RESPONSE

TO PETITION TO MODIFY CHILD SUPPORT 15% OR MORE

(SIMPLIFIED PROCESS)

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Part 3: RESPONSE / OBJECTION & PETITION FOR HEARING

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SELF-SERVICE CENTER

INSTRUCTIONS FOR "*PETITION FOR HEARING*"
(Simplified Process Modification)

TO REQUEST A HEARING YOU WILL NEED:

- A copy of the ***"Petition to Modify (Change) Child Support."***
- A completed ***"Parent's Worksheet for Child Support"*** *(*See ***DRS12h***

NOTE: There may be fees for filing this Petition. If this is the first time you have "appeared" (filed papers) in this case, there may also be an "Appearance Fee". If you cannot pay the fees at this time, you may request to defer (delay) payment by submitting an application for fee deferral or waiver, which is available for free from the Clerk of the Superior Court and the Self-Service Center.

FOLLOW THESE INSTRUCTIONS WHICH ARE NUMBERED TO MATCH THE IDENTIFYING NUMBERS ON THE FORM. TYPE OR PRINT NEATLY USING BLACK INK.

1. Fill in the name, address, and phone number of the person filing the form. (The space marked ""state bar number" is used only if an attorney is preparing this form.)

2. Fill in the name of the persons shown as the Petitioner and the Respondent on the ***"Petition to Modify (Change) Child Support."***

3. Fill in the case number and ATLAS number (if applicable) that appears on the ***"Petition to Modify Child Support."***

4. Check this box **IF** you also want the Child Support Order changed, but to an amount different from the that requested by the other party.

5. Date and sign in front of a Notary Public or bring to the Clerk of Court's filing counter and have your signature witnessed by a Deputy Clerk. **BE PREPARED TO SHOW PHOTO IDENTIFICATION**. By signing your name, you are stating under oath or affirmation that the contents of this Request are true and correct to the best of your knowledge. The Notary Public or Deputy Clerk will complete the signature and date information requested at the bottom of the first page. Next, file the original form along with two copies at the Clerk of Court's filing counter. The Clerk will keep the original and one copy, date-stamp and return the other to you. You will receive notice of the time, date, and location of the hearing.

NOTICE OF PETITION for HEARING. Upon filing the Petition for Hearing, the filing party must immediately mail or otherwise deliver a copy of this Petition to the other party or his/her attorney. ***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**, which can be mailed to:

Attorney General, Child Support Enforcement
P. O. Box 6123, Site Code 775 C
Phoenix, Arizona 85005

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Self-Service Center (SSC)

HOW TO COMPLETE A
PARENTS WORKSHEET FOR CHILD SUPPORT

Use the ***FREE*** online child support calculator at the Superior Court's Web page to produce the *Parents Worksheet for Child Support* that **MUST** be turned in along with your other court papers.

Using the online calculator is FREE (access to the Internet and a printer required).

If you do not have access to the Internet and/or a printer, you may use the computers at all Superior Court Self-Service Center locations for free and print out the Parents Worksheet produced by the online calculator as well. There is a small, per-page charge for printing.

- Go to the Superior Court's ezcourtform Web page
- Click "**Child Support Calculator**" on right side of the web page.
- Fill in the information requested and print out the Worksheet.

Advantages of Using the Online Child Support Calculator

- The online calculator is free.
- The online calculator does the math for you
- The online calculator produces a neater, more readable worksheet.
- The online calculator produces a more accurate child support calculation, **AND**
- **You don't have to go through 37 pages of Guidelines and Instructions**

If you want to perform the calculations yourself, you will need an additional 39 pages of guidelines, instructions, and the Parents Worksheet itself. These are available for separate purchase from the SSC as part of the **"How to Calculate Child Support**" packet, or may be downloaded for free from the Superior Court's Web page.

You may also attend the free "*How to Complete Papers to Modify Child Support*" workshop described in the flyer that appears at the beginning of this packet.

You may also call 602-506-3762 for an appointment for assistance (in English or Spanish) at the Phoenix courthouse. Ask for the "Calculations Department". There is a FEE for this service.

WHEN YOU HAVE COMPLETED ALL NEEDED FORMS, GO TO THE "PROCEDURES" PAGE AND FOLLOW THE STEPS LISTED THERE.

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PARENT'S WORKSHEET INSTRUCTIONS

This worksheet provides the information the court needs to determine child support amounts in accordance with Arizona's Child Support Guidelines. You may get a copy of the Child Support Guidelines for a fee from any of the four Self-Service Center or you can download it free from the Internet.

COMPLETE THIS WORKSHEET IF:

- You are a party to a court action to establish child support **or** to modify an existing order for child support.

Need help with calculations? Use the free Online Child Support Calculator at the Superior Court's website to perform the calculations for you. Click "Child Support Calculator and Worksheet" (on the right side of the page). You may print and use the worksheet produced by the calculator <u>in place of</u> the form included in this packet.

You may also call 928-428-3100 for an appointment for assistance (in English or Spanish) at the Phoenix courthouse location. Ask for the "Calculations Department". There is a fee for this service.

TO COMPLETE THIS WORKSHEET YOU WILL NEED TO KNOW:

- Your case number.
- Your monthly gross income and that of the other parent.
- The monthly cost of medical insurance for the minor children who are the subject of this action.
- Monthly childcare amounts paid to others.
- The number of days the minor child(ren) spend with the non-primary residential (custodial) parent.
- Monthly obligations of yourself and the other parent for child support or court-ordered spousal maintenance/ support.

FOLLOW THESE INSTRUCTIONS WHICH ARE NUMBERED TO MATCH THE IDENTIFYING NUMBERS IN PARENTHESES ON THE FORM. TYPE OR PRINT NEATLY USING BLACK INK. The number *in brackets* <u>after</u> the instructions tells you where to look in the **Guidelines** for this item, for example, [Guidelines 5].

<u>BASIC INFORMATION</u>

(1) Type or print the information requested at top left for the person who is filing this form. Check the appropriate box to indicate whether you are the Petitioner or Respondent in this case, and also whether you are represented by an attorney. (The spaces marked "for "Attorney Name", "Bar No.", etc, are used **only** if an attorney is preparing this form.)

(2) Type or print the name of the county in which this worksheet is being filed. (This may already be printed on the form.)

(3) Type or print the name of the persons shown as the Petitioner and the Respondent on the original petition to establish support or on the Order that established support.

(4) Type or print your case number and the ATLAS number. If you do not have a case number, leave this item blank. If you do not have an ATLAS number, leave this item blank.

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(5) Enter the number of minor children from this relationship for whom support is being sought in this court action.

(6) Check the box to indicate which parent is the "primary residential parent". If not stated directly in a Court Order, who does (do) the minor children) live with most of the time?

(7) Check the box to indicate which parent is completing this form.

(8) Where did you get the figures you are supplying for the other party? Check the box to indicate whether those numbers are Actual, Estimated or Attributed. [See Guidelines 5.E.] Examples of ESTIMATED income: He was promoted to supervisor and I know that position pays more; she has the same job as my sister, who works at the same place and makes this amount. Example of ATTRIBUTED income: My ex-wife was a secretary earning $1500/month. Now she has remarried and is staying home as a homemaker.

MONTHLY GROSS INCOME

- Terms such as "gross income" and "adjusted gross income" as used here do not have the same meaning as when they are used for tax purposes.
- "Gross Income" is not your "take home pay", it is the higher amount shown before any deductions are taken out of your check.
- If you are converting a weekly "gross income" figure to a "monthly gross income" figure, multiply the weekly amount by 4.33 (52 weeks divided by 12 months = 4.33 average weeks in a month).

(9) Type or print the total amount of your Gross Income each month. Gross income means the amount before taxes and other deductions are taken out. For income from self-employment, rent, royalties, proprietorship of a business, joint ownership of a partnership or closely held corporation, gross income means gross receipts minus ordinary and necessary expenses required to produce income. What you include as "ordinary and necessary expenses" may be adjusted by the court, if deemed inappropriate for determining gross income for child support. Ordinary and necessary expenses include one-half of the self-employment tax actually paid.

Gross Income includes monies from:

- Salaries
- Bonuses
- Worker's Compensation Benefits
- Wages
- Dividends
- Disability Insurance (including Social Security disability)
- Annuities
- Royalties
- Commissions
- Capital Gains
- Interest
- Self-employment
- Severance Pay
- Unemployment Insurance Benefits
- Income from a Business
- Pensions
- Rental Income
- Prizes
- Social Security Benefits
- Trust Income
- Recurring Gifts
- Spousal Maintenance (alimony) (Item 11)

Gross Income **does not include** benefits from public assistance programs such as Temporary Assistance for Needy Families (TANF), Supplemental Social Security Income (SSI), Food Stamps, and General Assistance (GA); and, it **does not include** child support payments received.

Also type or print the total monthly gross income for the other parent, to the best of your knowledge. If a parent is unemployed or underemployed, you may ask the court to attribute income to that parent by entering the amount of what you think that parent would be earning if he or she worked at full earning capacity. The court shall presume, in the absence of contrary testimony, that a non-primary residential parent (custodial parent) is capable of full-time employment at least at the federal adult minimum wage. [Guidelines 5.E.] This

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presumption **does not** apply to non-primary residential parents under the age of eighteen who are attending high school. If gross income is attributed to the parent receiving support, appropriate childcare expenses may also be attributed at Item 18.

If you are completing this Parent's Worksheet as part of a modification proceeding and your income is different from the court's most recent findings, you must attach documentation to verify your current income. The documentation should include: your most recent tax return, W-2, or 1099 forms and your most recent paycheck stub showing year-to-date information. If these are not available, provide other documentation such as a statement of earnings from your employer showing year-to-date income.

If you are completing this Parent's Worksheet as part of a modification proceeding and the income you show for the other party is different from that listed on the court's most recent findings regarding income of that parent, you must attach documentation of the amount **or** mark the box in Item 8 to show that the income amount is estimated or attributed and explain the basis for the amount shown.

ADJUSTMENTS TO MONTHLY GROSS INCOME

(10-11) Type or print the total monthly amount of court-ordered spousal maintenance/alimony you and/or the other parent actually **pay to** a former spouse **or receive from** a former spouse. Also, the amount that is paid or received or *will be* paid or received in this court case each month. Spousal maintenance/alimony paid is a deduction from gross income. Spousal maintenance/alimony received is an addition to gross income. [Guidelines 2.C. and 6.A.]

(12) Type or print the total amount of court-ordered child support you and/or the other parent actually pay [Guidelines 6.B.] each month for children of other relationships, And/Or, if you and/or the other parent are the primary residential parent of minor child(ren) of other relationships, based on a "simplified application of the Guidelines", determine an adjustment to enter based on the amount of court-ordered child support you "contribute". [Guidelines 6.C.] Court-ordered *arrearage* payments are not included in either case.

EXAMPLE (copied directly from the Guidelines):
A parent having gross monthly income of $2,000 supports a natural or adopted minor child who is not the subject of the child support case before the court and for whom no child support order exists. To use the Simplified Application of the Guidelines, locate $2,000 in the Combined Adjusted Gross Income column of the Schedule. Select the amount in the column for one child, $418. The parent's income may be reduced up to $418, resulting in an Adjusted Gross Income of $1,582.

(13) You may ask the court to consider the financial obligation you have to support other natural or adopted minor children for whom there is no court order requiring you to pay support. If you choose to do this, the adjustment amount you may request is determined by a "simplified application of the guidelines". On the Schedule of Basic Child Support Obligations, find the amount that is closest to the adjusted gross income amount of the parent requesting an adjustment. Go to the column for the number of children in question. Enter the amount shown there in Item 13. [Guidelines 6.D.]

(14) **Adjusted Gross Income**. For each parent, add or subtract the numbers in Items 10 through 13 from the number in Item 9. Write the results for each parent on the line in Item 14. This is the Adjusted Monthly Gross Income for each parent. [Guidelines 7]

COMBINED ADJUSTED MONTHLY GROSS INCOME

(15) Add the two numbers in Item 14 together (the one for the father and the one for the mother). This total is the Combined Adjusted Monthly Gross Income.

BASIC CHILD SUPPORT OBLIGATION You MUST view the *"Schedule of Basic Child Support Obligations"* in order to answer (16). You can download the entire document free from our website.

OR you can use the online child support calculator to calculate the amount for you automatically.

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The online calculator can be found at the Superior Court's ezcourtforms Web page OR you can call 602-506-3762 for an appointment to have someone help you calculate child support. There is a fee for this service.

(16) On the "***Schedule of Basic Child Support Obligations*** locate the amount that is closest to the Combined Adjusted Monthly Gross Income listed in Item 15. Go to the column for the number of minor children listed in Item 5. This amount is your Basic Child Support Obligation; enter this amount for Item 16. [Guidelines 8]

PLUS COSTS FOR NECESSARY EXPENSES

Place in the column for the parent paying the expenses.

(17) Type or print the monthly dollar amount of that portion of the insurance premium that is or will be paid for court-ordered medical, dental and/or vision care insurance for the minor child(ren) who is/are the subject(s) of this order. [Guidelines 9.A.]

(18) If the parent with primary residential parent status is working or if you have attributed income to that parent in Item 9, type or print the monthly cost of work-related child care that parent pays. If these costs vary throughout the year, add the amounts for each month together and divide by 12 to annualize the cost. [Guidelines 9.B.1.] (See Guidelines for rules and chart concerning income).

If the non-primary residential parent pays for work-related childcare, during periods of physical custody, the amount paid by that parent may also be included here (each month's amount added together and divided by 12 to annualize the cost)..

(19) Type or print the monthly costs of reasonable and necessary expenses for special or private schools and special educational activities. These expenses must be agreed upon by both parents or ordered by the court. [Guidelines 9.B.2.]

(20) If any of the children for whom support is being ordered are gifted or handicapped and have special needs that are not recognized elsewhere, the additional monthly cost of meeting those needs should be entered here. [Guidelines 9.B.3.]

(21) **MINOR CHILDREN 12 AND OVER.** If there are no minor children 12 or over, enter "0" or "N/A" and SKIP to Item 22. Average expenditures for minor children age 12 or older are approximately 10% higher than those for younger children, therefore the Guidelines call for an adjustment of up to a maximum of 10% to account for these higher costs. If support is being determined for minor children 12 or older, in the first blank, enter the number of minor children 12 or older. In the next blank enter how many percent (one, to a maximum of ten percent) you think the amount of child support should be adjusted (increased) due to the child or children being 12 or older.

If *all* minor children are 12 or over:

- Multiply the dollar amount from (16), the Basic Child Support Obligation, by the (up to 10) percent increase, which results in the monthly dollar amount of increase.
- Enter this amount for Item 21. The highest possible increase would be 10% of the basic child support obligation. [Guidelines 9.B.4.]

If at least one, *but not all* minor children are 12 or older:

- Divide the basic support obligation (Item 16) by the total number of children.
- Multiply that figure by the number of minor children 12 or over.
- Then multiply the result by the adjustment percentage (up to 10%), and enter this amount for Item 21. [Guidelines 9.B.4.]

EXAMPLE A: All minor children 12 or older, Basic Child Support Obligation $300, and 10% Adjustment:
Multiply Basic Child Support Obligation by % Adjustment: $300 x .10 = $30.00

EXAMPLE B: Three children, Two 12 or older, Basic Child Support Obligation $300, 10% Adjustment:
Divide Basic Child Support Obligation by total number of children: $300 / 3 = $100
Multiply answer by the number of children 12 and older: $100 x 2 = $200
Multiply result by the Adjustment Percentage: $200 x .10 = $20.00

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(22) Add the amounts from Items 17, 18, 19, 20 and 21, including both the amounts for you and the amounts for the other parent. Enter the total amount on the line in Item 22.

TOTAL CHILD SUPPORT OBLIGATION

(23) Add the amounts from Items 16 and 22. Enter the total amount on the line in Item 23. This is the Total Child Support Obligation amount.

EACH PARENT'S PERCENTAGE (%) OF COMBINED INCOME [Guidelines 10]

(24) For each parent, ***divide*** the amount written in Item 14 (Adjusted Gross Income) by the amount written in Item 15 (Combined Adjusted Gross Income). This will probably give you a decimal point answer less than 100%. However, if one parent earns all of the income for the family, this number will be 100%.

EXAMPLE: Item 14 = $600
Item 15 = $1000 $600 divided by $1,000 = .60 or 60%

EACH PARENT'S SHARE OF THE TOTAL CHILD SUPPORT OBLIGATION

(25) For each parent, multiply the number in Item 23 by the number for that parent in Item 24. This equals the dollar amount of each parent's share of the total child support obligation.

EXAMPLE: Item 23 = $189
Item 24 = 60% $189 x .60 = $113.40

ADJUSTMENT FOR COSTS ASSOCIATED WITH PARENTING TIME (VISITATION) (for NON-Primary Residential Parent)

(26) If time with each parent is essentially equal, *neither* party receives a parenting time adjustment and you may SKIP to Item 27. [Guidelines 11, 12]

Based on the information below, check the box to indicate whether "Parenting Time Table A" or 'Parenting Time Table B" applies to the situation regarding the parent who does not have PRIMARY RESIDENTAIL PARENT, that is, the parent that the children do **NOT** live with – or live with the LEAST amount of time.

To adjust for costs associated with parenting time, first determine the total number of parenting time days indicated in a court order or parenting plan or by the expectation or past practice of the parents. Using the definitions below, add together each block of parenting time to arrive at the total number of parenting time days *per year*. Only the time spent by a child with the non-primary residential parent is considered. Time that the child is in school or in childcare is not considered.

For purposes of calculating parenting time/visitation days: [Guidelines 11.C]

A. A period of 12 hours or more counts as one day.
B. A period of 6 to 11 hours counts as a half-day.
C. A period of 3 to 5 hours counts as a quarter day.
D. Periods of less than 3 hours may count as a quarter day if, during those hours, the non-primary residential parent pays for routine expenses of the child, such as meals.

"Parenting Time Table A" assumes that as the number of visitation days approaches equal time sharing (143 days and above), certain costs usually incurred only in the custodial household are assumed to be substantially or equally shared by both parents. These costs are for items such as the child's clothing and personal care items, entertainment, and reading materials.

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PARENTING TIME TABLE A			
Number of Visitation Days	**Adjustment Percentage**	**Number of Visitation Days**	**Adjustment Percentage**
0 – 3	0	116 - 129	.195
4 – 20	.012	130 - 142	.253
21- 38	.031	143 – 152	.307
39 - 57	.050	153 – 162	.362
58 - 72	.085	163 - 172	.422
73 - 87	.105	173 – 182	.486
88 - 115	.161		

Parenting Time Table B: If, however, the assumption that such costs are duplicated and shared nearly equally by both parents, is proved *incorrect*, use "**Parenting Time Table B**" to calculate the visitation adjustment for this range of days (and check the box for "Table B" for item (26).

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PARENTING TIME TABLE B	
Number of Visitation Days	**Adjustment Percentage**
143 - 152	.275
153 – 162	.293
163 – 172	.312
173 - 182	.331

(27)

- For *your* entry for Item (27), add up the total parenting time days for the non-primary residential parent.
- Determine whether Table A or Table B applies.
- Look at the appropriate table ("A" or "B") and find the "Percentage Adjustment" that applies to the number of parenting time days.
- Multiply that percentage by the amount listed for Item (16)

EXAMPLE:
If the total amount of parenting time for the NON-PRIMARY RESIDENTIAL PARENT amounts to 75 days and Table A applies, and the amount listed for Item (16), the Basic Child Support Obligation, is $1000: Look at Table A to see in where "75" 75 fits in. "75" falls between 73 and 87 days, and the Adjustment Percentage listed for that range of numbers is .105. You would then take the dollar amount listed for Item (16), and multiply it by that percentage.

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In this example that would be:	Amount from Item (16)	$1000
	x Adjustment Percent from Table	x .105
	Answer for Item (27)	105.00 or $105.00

This is the amount you would enter as your answer for Item (27) for either the Father *or* the Mother (ONLY), whichever parent the children ***don't*** live with the majority of the time.

MEDICAL INSURANCE PREMIUM ADJUSTMENT

(28) If the parent who will be ordered to make the child support payment is the same parent who will pay the minor children's health, dental and/or vision care insurance premiums, enter the amount from Item 17 here.

NON-CUSTODIAL CHILD CARE ADJUSTMENT

(29) If the parent who will be ordered to make the child support payments pays for work-related child-care during periods of visitation, enter the amount from Item 18.

EXTRA EDUCATION ADJUSTMENT

(30) If the parent who will be ordered to make the child support payment is the same parent who will pay the children's reasonable and necessary expenses for attending private or special schools, enter the amount from Item 19 here.

EXTRAORDINARY/SPECIAL NEEDS CHILD

(31) If the parent who will be ordered to make the child support payment is the same parent who will pay the special needs of gifted or handicapped child(ren), enter the amount from Item 20 here.

ADJUSTMENTS SUBTOTAL

(32) For the non-primary residential parent, add the amounts entered in Items 27, 28, 29, 30 and 31. Enter the total in Item 32.

PRELIMINARY CHILD SUPPORT AMOUNT

(33) For non-primary residential parent: Subtract the amount in Item 32 from Item 25.
For primary residential parent: Write in the amount from Item 25 for that parent.

SELF SUPPORT RESERVE TEST for Parent Who Will Pay Support

(34) To calculate the amount to enter in the column for this item:

- Enter *the paying parent's* adjusted gross income from Item 14.
- Subtract **$903** (the self-support reserve amount).
- Enter the remainder in the appropriate column for either the Father or the Mother, for Item 34. [Guidelines 15]

If the resulting amount is less than the preliminary child support amount, the court may reduce the current child support order to the resulting amount after first considering the financial impact the reduction would have on the primary residential parent household. The test applies only to the current support obligation, but does not prohibit an additional amount to be ordered to reduce an obligor's (the person obligated to pay) arrears. Absent a deviation, the preliminary child support amount or the result of the self-support reserve test is the amount of the child support to be ordered in Item 35
[Guidelines 15]

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Payor's Adjusted Gross Income from Item 14: _____

SUBTRACT the Self Support Reserve Test Amount of $903: **- $ 903.00**

Enter the number remaining as your answer for Item 34: _____

(35) Who pays and how much? Check the appropriate box to indicate which parent should be ordered to pay child support. If the amount shown in Item 33 is *less than* the amount shown in Item 34, write in the amount shown for Item 33. ***OR,*** If the amount shown in 33 is *greater than* the amount from 34, you may write in the amount from 34 *if you believe child support should be ordered for the smaller amount*.

RESPONSIBILITY FOR VISITATION-RELATED TRAVEL EXPENSES

(36) For this Item, list the percentage you think each parent should pay toward the travel/transportation costs for expenses involving travel of more than 100 miles, one-way. The court will decide how to allocate the expense, but you may use the percentages listed in Item 24 for each parent's share of combined income as a guide. The allocation of expense does not change the amount of the support ordered in Item 35. [Guidelines 18]

RESPONSIBILITY FOR MEDICAL EXPENSES NOT PAID BY INSURANCE

(37) For this Item, list the percentage you think each parent should pay toward uninsured medical, dental and/or vision care expenses for the minor children. The court will decide how to allocate the expense, but you may use the percentages listed in Item 24 for each parent's share of combined income as a guide. [Guidelines 9.A.]

WHEN YOU HAVE COMPLETED THIS WORKSHEET:

If you have completed this worksheet to **establish** a child support obligation:

- Make a copy of the worksheet for your records;
- Make a copy to send or deliver to the other party and/or the state prior to the hearing;
- Take the original to court at the time of your hearing; and
- Take financial documentation to provide proof of the numbers you have given.

If you have completed this worksheet to **modify** a child support obligation:

- Attach any documentation required;
- Make a copy of the worksheet for your records;
- Make a copy of the worksheet to serve on the other party and/or the state; and
- Attach the original worksheet to the Request for Modification of Child Support and file it with the Clerk of Superior Court.

NOTE: DEVIATION FROM THE GUIDELINES AMOUNT

If you believe the amount of child support shown by this worksheet is too low or too high, the Court has the power to deviate from the guidelines (order support in a different amount), if an order would be unjust or inappropriate. A deviation can only be ordered if the court makes appropriate findings based upon evidence presented by either party *or* agreement of the parties. [Guidelines 20]

SIGN THE DOCUMENT BEFORE FILING IT

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INSTRUCTIONS: HOW TO COMPLETE THE *"CHILD SUPPORT ORDER"*

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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.

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PROCEDURES: TO FILE "PETITION FOR HEARING"

(in response to petition for S*implified Process Modification of Child Support*)

TO REQUEST A HEARING YOU WILL NEED TO SUBMIT:

- One original ***"Petition for Hearing"*** (**plus** *at least* ***2**** copies).
- One original ***"Parent's Worksheet for Child Support"*** (**plus** *at least**** **2*** copies).
- One original ***"Current Employer Information Sheet"*** (**plus** *at least**** **2*** copies).

See the *"**How to Complete a Parents Worksheet**"* document in this packet for information on getting the child support calculations, the ***Parents Worksheet***, and ***Child Support Order*** filled out automatically and for **FREE** online, as well as alternatives for obtaining the 40-50 page paper version (not included in this packet). C17

SEPARATE YOUR DOCUMENTS INTO 3 (OR 4*) SETS:

ORIGINALS: **Petition for Hearing** **Parents Worksheet** **Current Employer Info Sheet**	**Copies for Other Party:** **Petition for Hearing** **Parents Worksheet** **Current Employer Info Sheet**
Copies for You: **Petition for Hearing** **Parents Worksheet** **Current Employer Info Sheet**	**Copies for STATE of ARIZONA – *if required**** **Petition for Hearing** **Parents Worksheet** **Current Employer Info Sheet**

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****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.**

NOTE: There will be a fee for filing this document. If this is the first time you have "appeared" (filed papers) in this case, there may an "appearance fee" *in addition to* the filing fee. If you cannot pay the fees at this time, you may petition to defer (delay) payment by submitting an application for fee deferral or waiver, which is available for free from the Clerk of the Superior Court and the Self-Service Center.

FOLLOW THESE INSTRUCTIONS WHICH ARE NUMBERED TO MATCH THE IDENTIFYING NUMBERS ON THE FORM. TYPE OR PRINT NEATLY USING BLACK INK.

1. Fill in the name, address, and phone number of the person filing the form. (The space marked "state bar number" is used only if an attorney is preparing this form.)

2. Fill in the name of the persons shown as the Petitioner and the Respondent, the case number, and (if applicable) the ATLAS number as it appears on the ***"Petition to Modify Child Support".***

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3. Check this box **IF** you also want the Child Support Order changed, *but to an amount different from that requested by the other party*.

4. Date and sign in front of a Notary Public or a Deputy Clerk at the Clerk of Court's filing counter. **BE PREPARED TO SHOW PHOTO IDENTIFICATION**. By signing your name, you are stating under oath or by affirmation that the contents of this Petition are true and correct to the best of your knowledge. The Notary Public or Deputy Clerk will complete the information requested at the bottom of the first page.

NEXT: File the original form along with two (or 3*) copies at the Clerk of Court's filing counter. The Clerk will keep the original and one copy, date-stamp and return the other to you.

If the *Petition for a Hearing* was filed in a timely manner a hearing will be set. You will receive notice of the time, date, and location of the hearing by mail.

NOTICE TO OTHER PARTY or PARTIES

After filing the **Petition for Hearing**, you must immediately mail or otherwise deliver a copy of this document to the other party or his/her attorney, and ***if the State of Arizona is involved**** you must ALSO provide a copy to the Division of Child Support Enforcement (DCSE) of the Office of the Attorney General.

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 **(DCSE 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 at the Maricopa County Superior Court webpage.

(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!

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SELF-SERVICE CENTER

RESPONSE TO PETITION TO MODIFY CHILD SUPPORT ORDER
(Simplified Process)

CHECKLIST

USE THE FORMS and instructions in this packet **ONLY** if the following factors apply to your situation:

- ✓ The other party filed a ***"Petition to Modify Child Support" (Simplified Procedure),"*** **AND**
- ✓ You disagree with that request; AND
- ✓ You want a court hearing to explain why the other party's request should not be granted, OR
- ✓ You want a court hearing to explain why the other party's request should not be granted AND why the child support should be changed to an entirely different amount.

Do NOT Copy or File This Page

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.

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Person Filing: (1)_____
Address (if not protected):_____
City, State, Zip Code:_____
Telephone:_____
Email Address:_____
ATLAS Number: _____
Lawyer's Bar Number:_____

For Clerk Use Only

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

SUPERIOR COURT OF ARIZONA
IN GRAHAM COUNTY

_____ **(2)**
Name of Petitioner (in original case)

Case Number: _____ **(2)**

ATLAS Number:_____ **(2)**

_____ **(2)**
Name of Respondent (in original case)

REQUEST FOR HEARING
(Simplified Procedure)

A Petition to Modify (change) Child support pursuant to the guidelines' simplified procedure has been filed.

The information provided on the ***"Parent's Worksheet"*** that was the basis for the request to modify (change) child support is not accurate. I am attaching the required completed ***"Parent's Worksheet"*** that shows what I believe to be accurate information. I request that a hearing be set so that I can explain to the judge or commissioner my position. I further request that costs and fees incurred in responding to this matter be ordered to be paid by the other party.

(3) ☐ **COUNTER PETITION – I further request the child support be modified to an amount different from the amount requested by the other party.**

Dated: _____ _____
Requesting Party's Signature

STATE OF _____

COUNTY OF _____

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

_____.

(notary seal) _____
Deputy Clerk or Notary Public

1. Upon filing the Request for Hearing, the filing party must immediately mail or otherwise deliver a copy of this Request to the other party or his/her attorney. If either party is currently using or has used the State IV-D Agency for child support services (Division of Child Support Enforcement or their representative), the State must also be mailed or provided with a copy of the Request, which can be mailed to:

   Attorney General, Child Support Enforcement
   P. O. Box 6123, Site Code 775 C
   Phoenix, Arizona 850052

2. If a hearing or conference is scheduled, the court may enter a judgment for past-due support, clerk's fees, service costs, other court costs, and/or attorney fees.

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Person Filing: (1) _____
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 GRHAM COUNTY(2)

PARENT'S WORKSHEET FOR CHILD SUPPORT

(3) Petitioner: _____ **(4)** Case No. _____

(3) Respondent: _____ **(4)** ATLAS: _____

(5) Total Number of Children: _____

(6) Parent with Primary Physical Custody:
Father ☐ Mother ☐

(7) Parent who is filing this form: Father ☐ Mother ☐

(8) Gross Income figures for the OTHER PARENT are:

☐ **ACTUAL,** with proof, such as a recent W2 or pay stub attached, or other party's signed statement.

☐ **ESTIMATED,** based on facts or knowledge of pay before promotion or of others in similar job.

☐ **ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 5e).

	FATHER		MOTHER
Gross Income (Pre-Tax Income. Before deductions.)	$ _____	(9)	$ _____
Spousal Maintenance Paid	$ - _____	(10)	$ - _____
Spousal Maintenance Received	$ + _____	(11)	$ + _____
Child Support Paid/Contributed	$ - _____	(12)	$ - _____
Other Support of Children Paid	$ - _____	(13)	$ - _____
Adjusted Gross Income	$ _____	(14)	$ _____

Combined Adjusted Gross Income (15) $ _____

Basic Child Support Obligation (16) $ _____

Plus Costs for:

Medical/Dental/Vision Insurance	$ _____	(17)	$ _____
Childcare	$ _____	(18)	$ _____
Education Expenses	$ _____	(19)	$ _____
Extraordinary/Special Needs Child Expenses	$ _____	(20)	$ _____

No. of Children Age 12 or Over _____ Adjustment _____% (21) $ _____

Total Adjustments for Costs (22) $ _____

Total Child Support Obligation $ _____ (23) $ _____

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Case No._____

	FATHER		MOTHER
Each Parent's % of Combined Income	_____ **%**	(24)	_____ **%**
Each Parent's Share of Tot. Support Obligation	**$** _____	(25)	**$** _____
Adjustment for Non Custodial Parent's Costs Associated with Parenting Time			
Using Table A ☐ **Table B** ☐	**$** _____	(26)	**$** _____
No. of Days _____ **=** _____**% Adjustment** (from table) **x** Line **(16) $**_____ (Basic Child Support Obligation)	**$** _____	(27)	**$** _____
Less Noncustodial Parent's Costs for:			
Medical/Dental/Vision Insurance*	**$** _____	(28)	**$** _____
Childcare*	**$** _____	(29)	**$** _____
Education Expenses*	**$** _____	(30)	**$** _____
Extraordinary/Special Needs Child Expenses*	**$** _____	(31)	**$** _____
***Subtract here ONLY if ADDED-IN items 17-20 above			
Adjustments Subtotal	**$** _____	(32)	**$** _____
Preliminary Child Support Amount	**$** _____	(33)	**$** _____
Self Support Reserve Test for Parent Who Will Pay			
Amount from Line (14) _____ (Adj. Gross Inc.)			
Minus Reserve Amount **- $903.00**			
Total **=**	**$** _____	(34)	**$** _____
Child Support to be Paid by: Father ☐ **Mother** ☐	**$**	(35)	**$**
Share of Travel Expenses Related to Parenting Time*	_____ **%**	(36)	_____ **%**
***Only** for expenses related to travel over 100 miles, one way.			
Share of Medical/Dental/Vision Costs Not Paid by Insurance	_____ **%**	(37)	_____ **%**

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

Executed on:_____ _____

Date **Signature of Parent**

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PWC

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

_____
Petitioner

_____
Date of Birth (Month, Date, Year)

_____
Respondent

_____
Date of Birth (Month, Date, Year)

Case No._____

ATLAS No._____

CHILD SUPPORT ORDER

A.R.S. § 25-503

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

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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: _____

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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 <u>must</u> 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.

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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
		☐ **Mother** ☐ **Father**	
		☐ **Mother** ☐ **Father**	
		☐ **Mother** ☐ **Father**	
		☐ **Mother** ☐ **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/decree is settled, approved and signed by the court and shall be entered by the clerk.

_____ _____

Date Judicial Officer

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CURRENT EMPLOYER* INFORMATION

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

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	

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