

**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**



For Clerk's Use Only

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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DO NOT WRITE BELOW THIS LINE. THE COURT PERSONNEL WILL COMPLETE THE FORM.

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 Order of Assignment 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.

IMPORTANT INFORMATION:

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