

INSTRUCTIONS FOR COMPLETING THE MODIFICATION DOCUMENTS

If your financial situation has changed significantly, you may ask for a review of your child support order for a possible modification. Either parent may request a review for modification of a support order.

A review for a modification may be requested every three (3) years without showing a change of circumstance. If you request a review for a modification before three years, you must show there has been a substantial and continuing change of circumstances. Examples that may be considered a substantial and continuing change of circumstances include the addition of or change in health insurance, losing a job, becoming disabled, or an increase or decrease in wages. The change in circumstances documentation must show that the amount of support order would change by at least fifteen percent (15%) or a cash medical order is needed.

The Division of Child Support Enforcement (DCSE) conducts reviews for modifications in accordance with the Arizona Child Support Guidelines. These guidelines may be found on the link below:
<http://www.azcourts.gov/Portals/31/GuideSched10072011.pdf>

The modification packet must be completed in English. It includes the following documents:

- Request for Modification Review – (CSE-1170A)
- Affidavit of Financial Information/Parenting Time/Visitation Adjustment – (CSE-1171A)
- Agreement to Accept Service by Mail – (CSE-1167A)
- Request for Modification Checklist – (CSE-1172A)

The **Request for Modification Review** (CSE-1170A) is your request to modify your child support order. Please read the information contained in this document and complete the requested information at the bottom of the document.

The **Affidavit of Financial Information** (CSE-1171A) is used to provide your financial information. Complete and accurate information is required to determine if your case meets the criteria for a modification. You must provide:

- your two (2) most recent pay stubs
- copies of your federal income tax return for the last three (3) years
- copies of your most recent W-2 and 1099 forms from all sources of income
- Proof of other children, insurance costs and/or change in circumstances
- proof of daycare expenses
- proof of medical/dental premiums
- copies of birth certificate(s) of child(ren) who reside with you but are not common to the parties

The last page of the **Affidavit of Financial Information** (CSE-1171A) includes the section **Parenting Time/Visitation Adjustment** in which you indicate the established or expected pattern of parenting time with the children. The Guidelines require that an adjustment to the amount of child support will be made according to the time the non-custodial parent actually spends with the child(ren). Time that the child(ren) spends in school or in day care is not considered parenting time. Please read the instructions carefully before completing.

The **Agreement to Accept Service by Mail** (CSE-1167A) allows DCSE to serve you by mail instead of a process server formally serving you. Fill in your ATLAS case number, Court Case number and Name in the appropriate fields. Make sure you enter your current address in this document so that you will receive the paperwork timely. The CSE-1167A, **MUST** be notarized before sending it in to DCSE. Notary services are provided free of charge at your local DCSE Office.

The **Request for Modification Checklist** (CSE-1172A) must be completed. Please check all items that have changed which affect your child support. Indicate the date your last job ended or the date you became incarcerated if appropriate.

When the modification process begins, DCSE will complete the modification as long as the case stays open. When DCSE receives your request for a review for a modification of your support order, the modification process may take up to one hundred eighty (180) calendar days. The child support amount may go up, down, stay the same or it may include a change in medical coverage.

After the modification review is completed, if there is a 15% change or if a cash medical order is needed, a modification will be filed. If there is not a 15% change, both parties will be mailed a notice that DCSE will not file a modification. If you have any questions or concerns about the review results, you must contact DCSE within ten (10) days of receiving the notice. Otherwise you can monitor the progress of your case online at: www.azdes.gov/dcse

Note: You do not have to go through DCSE for a modification. You always have the option of filing for a modification on your own with the Court.

*****All of these documents must be completed to the best of your ability and mailed in or brought in to DCSE before your case can be reviewed for a modification. Do not provide documents older than six (6) months. *****

If you need additional information, you may contact DCSE Customer Service at (800) 882-4151 or (602) 252-4045, online at: www.azdes.gov/dcse, or walk into a local DCSE Office. Another resource is the Maricopa County Superior Court Self Service Center online at link below: <http://www.superiorcourt.maricopa.gov/SuperiorCourt/Self-ServiceCenter>

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-252-4045; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Ayuda gratuita con traducciones relacionadas a los servicios del DES está disponible a solicitud del cliente.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Child Support Enforcement

REQUEST FOR MODIFICATION REVIEW

ATLAS No:

Si usted habla y lee solamente español, por favor llame a la oficina y pide a un representante que habla español.

The Division of Child Support Enforcement (DCSE) can review your child support case for the possibility of a modification to your court order.

In order for the review to take place, you must complete all of the following documents: the **Affidavit of Financial Information (CSE-1171A)**, the **Agreement to Accept Service by Mail (CSE-1167A)**, and the **Request for Modification Checklist (CSE-1172A)**. You must sign the **Agreement to Accept Service by Mail (CSE-1167A)** in front of a notary. A modification review will not begin until these completed, notarized documents are received by DCSE. Notary services are provided free of charge at your local DCSE office.

Medical support is a required provision for all child support orders. You must supply all policy numbers, group numbers and cost information if you are providing health insurance for your children (*other than government provided insurance such as AHCCCS or Kids Care*). This information must be completed on page 4 of the enclosed **Affidavit of Financial Information (CSE-1171A)**. If there is no medical insurance coverage, a cash medical order may be added to the current child support order.

A court hearing may not be needed. Both parties may sign a legal agreement (*stipulation*) to an order. If both parties agree to a proposed order please contact your local office to obtain an appointment with DCSE.

Please provide the following information and return this form with your completed **Agreement to Accept Service by Mail (CSE-1167A)**, **Affidavit of Financial Information (CSE-1171A)** and the **Request for Modification Checklist (CSE-1172A)**.

Your Name: _____

Your Current Address: _____

Your Home Phone Number: _____

Your Cell Phone Number: _____

Your Work Phone Number: _____

Other Parties Address: _____

Other Parties Phone No.: _____

Date of last contact with other party: _____

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-252-4045; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Child Support Enforcement

REQUEST FOR MODIFICATION CHECKLIST

NAME	ATLAS NO.
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I am requesting a modification as a result of the following substantial or continuing change (*check all that apply*):

Substantial Change: A change that would result in an increase or decrease of your current support order.

Continuing Change: A change that would occur continuously for six months or longer.

Note: One time inheritances or a one time bonus are not considered substantial and/or continuing changing events.

- My order was established or last modified more than 3 years ago.
- Change in Employment/Income.
- Loss of Job (Date last job ended) _____ You have been unemployed at least 30 days, with the expectation that it will continue another 90 days.
- Incarceration (Dates of Incarceration) _____ to _____
- Determination of Disability
- Continuous change in custody and/or parenting time.
- One or more children have emancipated.
- Birth of additional children to support.
- Change in child-related expenses (*e.g., child care*)
- Medical Changes
 - Premium Cost Increase
 - Loss of Coverage
 - Change party ordered to provide medical coverage
 - Cash Medical order needed

Your modification request must include this **Request for Modification Checklist (CSE-1172A)**, a **Request for Modification Review (CSE-1170A)**, a completed **Affidavit of Financial Information (CSE-1171A)**, and a notarized **Agreement to Accept Service by Mail (CSE-1167A)**.

If your order is more than three years old, you have the right to request a modification of your order without showing a change in circumstance that is substantial and continuing. However, **all requests** where orders are less than three years old, must fit the modification criteria as outlined above or your case may not be eligible for DCSE to file the modification.

Child support orders from other states may not necessarily be modified in Arizona and may take longer to process.

Your case may not qualify for a modification, if:

- The youngest child emancipates in less than one year.
- The other parent is not located.
- The current order is zero due to incarceration/disability and the other party is still incarcerated/disabled.

If your case does not qualify for a modification review by DCSE, you still may be able to request a modification on your own through the appropriate court.

MONITOR THE PROGRESS OF YOUR CASE AT www.azdes.gov/dcse/

AGREEMENT TO ACCEPT SERVICE BY MAIL – MODIFICATION
MODIFICACIÓN DEL CONVENIO PARA ACEPTAR NOTIFICACIÓN POR CORREO

ATLAS Case Number / Número de Caso de ATLAS
Court Case Number / Número de Caso del Tribunal

Parent's Name/Nombre del Padre

Service Address/Dirección para efecto de notificaciones
No., Street, Apt. No./núm., calle, núm. de apartamento
City, State, ZIP Code/ciudad, estado, C. P.

1. My name is _____, and I am a party to the above-entitled action.

Mi nombre es _____ y soy una de las partes de la acción arriba autorizada.

2. Pursuant to Ariz. R. Fam. Law P. 40(f), I hereby agree to accept service by mail any or all of the following document(s) within 180 days of this date, by regular first class mail sent to the address above, instead of having them served formally.

Conforme a la ley de Arizona, R. Fam P. 40(f), por este medio convengo en recibir por correo la notificación de cualquiera o de todos los siguientes documentos, dentro de 180 días contados a partir de esta fecha, por correo de primera clase ordinario a la dirección arriba indicada, en lugar de que se me notifique de la manera convencional:

- Petition to Modify Child Support/Petición para Modificar Sustento para Menores
Request for Transfer/Petición de Transferencia
Order to Appear/Orden de comparecencia
Parent's Worksheet Packet/Paquete de Hoja de Trabajo de los Padres
State's Affidavit for Modification/Affidávit del Estado para la Modificación
Notice to Parties/Notificación a las Partes
Child Support Guidelines Worksheet/Hoja de Trabajo de las Guías de Sustento para Menores
Request for Hearing Packet/Paquete para Petición de Audiencia
Proposed Judgment and Order/Dictamen y Orden Propuestos
Affidavit of Financial Information/Affidávit de Información Financiera

3. I understand that the State has not yet filed an action, and I will receive the documents after the action has been filed.
Yo entiendo que el Estado aún no entabla una demanda y que yo voy a recibir los documentos después de que se entable la demanda.

4. I am aware that by agreeing to service of these court papers by mail and signing this paper, my right to file a written Response is not affected.
Estoy consciente de que el convenir en recibir por correo la notificación de estos documentos del tribunal y firmar esta hoja no afecta mi derecho a presentar una respuesta por escrito.

5. I understand that if I do not respond to the documents within the applicable time periods, I may lose my right to be heard, and a default may be entered for the relief requested.
Yo entiendo que, si no respondo a los documentos dentro del plazo correspondiente, puedo perder mi derecho a audiencia y puede dictarse una sentencia de rebeldía por el desagravio solicitado.

6. I am not a service member in the military service of the United States of America in any capacity, or I am a service member and waive the rights and protections provided by the Service Members Civil Relief Act.
Yo no soy miembro del servicio militar de los Estados Unidos de América en ninguna capacidad, o yo soy un miembro del servicio militar y renuncio a los derechos y protecciones previstas por la Ley de Amparo Civil para Militares.

7. If I change my place of residence, or wish the State to use another address for service of the document(s), I will so advise the State by contacting the child support office responsible for handling my case at the Division of Child Support Enforcement, P.O. Box 40458, Phoenix, Arizona 85067. Until then, the State may use the above address for such service.

Si yo cambio mi lugar de residencia, o si deseo que la El Estado utilice otra dirección para la notificación de los documentos, se lo comunicaré a la El Estado por medio de la oficina de sustento para menores responsable del manejo de mi caso en la Division of Child Support Enforcement, P.O. Box 40458, Phoenix Arizona 85067. Hasta entonces la El Estado puede utilizar la dirección arriba indicada para dichas notificaciones.

8. I certify under penalty of perjury that the foregoing is true and correct.
Certifico bajo pena de perjurio que lo anteriormente mencionado es fiel y cierto.

Signature/Firma
Date/Fecha

State of Arizona)
County of _____)

Subscribed and sworn or affirmed and acknowledged before me by _____ this date: _____

My commission expires:

Signature of Notary Public

**AFFIDAVIT OF FINANCIAL INFORMATION
AFFIDÁVIT DE INFORMACIÓN FINANCIERA**

Name/Nombre: _____

Mailing Address/Dirección postal: _____

City, State, Zip Code/
Ciudad, estado, código postal: _____

Daytime Phone Number/Número de teléfono diurno: _____

Evening Phone Number/Número de teléfono nocturno: _____

Representing/Representación: Self/Propia Petitioner/Demandante Respondent/Demandado

State Bar Number/Núm. de inscripción
en el Colegio de Abogados del Estado: _____

**ARIZONA SUPERIOR COURT, COUNTY OF _____
TRIBUNAL SUPERIOR DE ARIZONA, CONDADO DE _____**

Petitioner/Demandante

Case No./
Núm. de caso _____

Atlas Case No./
Núm. de caso de ATLAS _____

**AFFIDAVIT OF FINANCIAL
INFORMATION FOR CHILD SUPPORT/
AFFIDÁVIT DE INFORMACIÓN FINANCIERA
PARA SUSTENTO DE MENORES**

Respondent/Demandado

Affidavit of:
Affidávit de:

(Name of person whose information is on this Affidavit)
(Nombre de la persona cuya información se encuentra en
este affidávit)

IMPORTANT INFORMATION ABOUT THIS DOCUMENT
INFORMACIÓN IMPORTANTE SOBRE ESTE DOCUMENTO

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.

AVISO A AMBAS PARTES: Este affidavit es un documento importante. Usted tiene que llenar este affidavit por completo y proporcionar información precisa. Usted tiene que proporcionar copias de este affidavit y de todos los demás documentos requeridos a la otra parte y al juez. Si usted no lo hace, el tribunal puede ordenar que usted pague una multa.

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.

Yo he leído el siguiente documento y sé de mi propio conocimiento que los hechos e información financiera que declaro abajo son verdaderos y correctos, y que si doy alguna información falsa puedo cometer perjurio. También entiendo que, si yo no proporciono la información que se me pide o si doy información errónea, el juez puede ordenar sanciones en mi contra, incluyendo la fijación de una tarifa por multas de acuerdo con la Norma 31 de las Normativas de la Ley de Procedimiento Familiar de Arizona.

Date/Fecha

Signature of Person Making Affidavit/
Firma de la persona que hace el affidavit

INSTRUCTIONS/INSTRUCCIONES

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.

Llene todo el affidavit con tinta negra. Si los espacios proporcionados en este formulario son insuficientes, utilice hojas de papel separadas para completar sus respuestas y adjúntelas al affidavit. ¡Conteste cada pregunta por completo! Usted debe llenar todos los espacios en blanco. Si usted no sabe la respuesta a una pregunta o si está adivinando, por favor indíquelo. Si una pregunta no corresponde, escriba “NC” por “no corresponde” para indicar que usted leyó la pregunta. Redondee toda cantidad de dinero al próximo dólar.

2. Answer the following statements YES or NO. If you mark **NO**, explain your answer on a separate sheet of paper and attach the explanation to the Affidavit.

Conteste las siguientes afirmaciones con SÍ o NO. Si usted marca NO, explique su respuesta en una hoja de papel separada y adjunte la explicación al affidavit

- | | | |
|----------------------------------|--------------------------------|---|
| <input type="checkbox"/> YES/ SÍ | <input type="checkbox"/> NO/NO | 1. I have listed all sources of my income.
<i>Yo he hecho una lista de todas las fuentes de mis ingresos.</i> |
| <input type="checkbox"/> YES/ SÍ | <input type="checkbox"/> NO/NO | 2. I have attached copies of my two (2) most recent pay stubs.
<i>Yo adjunté copias de mis dos (2) últimos talones de pago.</i> |
| <input type="checkbox"/> YES/ SÍ | <input type="checkbox"/> NO/NO | 3. I have attached copies of my federal income tax return for the last three (3) years, and I have attached W-2 and 1099 forms from all sources of income.
<i>Yo adjunté copias de mis declaraciones de impuestos federales de los últimos tres (3) años y adjunté los formularios W-2 y 1099 de todas mis fuentes de ingreso.</i> |

Case No. _____

Núm. de caso _____

1. GENERAL INFORMATION/INFORMACIÓN GENERAL:

A. Name/ Date of Birth/
Nombre: _____ *Fecha de nacimiento:* _____

B. Current Address/
Dirección actual: _____

C. Date of Marriage/ Date of Divorce/
Fecha de matrimonio: _____ *Fecha de divorcio:* _____

D. Last date when you and the other part lived together/
Última fecha cuando usted y la otra parte vivieron juntos: _____

E. Full names of child(ren) common to the parties (in this case) and their dates of birth/
Nombres completos de los hijos comunes entre las partes (en este caso) y sus fechas de nacimiento:

Name(s)/Nombre(s)	Date of Birth/ Fecha(s) de nacimiento
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

F. List everyone who lives in your household besides those children listed above/
Haga una lista de todas las personas que viven en su casa, además de los hijos mencionados arriba:

Name(s)/Nombre(s)	Date of Birth/ Fecha(s) de nacimiento	Relationship to you/ Relación con usted	Income/Ingreso
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

G. Attorney's Fees paid in this matter/ Source of funds/
Honorarios de abogado pagados en este caso : \$ _____ *Procedencia de los fondos:* _____

Case No. _____

Núm. de caso _____

2. EMPLOYMENT INFORMATION/INFORMACIÓN DE EMPLEO:

A. Your job/occupation/profession/title/
Su ocupación, profesión o cargo: _____
 Name and address of current employer/
Nombre y dirección de su empleo actual: _____
 Date employment began/ Fecha
en que empezó a trabajar: _____

B. If you are not working, why not?/
Si usted no está trabajando ¿por qué no? _____

C. Previous employer name and address/
Nombre y dirección del empleador anterior: _____

D. Reason you left job (check one)/Razón por la cual usted dejó su trabajo (marque una):
 Laid off/Despido injustificado Fired/Despedido Quit/Renuncia
 Gross monthly pay/Sueldo mensual bruto \$ _____

E. Total gross income from last three (3) years' tax returns (**attach copies of pages one (1) and two (2) of your federal income tax returns for the last three (3) years**)/Ingreso total bruto de las últimas tres (3) declaraciones de impuesto (**adjunte copias de las páginas uno (1) y dos (2) de su declaración de impuestos federales de los últimos tres (3) años**):
 Year/Año _____ \$ _____ Year/Año _____ \$ _____ Year/Año _____ \$ _____

F. Your total gross income from January 1 of this year to the date of this Affidavit (year-to-date income)/Su ingreso total bruto desde el 1 de enero de este año hasta la fecha de este affidavit (ingreso del año hasta la fecha):
 \$ _____

3. YOUR EDUCATION/TRAINING (check all that apply)/
SU EDUCACIÓN o CAPACITACIÓN (marque todo lo que corresponda):
 Diploma/GED/Diploma/Certificado de equivalencia de estudios secundarios
 College/Universidad Post-Graduate/Posgrado
 Occupational/Technical Training/Capacitación Técnica Type/Tipo: _____

Case No. _____

Núm. de caso _____

4. YOUR GROSS MONTHLY INCOME/SU INGRESO MENSUAL BRUTO:

- List **all** income you receive from **any** source, whether private or governmental, taxable or not/
*Haga una lista de **todo** el ingreso que usted recibe de cualquier fuente, ya sea privada o gubernamental, gravable o no.*
- Use a monthly average for items that vary from month to month/*Promedie los datos mensuales que varían de mes a mes.*
- Multiply weekly income and deductions by 4.33. Multiply bi-weekly income by 2.165 to arrive at the total amount for the month/*Multiplique las deducciones y los ingresos semanales por 4.33. Multiplique los ingresos quincenales por 2.165 para llegar a la cantidad total del mes.*

A. Gross salary/wages per month/*Salario o paga brutos mensuales:* _____ \$ _____

- **Attach copies of your two (2) most recent pay stubs.**
Adjunte copias de sus últimos dos (2) talones de pago.

Rate of pay/
Tasa Salarial \$ _____ Per/*Por* hour/*hora* week/*semana* month/*mes* year/*año*

How often are you paid/*Con*
qué frecuencia le pagan? _____

B. Expenses paid for by your employer (for example: automobile, repairs, lodging)/
Gastos que su empleador paga (por ejemplo: automóvil, reparaciones, alojamiento) \$ _____

C. Commissions/Bonuses/*Comisiones o bonificaciones* \$ _____

D. Tips/*Propinas* \$ _____

E. Social Security Benefits/ *Beneficios del seguro social* SSI/ *Ingreso suplementario* or SSDI/*Ingreso por discapacidad* check one/(*marque uno*) \$ _____

F. VA Benefits/*Beneficios para Veteranos* \$ _____

G. Worker's compensation and/or disability income/*Indemnización laboral o por discapacidad* \$ _____

H. Unemployment compensation/*Seguro por desempleo* \$ _____

I. Spousal Maintenance received/*Pensión Alimenticia recibida* \$ _____

J. Rental income (net after expenses)/*Ingreso por alquiler (neto después de las deducciones)* \$ _____

K. Contributions to household living expense by others/*Contribuciones de otros a los gastos de la casa* \$ _____

L. Other (Explain)/*Otro (Explique)* _____ \$ _____

Include dividends, pensions, interest, trust income, annuities, royalties, gifts and prizes.
Incluya dividendos, pensiones, intereses, ingresos fiduciarios, anualidades, regalías, regalos y premios.

TOTAL/TOTAL \$ _____

Case No. _____

Núm. de caso _____

5. SELF-EMPLOYMENT INCOME (if applicable)/**INGRESOS DE TRABAJO AUTÓNOMO** (si corresponde):

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.

Adjunte una copia del "Schedule C" para su negocio de su última declaración de impuestos y el estado de ganancias y pérdidas más reciente de su negocio.

Name, address and telephone number of business

Nombre, dirección y número de teléfono de su negocio: _____

Type of business entity/

Tipo de entidad comercial: _____

State and date of incorporation

Estado y fecha de constitución: _____

Nature of business/naturaleza del negocio: _____

Percent ownership/porcentaje de propiedad: _____

Gross monthly income/Ingreso mensual bruto: _____

6. If you are self-employed or currently unemployed, list your personal monthly expenses/

Si usted trabaja por su cuenta o en este momento está desempleado, haga una lista de sus gastos personales mensuales:

Housing (mortgage or rent)/

Vivienda (hipoteca o alquiler) \$ _____

Utilities (water, electric, gas)/Servicios
públicos (agua, electricidad, gas) \$ _____

Cable/satellite TV/internet/
TV por cable o satélite e internet \$ _____

Telephone (including cell phone)/
Teléfono (incluyendo teléf. celular) \$ _____

Other expenses you want to include/
Otros gastos que usted quiera incluir: _____

Car payments/expenses/

Pago y gastos del auto: \$ _____

Car insurance/
Seguro del auto: \$ _____

Food/Comida: \$ _____

Clothing/Ropa: \$ _____

\$ _____

Case No. _____

Núm. de caso _____

7. SCHEDULE OF ALL MONTHLY EXPENSES for children common to parties in this case only/
Haga una lista de todos los gastos personales mensuales para los hijos en común entre ambas partes solo en este caso.

- Only list expenses that you are paying or providing/*anote solo los gastos que usted paga o provee.*
- Use a monthly average for items that vary from month to month/*Promedie los gastos mensuales que varían de mes a mes.*

A. HEALTH INSURANCE/SEGURO MÉDICO:

Do you have health insurance available (not Medicaid, AHCCCS or Kids Care)?/*¿Tiene usted seguro médico? (ni Medicaid, AHCCCS ni Kids Care)* Yes/Sí No/No

Are these children covered?/*¿Están cubiertos estos niños?* Yes/Sí No/No

1. Total monthly cost/*Costo total al mes* \$ _____
2. Premium cost to insure you alone/*Costo de prima para asegurarse solo usted* \$ _____
3. Premium cost to insure child(ren) common to the parties/*Costo de prima para asegurar a los hijos comunes entre las partes* \$ _____

4. List all people covered by your insurance coverage/*Anote todas las personas que su seguro cubre:*

5. Name of insurance company and policy/group number (attach copy of insurance card)/*Nombre de la compañía de seguros y números de póliza y grupo (adjunte copia de la tarjeta de seguro)*

B. DENTAL/VISION INSURANCE/SEGURO DENTAL/VISIÓN:

Do you have dental insurance available?/*¿Tiene usted seguro dental?* Yes/Sí No/No

Vision insurance?/*¿Seguro de Visión?* Yes/Sí No/No

Are these children covered?/*¿Están cubiertos estos niños?* Yes/Sí No/No

1. Total monthly cost/*Costo total al mes* \$ _____
2. Premium cost to insure you alone/*Costo de prima para asegurarlo solo a usted* \$ _____
3. Premium cost to insure child(ren) common to the parties/*Costo de prima para asegurar a los hijos comunes entre las partes* \$ _____

4. List all people covered by your insurance coverage/*Anote todas las personas que su seguro cubre:*

5. Name of insurance company and policy/group number (attach copy of insurance card)/*nombre de la compañía de seguros y números de póliza y grupo (adjunte copia de la tarjeta de seguro)*

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C. CHILD CARE COSTS(attach proof of amount paid)/**COSTO DE LA GUARDERÍA INFANTIL**
(adjunte comprobante de la cantidad que pagó):

1. Total monthly child care costs paid by you (do not include amounts paid by DES)/*Costo total al mes de la guardería infantil que usted pagó (no incluya los montos que el DES pagó)* \$ _____

2. Name(s) of child(ren) cared for and amount per child/*Nombre del(los) niño(s) que reciben cuidado y cantidad por cada niño:*
_____ \$ _____

3. Name(s) and address(es) of child care provider(s)/*Nombre y dirección del(los) proveedor(es) de cuidado infantil:*

D. EXTRAORDINARY EXPENSES/GASTOS EXTRAORDINARIOS: For children common to this case: (Does not include expenses for extracurricular activities)/*Para hijos comunes en este caso (no incluye los gastos de actividades extracurriculares):*

Explain/Explique: _____ \$ _____

E. COURT ORDERED CHILD SUPPORT for children not common to the parties in this case and not living with you/**ORDEN JUDICIAL DE SUSTENTO DE MENORES** para hijos no comunes entre las partes en este caso y que no viven con usted:

Court Case Number/Núm.

de caso del tribunal: _____

State/Estado: _____

1. Monthly current child support/*sustento de menores mensual actual* \$ _____

2. Monthly arrears payment/*Pago mensual de atrasos* \$ _____

3. Amount per month actually paid in last 12 months/*Cantidad mensual actual pagada en los últimos 12 meses* \$ _____

- Attach proof that you are paying/*Adjunte comprobante de que usted paga*

4. Name(s) of minor child(ren) who is subject to this order/*Nombre del(los) hijos(s) menor(es) sujetos a esta orden.*

Case No. _____

Núm. de caso _____

**F. COURT-ORDERED SPOUSAL MAINTENANCE/SUPPORT (Alimony)/
ORDEN JUDICIAL DE PENSIÓN ALIMENTICIA:**

Monthly court ordered spousal maintenance/support you actually/*Sustento o pensión alimenticia que usted mensualmente:*

pay to/paga a **OR/O** receive from previous spouse/recibe de un cónyuge anterior. \$ _____

8. PARENTING TIME/VISITATION/TIEMPO DE CRIANZA/RÉGIMEN DE VISITAS

Note: this information is for the purpose of child support calculation only and does not legally establish the right to any specified amount of parenting time. The Division of Child Support Enforcement does not provide services to settle disputed issues of custody or parenting time.

Nota: esta información es solo para calcular el sustento de menores y no establece de forma legal el derecho a ninguna cantidad específica de tiempo de crianza. La División de Sustento para Menores no proporciona servicios para resolver asuntos disputados sobre la custodia o el tiempo de crianza.

Please use the following information to estimate the amount of time the non-custodial parent spends with the child(ren) per year: The court will consider what has occurred in the past and what is expected to occur in the near future.

Por favor utilice la siguiente información para estimar la cantidad de tiempo al año que el padre sin custodia pasa con el/los niño(s). El tribunal va a considerar lo que ocurrió en el pasado y lo que se espera que ocurra en un futuro cercano.

More than 12 hours = 1 day/*Más de 12 horas = 1 día*

6 – 11 hours = ½ day/*6 – 11 horas = ½ día*

3 - 5 hours = ¼ day/*3 – 5 horas = ¼ día*

Less than 3 hours with a meal or other expenses = ¼ day/*Menos de 3 horas con una comida u otros gastos = ¼ día*

Estimated number of days per year parenting time/visitation that actually occurs/*Número estimado de días al año de tiempo de crianza/régimen de visitas que ocurren actualmente.* _____