self-Service Center, or they may be downloaded for free from the internet at the Maricopa County Superior Court webpage.

- Request for Hearing
- Parent's Worksheet for Child Support

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



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

SUPERIOR COURT OF ARIZONA IN GRAHAM COUNTY

Petitioner

Case No. _____

Date of Birth (Month, Date, Year)

ATLAS No. _____

Respondent

CHILD SUPPORT ORDER

A.R.S. § 25-503

Date of Birth (Month, Date, Year)

THE COURT FINDS THAT:

1. **Mother:** _____ and

Father: _____

have a duty to support the following children:

Child(ren)'s Name(s)	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

2. The required financial factors and any discretionary adjustments pursuant to the Arizona Child Support Guidelines are as set forth in the Parent's Worksheet for Child Support Amount, attached and incorporated by reference.

3. **Mother** **Father** is obligated to pay support to: _____

In the amount of: \$ _____ per month

4. Deviation (only in applicable cases)

Application of the Arizona Child Support Guidelines in this case is inappropriate or unjust. The Court has considered the best interests of the child(ren) in determining that a deviation is appropriate.

The child support amount before deviation is: \$ _____

The child support amount after deviation is: \$ _____

The Court finds the guidelines amount is inappropriate or unjust because:

The attached written agreement is made part of this order by reference

Other Reasons for Deviation from Guideline Amount:

Arrears

Child support arrears exist in the amount of: \$ _____

For the period of: _____ to _____

Interest

Interest in the amount of: \$ _____

For the period of: _____ to _____

Past Care and Support

A judgment for past care and support should be entered in the amount of: \$ _____

For the period of: _____ to _____

IT IS ORDERED THAT:

1. Mother Father shall pay child support in the amount of: \$ _____

per month, to: _____

First payment is due on the 1st day of: _____

2. **Mother** **Father owes child support arrears in the amount of: \$** _____

For the period of: _____ to _____

Judgment is ordered in favor of: _____

and against: _____

In the principal amount of: \$ _____

Mother **Father** shall pay \$ _____ per month toward child support
arrears until paid in full, **OR**

Arrears not addressed.

3. **Mother** **Father owes past care and support in the amount of: \$** _____

For the period of: _____ to _____

Judgment is ordered in favor of: _____

and against: _____

In the principal amount of: \$ _____

Mother **Father** shall pay \$ _____ per month toward
the past care and support amount until paid in full, **OR**

Past care and support not addressed.

4. All payments shall be made through the Support Payment Clearinghouse pursuant to an "Income Withholding Order" signed this date. Any time the full amount of support ordered is not withheld, the person obligated to pay (the obligor) remains responsible for the full monthly amount ordered. Payments not made directly through the Support Payment Clearinghouse may be considered a *gift* unless you have a notarized affidavit signed by the other party agreeing that he or she received the payment and that it was for child support. All payments not made by Order of Assignment shall be made payable to and mailed directly to:

Support Payment Clearinghouse
P.O. Box 52107
Phoenix, AZ 85072-2107

Payments must include the payor's name, ATLAS number or Social Security Number.

5. Pursuant to A.R.S. § 25-322, the parties shall submit current address information in writing to the Clerk of the Superior Court and the Support Clearinghouse immediately. The payor shall within 10 days, submit the names and addresses of employers or other persons or organizations from which he or she is entitled to receive payment.

6. The parties shall submit address changes within 10 days of the change.

7. MEDICAL, DENTAL, VISION CARE INSURANCE FOR MINOR CHILDREN

Mother is responsible for providing medical dental vision care insurance.

Father is responsible for providing medical dental vision care insurance.

8. The costs of medical/dental/vision care expenses not paid by insurance shall be shared as follows:
Mother _____ % **Father** _____%.
 Request for payment or reimbursement must be provided to the obligated parent(s) within 180 days after the services occurred. The obligated parent must pay or make payment arrangements within 45 days after receipt of the request.
9. The costs of travel related to parenting time over 100 miles one way shall be shared as follows:
Mother _____ % **Father** _____%
10. The parties shall exchange financial information such as copies of tax returns, earnings statements, a Parent's Worksheet for Child Support Amount, residential addresses and the names and addresses of their employers every 24 months.
11. The court allocates the federal tax exemption(s) for the dependent child(ren) as follows:

Child's Name	Date of Birth (Month, Day, Year)	Parent Entitled to Deduction	For Calendar Year
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	

For years following those listed above while this Child Support Order remains in effect, the parties shall repeat the pattern above of claiming deductions for each child.

Each year, the person obligated to make payments (the obligor) may claim these exemptions only if the obligor has paid all child support and arrears ordered for the year by December 31 of that year.

If this is a modification of child support, all other prior orders of this Court not modified remain in full force and effect.

FINAL APPEALABLE ORDER. Pursuant to Arizona Rules of Family Law Procedure, Rule 81, this final judgment/decre is settled, approved and signed by the court and shall be entered by the clerk.

Date

Judicial Officer

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 _____