Revised 01.14.16

REQUEST TO MODIFY CHILD SUPPORT
(SIMPLIFIED PROCEDURES)

PINAL COUNTY

To Change Only the Current Monthly Child Support Amount

INSTRUCTIONS AND FORMS

Provided as a Public Service by
AMANDA STANFORD
Clerk of the Superior Court

INSTRUCTIONS

How to complete Request to Modify Child Support (Simplified Procedures)

COMPLETE THIS FORM IF:

- You have an Arizona child support order and believe the amount of support should be changed, AND
- You have completed a "Parent's Worksheet for Child Support Amount" and it results in a child support amount (item 38) that varies 15% or more from the amount of your current order.

TO COMPLETE THIS FORM YOU WILL NEED:

- A copy of your current Arizona Child Support Order
- A completed Parent's Worksheet for Child Support Amount

NOTE: Generally you should file this Request for Modification in the County where the order you are seeking to modify was filed.

NOTE: There will be a charge for filing this request. There may be other charges including an appearance fee if this is your first appearance in this case. If you are unable to pay these amounts, they can be waived or deferred. The Clerk of the Superior Court has the necessary forms to ask for a waiver or deferral.

WHEN YOU HAVE COMPLETED THIS FORM:
File the following forms with the Clerk of the Superior Court:

1. Request to Modify Child Support
2. A Completed Parent's Worksheet for Child Support Amount
3. A proposed Child Support Order.
4. An Income Withholding Order completed according to the directions for that form.

Follow these instructions which are numbered to match the identifying numbers on the form. Please type or print neatly using black ink.

(1) Enter the name, address, and phone number of the person filing the form. Indicate if the petitioner or the respondent is the person filing, and whether or not the person is self-represented or represented by an attorney.

(2) Enter the name of the county where you are filing this Request to Modify.

(3) Enter the name of the person shown as the petitioner on your order for child support.

(4) Enter the name of the person shown as the respondent on your order for child support.

(5) Enter the case number that appears on your Arizona Child Support Order.

(6) Select petitioner or respondent to identify the party requesting the modification.

(7) Enter the date on which the judge or commissioner signed your current child support order.

(8) Enter the name of the judge or commissioner who signed your current child support order.

(9) Check the appropriate boxes indicating whether Mother, Father, or neither party has

been ordered to provide medical, dental, and vision care insurance.

(10) Check whether Mother or Father has been ordered to make child support payments.

(11) Fill in the amount and payment due date of your current child support order as it was ordered by the court. (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).

(12) Fill in the amount calculated from the completed Parent's Worksheet for Child Support Amount.

(13) Calculate the percentage of change between your current support amount and the amount calculated pursuant to the Parent's Worksheet for Child Support Amount. To determine the percentage, subtract the larger amount from the smaller amount. Divide that number by the current support amount.

a. Fill in the difference between the amount of child support ordered and the amount requested to be ordered.
b. Fill in the amount of the child support currently ordered.
c. the percentage change calculated by dividing the amount for "a" by the amount for "b".

EXAMPLE: The current child support order is $225. The Parent's Worksheet calculation result is $270. $270 - $225 = 45 ÷ $225 = 20%.

(14) If the box for item (14) is marked "yes" indicating that one of the parties is using the child support enforcement services of the Division of Child Support Enforcement (DCSE), notice of this action must be given to that DCSE office. You may drop it off or mail it to your local office. Find a child support office location nearest to you at: FindOfficeFormazdes.gov. If you live in Maricopa County, mail a copy of the "Request to Modify Child Support" and a copy of the "Parent's Worksheet for Child Support Amount" to:

DES Division of Child Support Services
ATTN: Modification
P.O. Box 40458
Phoenix, AZ 85067

Serve the following items on the other party:

- A copy of your completed "Request to Modify Child Support," and
- A copy of your completed "Parent's Worksheet for Child Support Amount."

Some counties also **REQUIRE** that you serve these items:

- A blank copy of the Request for Hearing and Notice of Hearing form with instructions, and
- A blank copy of the Parent's Worksheet for Child Support Amount with instructions.

To "serve" means to use the legally required method of delivering notice or documents, pursuant to Rules 40, 41, and 42, of the Arizona Rules of Family Law Procedure. The most common method of service on a party is personal service by a private process server or sheriff. Process servers are listed in the yellow pages and on the internet.

When service has been completed, file proof of service with the Clerk of Superior Court. The Affidavit of Service is usually prepared by the person serving the document, indicating the date and time service was made.

(15) If there are other court-ordered payments included in the current Income Withholding Order, enter the date the Income Withholding Order was signed, and the amounts and frequency of payments ordered.

(16) Enter the amount of child support being requested that was calculated in the Parent's Worksheet.

(17) Check the appropriate boxes indicating responsibility for providing medical, dental, and vision care insurance.

(18) Enter the amount each parent will contribute for medical/dental/vision care expenses not paid by insurance. Indicate as a percentage.

(19) The party filing the request for a change in child support order must date and sign this document. By signing, you are stating under oath, or affirming, that the contents of this request are true and correct under penalty of perjury.

PROCEDURES

What to Do After You Have Completed Request to Modify Child Support Forms

STEP 1: **MAKE TWO COPIES* (or 3, if the State DES/ Dept of Child Support Enforcement is involved) of the:**

- **Request to Modify Child Support and Parent's Worksheet**

STEP 2: Separate your papers into three sets* (4, if DES or Dept of Child Support Enforcement is involved)

Set 1 – ORIGINALS for the Clerk of Superior Court: **(1)** Original Request to Modify Child Support **(2)** Original Parent's Worksheet **(3)** Child Support Order **(4)** Income Withholding Order/Notice for Support **(5)** Employer Information Sheet **AND** **(1)** 2 Self Addressed, Stamped envelopes: **(2)** One addressed to you; **(3)** One addressed to the Other Party	**Set 2 – COPY for the Other Party** **(1)** Request to Modify Child Support **(2)** Parent's Worksheet **(3)** Instructions and forms for Request for Hearing and Notice of Hearing
Set 3 – COPY for You **(1)** Request to Modify Child Support **(2)** Parent's Worksheet"	**Set 4 – COPY for State (*if required)** **(1)** Request to Modify Child Support **(2)** Parent's Worksheet **(3)** Acceptance of Service

STEP 3: **FILE THE PAPERS WITH THE CLERK OF THE COURT.** We have three office locations where you can file your papers:

Pinal County Justice Complex
971 N. Jason Lopez Circle Bldg. A
Florence AZ 85132
(520) 866-5300
Fax (520) 866-5320

Apache Junction Office
575 N. Idaho Rd. Suite 109
Apache Junction, AZ 85119
(520) 866-5300
Fax (520) 866-6170

Casa Grande Office
820 E. Cottonwood Lane Bldg. B
Casa Grande, AZ 85122
(520) 866-5300
Fax (520) 866-7481

Mammoth Office
(Temporarily Closed)

FILING FEE: There is a fee for filing this Petition and there may be other charges associated with this process. Inquire with the Clerk's office regarding the filing fee amount. The fee is payable to the Clerk of the Superior Court by money order, personal check with proper identification, Cash, Visa, MasterCard, debit or credit.

Go online to http://www.coscpinalcountyaz.gov/fees.html for current filing fees.

If you cannot pay these fees, you may request the fee(s) be deferred or waived. The Clerk of the Superior Court has the necessary forms to ask for a deferral or waiver. With the Application for Deferral, you must provide proof of income (copy of your last 2 most recently paystubs).

Hand the originals and all set of copies to the clerk at the filing counter and along with your method of payment. The Clerk will keep the original, stamp the extra copies to show that the original document was filed with the Court. The clerk will return the stamped copies to you. The stamped copies are called "conformed" copies.

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

- Your conform copy
- The other party's stamped copy
- The copy for DES / Dept of Child Support Services (if required)

STEP 5: **SERVE THE PAPERS ON THE OTHER PARTY(IES).** The copy of the Request to Modify and Parent's Worksheet may be delivered by the Sheriff's Office, 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 an notarized ***Acceptance of Service***, signed by the other party(ies). Whatever method you choose, the original proof of service must be filed with the Clerk of the Court.

Serves on the State of Arizona: If the Attorney General's Child Support Services Section has been involved with your case, you **MUST** also serve the Attorney General's office. The Attorney General's office will ACCEPT service. You must deliver an Acceptance of Service form to the Child Support Services Section of the Attorney General's office:

Attorney General's Office
Child Support Services Section
PO Box 608
Florence Arizona 85132
Site Code: 039-A

After the Attorney General's office signs the Acceptance of Service, you **MUST** file the original signed Acceptance of Service with the Clerk of the Court.

STEP 6: **WAIT**. If the other party is served in the State of Arizona, the person has **20 days** from the date of service to file a Request for Hearing. If the party is served outside of Arizona has **30 days** from the date of service to file a Request for Hearing.

If a Request for Hearing is filed and a hearing is set, you will receive written notice of the date, time and location to appear for Court. ***OR***

After the time has lapsed and no party requests a hearing, the Judge may grant your request and sign the Income Withholding Order/Notice for Support. ***OR***

The Judge may schedule a hearing to obtain further information and all parties will receive written notice of the date, time and location to appear for Court.

For more information review the Rules of Family Law Procedures.

Forms can be found at: http://www.coscpinalcountyaz.gov/forms.html

For Clerk Use Only

(1) Name of Person Filing: _____

Your Address: _____

Your City, State, Zip Code: _____

Your Telephone Number: _____

ATLAS Number (if applicable): _____

Attorney Bar Number (if applicable): _____

Representing: ☐ Self (Without an Attorney)

Or Attorney for ☐ Petitioner ☐ Respondent

SUPERIOR COURT OF ARIZONA
IN (2) _____COUNTY

PARENT'S WORKSHEET FOR CHILD SUPPORT

(3) _____) **(5)** Case No. _____
Name of Petitioner)
)
(4) _____) **(6)** ATLAS No. _____
Name of Respondent)

(7) Name of parent filing: _____

(8) Date prepared: _____

(9) In this case, I am the [ ] Petitioner [ ] Respondent [ ] Represented by Attorney

(10) Time-sharing arrangement: [ ] Essentially equal [ ] Mostly with Father [ ] Mostly with Mother

(11) Child(ren)'s names (First, middle initial, and last name)	Date of birth	Age

Presumptive termination date _____ Actual termination date _____

Youngest grade _____

Number of minor children _____ Number of children age 12 or over _____

(12) 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).

Case No._____

	Father	Mother
Gross Monthly Income (13)	$ _____	$ _____
Spousal maintenance paid **(14)**	$-_____	$-_____
Spousal maintenance received **(15)**	$+_____	$+_____
Custodial parent of other children subject of court order(s) **(16)** [ ] Father [ ] Mother	$- _____	$- _____
Court-ordered child support paid for children of other relationships **(17)**	$- _____	$- _____
Other natural or adopted children not subject of court order(s) **(18)** [ ] Father [ ] Mother	$- _____	$- _____
Standard deduction	$- _____	$- _____
Alternate Deduction (only if less than standard deduction)	$- _____	$- _____
Adjusted Gross Monthly Income (19)	$ _____	$ _____
Combined Adjusted Gross Income (20)	$ _____	
Basic Child Support Obligation for [ ] **children (21)**	$ _____	
***Additions*:**		
Adjusted for [ ] children over age 12 at [ ]% **(22)**	$ _____	
Medical, dental and vision insurance paid **(23)**	$ _____	$ _____
Monthly childcare costs **(24)** for [ ] child(ren)	$ _____	$ _____
Less federal tax credit allowed to custodian at [ ]%	$ _____	$ _____
Extra education expenses paid **(25)**	$ _____	$ _____
Extraordinary (gifted or handicapped) child expenses paid **(26)**	$ _____	$ _____
Subtotal (27)	$ _____	$ _____
Total Adjustments for Costs (28)	$ _____	
Total Child Support Obligation (29)	$ _____	
Each parent's proportionate percentage of combined income (30)	_____%	_____%
Each parent's proportionate share of the total support obligation (31)	$ _____	$ _____
Less paying parent's costs (32)	$ _____	$ _____
Costs associated with parenting time (33): Table A [ ]	Table B [ ]	
No. of days _____		
Line (18) x _____%	$ _____	$ _____
Adjustments subtotal (34)	$ _____	$ _____
Preliminary Child Support Amount (35)	$ _____	$ _____

Case No._____

	Father	Mother
Self-Support Reserve Test for Payor (36)		
Line (16) $_____		
Less paid arrears $_____		
Less $1,115	$ _____	$ _____
Child support amount to be paid by (37):		
[ ] Father [ ] Mother	$ _____	$ _____
Travel related to parenting time (38)	_____%	_____%
Medical, dental, and vision costs not paid by insurance (39)	_____%	_____%

(1) Name of Person Filing: _____
Person filing is the: ☐ **Petitioner** ☐ **Respondent**
Mailing Address (if not protected):_____
City, State, Zip Code: _____
Phone Number: _____
☐ **I am representing myself, without an attorney**
(If Attorney) State Bar Number _____
Attorney E-Mail Address: _____

For Clerk Use Only

SUPERIOR COURT OF ARIZONA IN (2) _____ **COUNTY**

(3) _____
Name of Petitioner

(4)_____
Name of Respondent

(5) Case No. _____

REQUEST TO MODIFY CHILD SUPPORT PURSUANT TO GUIDELINES SIMPLIFIED PROCEDURE

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

(6) The ☐ Petitioner, or ☐ Respondent asks this court to modify the Arizona child support order in this case entered on (7) ____/_____/_____ by (8)_____.
(month/day/year) (Name of judge or commissioner)

A. Under the current child support order (9):

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

B. The child support order currently in effect requires the (10) ☐ Mother, or the ☐ Father to make payments of (11) $_____ per month, payable on the _____ day of the month.

C. Attached is a Parent's Worksheet for Child Support Amount. According to the worksheet calculations the child support amount should be (12) $_____per month.

D. The following calculations show that the requested change varies from the current-ordered child support amount by 15% or more.
(13)(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

E. Is the Division of Child Support Services (DCSS) providing child support enforcement services for at least one of the parties? (14) ☐ Yes ☐ No ☐ Unknown (If "Yes" is selected, see instructions for providing notice to the State.)

E. Other court-ordered payments included in the current Income Withholding Order dated:
(15) ___/_____/____ (month/day/year).

Case No. _____

Current Spousal Maintenance	$_____	per _____
Payments on Child Support Arrearages/Interest	$_____	per _____
Payments on Spousal Maintenance Arrearages/Interest	$_____	per _____
Other	$_____	per _____
Clearinghouse Handling Fee	$ 5. 00	per month

RELIEF REQUESTED OF THIS COURT:

1. I request that child support be ordered in the amount of (16) $_____ per month to be paid by the ☐ Mother or the ☐ Father, and that relief requested in the Parent's Worksheet be ordered.
2. **REGARDING INSURANCE FOR MINOR CHILDREN**, order that (17):
   ☐ 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: (18) **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 with 45 days after receipt of the request.
3. 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.

OATH OR AFFIRMATION

I affirm the contents of this document are true and correct under penalty of perjury.

_____ _____

(19) Requesting Party's Signature Date

_____

Printed Name

NOTICE TO PARTIES

If you do not agree with the modification to your child support, you have 20 days in which 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. If either party requests a hearing within the time allowed, the court shall conduct the hearing. No order shall be modified without a hearing if a hearing is requested.

If you wish to request a hearing, you may obtain the following forms from the Office of the Clerk of Superior Court.

- Request for Hearing and Notice of Hearing
- Parent's Worksheet for Child Support Amount

CHILD SUPPORT CALCULATOR for
***Parent's Worksheet** to determine Child Support Amount*

The Court Self Help website offers a Free Child Support Calculator and Fillable Forms.

♦Simple ♦Quick ♦Accurate

If you have a personal computer with Internet access, you can access the Child Support Calculator at:

http://www.azcourts.gov/familylaw

You may also visit the Law Library at the Pinal County Superior Court House for access and further assistance.

Calculate Support for Parent's Worksheet

Your computer must be connected to a printer. Begin by selecting which Child Support Calculator applies to you, 2005 or 2011, then press the Tab button on your keyboard to move through the form, or click on each field with your mouse.

Enter the appropriate information in each blank field. Not every blank field needs to be completed in every case. If you are not sure whether you should complete a blank field, click on the question mark (?) next to the blank field. You will receive additional information in accordance with the Arizona Child Support Guidelines.

When you have completed the Entry Form, click the "Print Worksheet" button to receive an estimate of the amount of child support the non-custodial parent may have to pay to the custodial parent for the support of their child(ren).

After clicking on "Print Worksheet" the form will automatically be filled in with the information from the Entry Form. Print the form and bring it with you at the time of filing your initial paperwork.

The Court Self Help website also offers the following fillable forms required to set up Child Support, select the "Forms" tab to make your selection:

- Child Support Order
- Post Paternity Establishment of Child Support Order
- Paternity Judgment Child Support Order

To have the Child Support amount automatically deducted from payroll, either of the below forms must be submitted:

- Income Withholding Order – May be completed by either party
- Current Employer Information – To be completed by the non-custodial parent/obligor/payer only

For Clerk Use Only

(1) Name of Person Filing: _____

Your Address: _____

Your City, State, Zip Code: _____

Your Telephone Number: _____

ATLAS Number (if applicable): _____

Attorney Bar Number (if applicable): _____

Representing: ☐ Self (Without an Attorney)

Or Attorney for ☐ Petitioner ☐ Respondent

SUPERIOR COURT OF ARIZONA
IN (2) _____COUNTY

(3)_____ Name of Petitioner	)	**(5)** Case No. _____
and	)	**(6)** ATLAS No. _____
(4)_____ Name of Respondent	)	**CHILD SUPPORT ORDER**

THE COURT FINDS that:

1. **(7)** _____, Father and
   (8) _____, Mother, owe a duty to support the following child(ren):

Name	Date of Birth
(9) _____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. **Child Support Guidelines.**
   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, attached and incorporated herein by reference.

3. **Child Support.**
(10a) [ ] Father [ ] Mother is obligated to pay child support to [ ] Father [ ] Mother in the amount of $_____ per month pursuant to the Arizona Child Support Guidelines without deviation.

(10b) [ ] Father [ ] Mother is obligated to pay child support to [ ] Father [ ] Mother in the amount of $_____ per month pursuant to the Arizona Child Support Guidelines without deviation. This amount is an appropriate amount to award for child support in this case except that the Court finds it more appropriate and just to make a rounding adjustment to the exact guideline amount for ease of calculation to $_____ per month.

(11a) [ ] Father [ ] Mother is obligated to pay child support to [ ] Father [ ] Mother in the amount of $_____ per month pursuant to the Arizona Child Support Guidelines. Application of the child support guidelines in this case is inappropriate or unjust. The Court has considered the best interests of the child in determining that a deviation is appropriate. After deviation the child support order is $_____ per month.

(11b) [ ] Father [ ] Mother is obligated to pay child support to [ ] Father [ ] Mother in the amount of $_____ per month pursuant to the Arizona Child Support Guidelines. Application of the child support guidelines in this case is inappropriate or unjust. The Court has considered the best interests of the child in determining that a deviation is appropriate. After deviation the child support order is $_____ per month. Further, the parties have entered into a written agreement or their agreement is on the record and is free of duress and coercion with knowledge of the amount of child support that would have been ordered under the guidelines but for the agreement.

Fill in the reason(s) for deviation below if (11a) or (11b) was selected.

_____

_____

_____

4. **Support Arrears.**
(12a) [ ] Father [ ] Mother owes child support arrearages to [ ] Father [ ] Mother in the total amount of $_____ for the time period of _____ thru _____ plus accrued interest on prior child support arrearages due of $_____ calculated thru the date of _____.

(12b) [ ] The court finds no child support arrearages due and owing.

(12c) [ ] No evidence was presented in support of child support arrearages.

5. **Past Support.**
(13a) [ ] It is appropriate to award [ ] Father [ ] Mother an additional judgment for past support in the amount of $_____ for the period between the filing of this current petition and the date current child support is ordered to begin.

(13b) [ ] It is appropriate to award [ ] Father [ ] Mother an additional judgment in the amount of $_____ for past support owed from the date of separation, but not more than three years before the date of filing the current petition.

(13c) [ ] The court finds no past support amount due and owing.

(13d) [ ] No evidence was presented in support of past child support.

IT IS ORDERED that:

A. **Child Support.**
(14) [ ] Father [ ] Mother shall pay child support to [ ] Father [ ] Mother in the sum of $_____ per month payable by wage assignment on the first day of each month commencing _____.

B. **Support Arrearages Judgment.**
(15a) [ ] Father [ ] Mother is granted judgment against [ ] Father [ ] Mother in the sum of $_____ as and for child support arrearages for the period of _____ thru the date of _____ together with interest on said sum at the legal rate of 10% per annum until paid in full plus additional accrued interest on prior child support judgments of $_____ calculated thru the date of _____. [ ] Father [ ] Mother shall pay, in addition to [ ] his [ ] her current support payment, the sum of $_____ per month toward this judgment, payable on the first day of each month commencing _____ until paid in full.

(15b) [ ] No judgment for child support arrearages is entered.

C. **Past Support Judgment.**
(16a) [ ] Father [ ] Mother is granted a past support judgment against [ ] Father [ ] Mother in the additional amount of $_____. [ ] Father [ ] Mother shall pay the additional amount of $_____ per month toward this judgment, payable on the first day of each month commencing _____ until paid in full.

(16b) [ ] No judgment for past support is entered.

D. **Payments and Clearinghouse.**
All payments, plus the statutory handling fee, shall be made through the Support Payment Clearinghouse pursuant to an Order of Assignment or Income Withholding Order signed this date. Any time the full amount of support ordered is not withheld, the obligor remains responsible for the full monthly amount ordered. Payments not made directly through the Support Payment Clearinghouse shall be considered *gifts* unless otherwise ordered. All payments shall be made payable to and mailed directly to:

Support Payment Clearinghouse
PO Box 52107
Phoenix, AZ 85072-2107

(17) Payments <u>must</u> include the [ ] Father's [ ] Mother's name and ATLAS number. 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 Payment Clearinghouse immediately. The obligor shall submit the names and addresses of their employers or

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

E. **Total Monthly Payments.**

(18) [ ] Father [ ] Mother shall make total monthly payments to [ ] Father [ ] Mother of $_____ per month payable on the first day of each month commencing _____ as follows:

Monthly Payments:	Current child support payment as ordered above:	$ _____
	Child support arrearage payments:	$ _____
	Current spousal maintenance payment:	$ _____
	Past due spousal maintenance payment:	$ _____
	Clearinghouse handling fee:	$ 5.00
	Total monthly payment:	**$** _____

F. **Non-Covered Medical Expenses.**
(19) [ ] Father [ ] Mother is ordered to pay _____% and [ ] Father [ ] Mother is ordered to pay _____% of all reasonable uncovered and/or uninsured medical, dental, vision, prescription and other health care charges for the minor child(ren). A request for payment or reimbursement of uninsured medical, dental and/or vision costs must be provided to the other parent within 180 days after the date the services occur. The parent responsible for payment or reimbursement must pay their share, as ordered by the court, or make acceptable payment arrangements with the provider or person entitled to reimbursement within 45 days after receipt of the request.

G. **Medical, Dental, and Vision Insurance (A.R.S. § 25-320(J)).**
(20a) [ ] Father [ ] Mother shall be individually responsible for providing medical insurance for the minor child(ren) and shall continue to pay premiums for any medical, dental and vision policies covering the child(ren) that are currently included in the incorporated guidelines worksheet.

(20b) [ ] Father [ ] Mother shall be individually responsible for providing medical insurance for the minor child(ren) of the parties as soon as it becomes accessible and available at a reasonable cost, as neither parent currently has the ability to obtain such medical insurance.

Medical, dental, and vision insurance, payments and expenses are based on the information in the Parent's Worksheet for Child Support attached hereto and incorporated by reference. The parent ordered to pay must keep the other party informed of the insurance company name, address and telephone number, and must give the other party the documents necessary to submit insurance claims. An insurance card must be provided to the other parent. Notification must also be provided to the other parent if coverage is no longer being provided for the child(ren).

H. **Travel Expenses.**
(21) The costs of travel related to parenting time over 100 miles away shall be shared as follows:

Father _____% Mother _____%

(22) Other Findings and Orders.

_____

_____

_____

_____

I. **Information Exchange.**
The parties shall exchange financial information such as copies of tax returns, financial affidavits, and earnings statements every twenty-four months. At the time the parties exchange financial information, they shall also exchange residential addresses and the names and addresses of their employers unless the court has ordered otherwise.

J. **(23) Tax Exemptions.**
The Court allocates tax exemptions for the dependent children 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	
		[ ] Mother [ ] Father	
		[ ] Mother [ ] Father	

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

(23a) [ ] Father [ ] Mother may claim the allocated tax exemptions only if all child support and arrears ordered for the year have been paid by December 31 of that year.

(23b) [ ] Father [ ] Mother may unconditionally claim the tax exemptions allocated to [ ] him [ ] her for income tax purposes.

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

L. **Emancipation.**
Although the obligation to pay support may continue, a child is emancipated:

- On the child's 18th birthday. (However if a child is still attending high school or a certified high school equivalency program, support will continue but only until the child graduates or reaches 19 years of age.)
- On the date of the child's marriage.
- When the child is adopted.
- When the child dies.

_____ _____
Date Judicial Officer

_____
Printed Name of Judicial Officer

STIPULATION

(24) SIGNATURE BY PETITIONER AND RESPONDENT:
By signing this document, we state to the Court, under penalty of perjury, that we have read and agree to this Order and that all the information contained in it is true, correct and complete to the best of our knowledge and belief.

_____ _____
Obligor Date Obligee Date

_____ _____
Attorney for Obligor Date Attorney for Obligee Date

INSTRUCTIONS AND FORM

Request for Hearing and Notice of Hearing

(Simplified Modification)

COMPLETE THIS FORM IF:

A Request to Modify Child Support Pursuant to Guidelines' Simplified Procedure has been filed, **AND**

You want to have a hearing to explain your position.

TO REQUEST A HEARING YOU WILL NEED:

A copy of the Request to Modify Child Support, **AND**
A completed "Parent's Worksheet for Child Support Amount."

NOTE: There may be a charge for filing this Request. There may be other charges including an appearances fee if this is your first appearance in this case. If you cannot pay these fees, you may request the fees be deferred or waived. The Clerk of the Superior Court has the necessary forms to ask for a deferral or waiver.

FOLLOW THESE INSTRUCTIONS 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 spaces marked representing and state bar number is used only if an attorney is preparing this form).

(2) Fill in the name of the county that appears in this space on the Request to Modify Child Support. (This may already be printed on the form).

(3) Fill in the name of the person shown as the petitioner on the Request to Modify Child Support.

(4) Fill in the name of the person shown as the respondent on the Request to Modify Child Support.

(5) Fill in the case number that appears on the Request to Modify Child Support.

(6) Date and sign here before a Notary Public or a Deputy Clerk of the Court. By signing, you are stating under oath that the contents of this Request for Hearing are true and correct to the best of your knowledge.

(7) Leave this area blank; it will be completely by personnel at the Office of the Clerk of the Superior Court when you file these documents.

(8) List the name and current mailing address of the other party to this action. If you are using the child support services of the Department of Economic Security (DES) or if the other party answered YES to item 13 on the Request to Modify Child Support, you MUST also mail a copy of this Request for Hearing and Notice of Hearing to the Department of Economic Security.

(9) Sign and date the form to indicate that <u>you will mail</u> the Request for Hearing and Notice of Hearing as indicated.

WHEN YOU HAVE COMPLETED THIS FORM GO TO THE OFFICE OF THE CLERK OF THE SUPERIOR COURT TO FILE YOUR PAPERS:

You should arrive at the Clerk's Office at least two hours before it closes. You may file your court papers at the following locations:

Pinal County Justice Complex
971 N. Jason Lopez Circle Bldg. A
Florence AZ 85132
(520) 866-5300
Fax (520) 866-5320

Apache Junction Office
575 N. Idaho Rd. Suite 109
Apache Junction, AZ 85119
(520) 866-5300
Fax (520) 866-6170

Casa Grande Office
820 E. Cottonwood Lane Bldg. B
Casa Grande, AZ 85122
(520) 866-5300
Fax (520) 866-7481

Mammoth Office
(Temporarily Closed)

Give the form and your completed Parent's Worksheet to the Clerk of the Superior Court. The Clerk's office will fill in the date, time and place of the Hearing and have the notice signed.

PAPERS: Hand all three (3) sets of your court papers to the deputy clerk along with the filing fee. The clerk will file stamp and retain the originals and conform stamp your copies.

MAKE SURE YOU PROVIDE (2) STAMPED ENVELOPES IN ORDER TO RECEIVE THE FOLLOWING FROM THE CLERK:

- Your set of Copies – Conformed Stamped
- Your Spouse's Set of Copies – Conformed Stamped

IMMEDIATELY AFTER THE COURT SETS THE HEARING & FILLS IN THE INFORMATION IN NUMBER 7:

You must mail a copy of the Request for Hearing and Notice of Hearing as indicated in item 8.

(1)
Name of Person Filing: _____
Street Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Email Address: _____
ATLAS Number (if applicable) _____
☐ **Representing Self (No Attorney)** **or** ☐ **Represented by Attorney**
If Attorney, Bar Number: _____

SUPERIOR COURT OF ARIZONA
(2)PINAL COUNTY

(3) _____
Name of Petitioner

(4) _____
Name of Respondent

(5) **CASE NUMBER:** DO2

REQUEST FOR HEARING AND NOTICE OF HEARING
(Simplified Procedure)

HONORABLE: _____

A Request to Modify Child Support Pursuant to Guidelines' Simplified Procedures, has been filed.

The information provided in the Parent's Worksheet that was the basis for the Request to Modify 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 the Request for Modification be ordered to be paid by the opposing party.

I Have Read This Document And The Information Given Here Is True And Correct To The Best Of My Knowledge.

_____ **Date**

_____ **Signature**

State of Arizona)
)
County of _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 _____

by _____
Name of Signer

_____ **Commission Expires**

_____ **Notary Public**

NOTICE OF HEARING

The above verified Request for Hearing having been filed, this matter shall be heard:

(7) DATE AND TIME:

_____ at _____ a.m. / p.m.
(Date) **(Time)**

PLACE: **PINAL COUNTY SUPERIOR COURT**
971 N. JASON LOPEZ CIRCLE BLDG. A
FLORENCE, AZ 85132

If either party fails to appear at the hearing after proper notice, the court will take evidence from the party who does appear and make a decision based on the information provided in the Request to Modify Child Support, Request for Hearing and any oral testimony.

_____ _____
(Date) **(Judicial Officer)**

Upon receipt of the hearing date, I will immediately mail a copy of this Request for Hearing and Notice of Hearing to the other parent or such person's attorney as follows:

(8) NAME: _____

ADDRESS: _____

_____

_____

If one of the parties is using the child support services of the Department of Economic Security, I will also immediately mail a copy of this Request for Hearing and Notice of Hearing to:

Attorney General's Office
Child Support Services Section
PO Box 608
Florence Arizona 85132
Site Code: 039-A

(9)

_____ _____
(Date) **(Requesting Party)**

INCOME WITHHOLDING FOR SUPPORT - Instructions

The Income Withholding for Support (IWO) is the OMB-approved form used for income withholding in tribal, intrastate, and interstate cases as well as all child support orders initially issued in the state on or after January 1, 1994, and all child support orders initially issued (or modified) in the state before January 1, 1994 if arrearages occur. This form is the standard format prescribed by the Secretary in accordance with 42 USC §666(b)(6)(A)(ii). Except as noted, the following information is required and must be included.

Please note:

- For the purpose of this IWO form and these instructions, "state" is defined as a state or territory.
- Do's and don'ts on using this form are found at www.acf.hhs.gov/programs/css/resource/using-the-income-withholding-for-support-form-dos-and-donts.

COMPLETED BY SENDER:

1a. **Original Income Withholding Order/Notice for Support (IWO).** Check the box if this is an initial or original IWO.

1b. **Amended IWO.** Check the box to indicate that this form amends a previous IWO. Any changes to an IWO must be done through an amended IWO.

1c. **One-Time Order/Notice For Lump Sum Payment.** Check the box when this IWO is to attach a one-time collection of a lump sum payment. When this box is checked, enter the amount in field 14, Lump Sum Payment, in the *Amounts to Withhold* section. Additional IWOs must be issued to collect subsequent lump sum payments.

1d. **Termination of IWO.** Check the box to stop income withholding on a child support order. Complete all applicable identifying information to aid the employer/income withholder in terminating the correct IWO.

1e. **Date.** Date this form is completed and/or signed.

1f. **Child Support Enforcement (CSE) Agency, Court, Attorney, Private Individual/Entity (Check One).** Check the appropriate box to indicate which entity is sending the IWO. If this IWO is **not** completed by a state or tribal CSE agency, the sender should contact the CSE agency (see www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information) to determine if the CSE agency needs a copy of this form to facilitate payment processing.

NOTE TO EMPLOYER/INCOME WITHHOLDER:

This IWO must be regular on its face. The IWO must be rejected and returned to sender under the following circumstances:

- IWO instructs the employer/income withholder to send a payment to an entity other than a state disbursement unit (for example, payable to the custodial party, court, or attorney). Each state is required to operate a state disbursement unit (SDU), which is a centralized facility for collection and disbursement of child support payments. Exception: If this IWO is issued by a court, attorney, or private individual/entity and the initial child support order was entered before January 1, 1994 or the order was issued by a tribal CSE agency, the employer/income withholder must follow the payment instructions on the form.
- Form does not contain all information necessary for the employer to comply with the withholding.
- Form is altered or contains invalid information.
- Amount to withhold is not a dollar amount.
- Sender has not used the OMB-approved form for the IWO.
- A copy of the underlying order is required and not included.

If you receive this document from an attorney or private individual/entity, a copy of the underlying order containing a provision authorizing income withholding must be attached.

COMPLETED BY SENDER:

1g. **State/Tribe/Territory**. Name of state or tribe sending this form. This must be a governmental entity of the state or a tribal organization authorized by a tribal government to operate a CSE program. If you are a tribe submitting this form on behalf of another tribe, complete line 1i.

1h. **Remittance ID (include w/payment).** Identifier that employers must include when sending payments for this IWO. The Remittance ID is entered as the case identifier on the electronic funds transfer/electronic data interchange (EFT/EDI) record.

NOTE TO EMPLOYER/INCOME WITHHOLDER:

The employer/income withholder must use the Remittance ID when remitting payments so the SDU or tribe can identify and apply the payment correctly. The Remittance ID is entered as the case identifier on the EFT/EDI record.

COMPLETED BY SENDER:

1i. **City/County/Dist./Tribe.** Name of the city, county, or district sending this form. This must be a government entity of the state or the name of the tribe authorized by a tribal government to operate a CSE program for which this form is being sent. (A tribe should leave this field blank unless submitting this form on behalf of another tribe.)

1j. **Order ID.** Unique identifier associated with a specific child support obligation. It could be a court case number, docket number, or other identifier designated by the sender.

1k. **Private Individual/Entity.** Name of the private individual/entity or non-IV-D tribal CSE organization sending this form.

1l. **CSE Agency Case ID.** Unique identifier assigned to a state or tribal CSE case. In a state IV-D case as defined at 45 Code of Federal Regulations (CFR) 305.1, this is the identifier reported to the Federal Case Registry (FCR). One IWO must be issued for each IV-D case and must use the unique CSE Agency Case ID. For tribes, this would be either the FCR identifier or other applicable identifier.

Fields 2 and 3 refer to the employee/obligor's employer/income withholder and specific case information.

2a. **Employer/Income Withholder's Name.** Name of employer or income withholder.

2b. **Employer/Income Withholder's Address.** Employer/income withholder's mailing address including street/PO box, city, state, and zip code. (This may differ from the employee/obligor's work site.) If the employer/income withholder is a federal government agency, the IWO should be sent to the address listed under Federal Agency Income Withholding Contacts and Program Information at www.acf.hhs.gov/programs/css/resource/federal-agency-income-withholding-contact-information.

2c. **Employer/Income Withholder's FEIN.** Employer/income withholder's nine-digit Federal Employer Identification Number (if available).

3a. **Employee/Obligor's Name.** Employee/obligor's last name, first name, middle name.

3b. **Employee/Obligor's Social Security Number.** Employee/obligor's Social Security number or

other taxpayer identification number.

3c. **Custodial Party/Obligee's Name.** Custodial party/obligee's last name, first name, middle name. Enter one custodial party/obligee's name on each IWO form. Multiple custodial parties/obligees are not to be entered on a single IWO. Issue one IWO per state IV-D case as defined at 45 CFR 305.1

3d. **Child(ren)'s Name(s).** Child(ren)'s last name(s), first name(s), middle name(s). (Note: If there are more than six children for this IWO, list additional children's names and birth dates in field 33 - Supplemental Information). Enter the child(ren) associated with the custodial party/obligee and employee/obligor only. Child(ren) of multiple custodial parties/obligees is not to be entered on an IWO.

3e. **Child(ren)'s Birth Date(s).** Date of birth for each child named.

3f. **Blank box.** Space for court stamps, bar codes, or other information.

ORDER INFORMATION – Field 4 identifies which state or tribe issued the order. Fields 5 through 12 identify the dollar amount to withhold for a specific kind of support (taken directly from the support order) for a specific time period.

4. **State/Tribe.** Name of the state or tribe that issued the order.

5a-b. **Current Child Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.

6a-b. **Past-due Child Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.

6c. **Arrears Greater Than 12 Weeks?** The appropriate box (Yes/No) must be checked indicating whether arrears are greater than 12 weeks so the employer/income withholder can determine the withholding limit.

7a-b. **Current Cash Medical Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.

8a-b. **Past-due Cash Medical Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.

9a-b. **Current Spousal Support.** (Alimony) Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.

10a-b. **Past-due Spousal Support.** (Alimony) Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.

11a-c. **Other.** Miscellaneous obligations dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order. **Must specify** a description of the obligation (for example, court fees).

12a-b. **Total Amount to Withhold.** The total amount of the deductions **per** the corresponding time period. Fields 5a, 6a, 7a, 8a, 9a, 10a, and 11a should total the amount in 12a.

NOTE TO EMPLOYER/INCOME WITHHOLDER:

An acceptable method of determining the amount to be paid on a weekly or biweekly basis is to multiply the monthly amount due by 12 and divide that result by the number of pay periods in a year.

AMOUNTS TO WITHHOLD - Fields 13a through 13d specify the dollar amount to be withheld for this IWO if the employer/income withholder's pay cycle does not correspond with field 12b.

13a. **Per Weekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid weekly.

13b. **Per Semimonthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid twice a month.

13c. **Per Biweekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid every two weeks.

13d. **Per Monthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid once a month.

14. **Lump Sum Payment.** Dollar amount withheld when the IWO is used to attach a lump sum payment. This field should be used when field 1c is checked.

REMITTANCE INFORMATION - Payments are forwarded to the SDU in each state, unless the order was issued by a tribal CSE agency. If the order was issued by a tribal CSE agency, the employer/income withholder must follow the remittance instructions on the form.

15. **State/Tribe.** Name of the state or tribe sending this document.

16. **Days.** Number of days after the effective date noted in field 17 in which withholding must begin according to the state or tribal laws/procedures for the employee/obligor's principal place of employment.

17. **Date.** Effective date of this IWO.

18. **Working Days.** Number of working days within which an employer/income withholder must remit amounts withheld pursuant to the state or tribal laws/procedures of the principal place of employment.

19. **% of Disposable Income.** The percentage of disposable income that may be withheld from the employee/obligor's paycheck.

NOTE TO EMPLOYER/INCOME WITHHOLDER:

For state orders, the employer/income withholder may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 USC §1673(b)); or 2) the amounts allowed by the state of the employee/obligor's principal place of employment.

For tribal orders, the employer/income withholder may not withhold more than the amounts allowed under the law of the issuing tribe. For tribal employers/income withholders who receive a state order, the employer/income withholder may not withhold more than the limit set by the law of the jurisdiction in which the employer/income withholder is located or the maximum amount permitted under section 303 (b) of the Federal Consumer Credit Protection Act (15 USC §1673(b)).

A federal government agency may withhold from a variety of incomes and forms of payment, including voluntary separation incentive payments (buy-out payments), incentive pay, and cash awards. For a more complete list, see 5 CFR 581.103.

COMPLETED BY SENDER:

20. **State/Tribe.** Name of the state or tribe sending this document.

21. **Document Tracking ID.** Optional unique identifier for this form assigned by the sender.

Please Note: Employer's Name, FEIN, Employee/Obligor's Name and SSN, Remittance ID, CSE Agency Case ID, and Order ID must appear in the header on pages two and subsequent pages.

22. **FIPS Code.** Federal Information Processing Standards code.

23. **SDU/Tribal Order Payee.** Name of SDU (or payee specified in the underlying tribal support order) to which payments must be sent. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in tribal CSE orders.

24. **SDU/Tribal Payee Address.** Address of the SDU (or payee specified in the underlying tribal support order) to which payments must be sent. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in tribal CSE orders.

COMPLETED BY EMPLOYER/INCOME WITHHOLDER:

25. **Return to Sender Checkbox.** The employer/income withholder should check this box and return the IWO to the sender if this IWO is not payable to an SDU or tribal payee or this IWO is not regular on its face. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in tribal CSE orders.

COMPLETED BY SENDER:

26. **Signature of Judge/Issuing Official.** Signature (if required by state or tribal law) of the official authorizing this IWO.

27. **Print Name of Judge/Issuing Official.** Name of the official authorizing this IWO.

28. **Title of Judge/Issuing Official.** Title of the official authorizing this IWO.

29. **Date of Signature.** Optional date the judge/issuing official signs this IWO.

30. **Copy of IWO checkbox.** Check this box for all intergovernmental IWOs. If checked, the employer/income withholder is required to provide a copy of the IWO to the employee/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

The following fields refer to federal, state, or tribal laws that apply to issuing an IWO to an employer/income withholder. State- or tribal-specific information may be included only in the fields below.

COMPLETED BY SENDER:

31. **Liability.** Additional information on the penalty and/or citation of the penalty for an employer/income withholder who fails to comply with the IWO. The state or tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.

32. **Anti-discrimination**. Additional information on the penalty and/or citation of the penalty for an employer/income withholder who discharges, refuses to employ, or disciplines an

employee/obligor as a result of the IWO. The state or tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.

33. **Supplemental Information**. Any state-specific information needed, such as maximum withholding percentage for non-employees, fees the employer/income withholder may charge the obligor for income withholding, or children's names and DOBs if there are more than six children on this IWO. Additional information must be consistent with the requirements of the form and the instructions.

COMPLETED BY EMPLOYER/INCOME WITHHOLDER:

NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS

The employer must complete this section when the employee/obligor's employment is terminated, income withholding ceases, or if the employee/obligor has never worked for the employer.

34a-b. **Employment/Income Status Checkbox.** Check the employment/income status of the employee/obligor.

35. **Termination Date.** If applicable, date employee/obligor was terminated.

36. **Last Known Phone Number.** Last known (home/cell/other) phone number of the employee/obligor.

37. **Last Known Address.** Last known home/mailing address of the employee/obligor.

38. **Final Payment Date.** Date employer sent final payment to SDU/tribal payee.

39. **Final Payment Amount.** Amount of final payment sent to SDU/tribal payee.

40. **New Employer's Name.** Name of employee's/obligor's new employer (if known).

41. **New Employer's Address.** Address of employee's/obligor's new employer (if known).

COMPLETED BY SENDER:

CONTACT INFORMATION

42. **Issuer Name (Employer/Income Withholder Contact).** Name of the contact person that the employer/income withholder can call for information regarding this IWO.

43. **Issuer Phone Number.** Phone number of the contact person.

44. **Issuer Fax Number.** Fax number of the contact person.

45. **Issuer E-mail/Website.** E-mail or website of the contact person.

46. **Termination/Income Status and Correspondence Address.** Address to which the employer should return the Employment Termination or Income Status notice. It is also the address that the employer should use to correspond with the issuing entity.

47. **Issuer Name (Employee/Obligor Contact).** Name of the contact person that the employee/obligor can call for information.

48. **Issuer Phone Number.** Phone number of the contact person.

49. **Issuer Fax Number.** Fax number of the contact person.

50. **Issuer E-mail/Website.** E-mail or website of the contact person.

The Paperwork Reduction Act of 1995

This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average 5 minutes per response for Non-IV-D CPs; 2 minutes per response for employers; 3 seconds for e-IWO employers, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

INCOME WITHHOLDING FOR SUPPORT

☐ **ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)**
☐ **AMENDED IWO**
☐ **ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT**
☐ **TERMINATION OF IWO** **Date:** _____

☐ Child Support Enforcement (CSE) Agency ☐ Court ☐ Attorney ☐ Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions **www.acf.hhs.gov/programs/css/resource/income-withholding-for-support-instructions**). If you receive this document from someone other than a state or tribal CSE agency or a court, a copy of the underlying order must be attached.

State/Tribe/Territory **Arizona**
City/County/Dist./Tribe _____
Private Individual/Entity _____

Remittance ID (include w/payment) _____
Order ID _____
CSE Agency Case ID _____

_____
Employer/Income Withholder's Name

_____
Employer/Income Withholder's Address

_____

_____

RE: _____
Employee/Obligor's Name (Last, First, Middle)

_____
Employee/Obligor's Social Security Number

_____
Custodial Party/Obligee's Name (Last, First, Middle)

Employer/Income Withholder's FEIN _____

Child(ren)'s Name(s) (Last, First, Middle)	Child(ren)'s Birth Date(s)

ORDER INFORMATION: This document is based on the support or withholding order from **Arizona** (State/Tribe). You are required by law to deduct these amounts from the employee/obligor's income until further notice.

$ _____ Per Month current child support
$ _____ Per Month past-due child support - **Arrears greater than 12 weeks?** ☐ Yes ☐ No
$ _____ Per Month current cash medical support
$ _____ Per Month past-due cash medical support
$ _____ Per Month current spousal support
$ _____ Per Month past-due spousal support
$ _____ Per **Month** other (must specify) **Clearinghouse Fee.**
for a **Total Amount to Withhold** of **$ 0.00** per **Month**.

AMOUNTS TO WITHHOLD: You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

$ 0.00 per weekly pay period
$ 0.00 per biweekly pay period (every two weeks)
$ 0.00 per semimonthly pay period (twice a month)
$ 0.00 per monthly pay period
$ _____ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

Document Tracking ID _____

OMB 0970-0154

Employer's Name: _____ Employer FEIN: _____
Employee/Obligor's Name: _____ SSN: _____
CSE Agency Case Identifier: _____ Order Identifier: _____

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is Arizona (State/Tribe), you must begin withholding no later than the first pay period that occurs fourteen (14) days after the date of receipt of this Order. Send payment within two (2) working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to fifty percent (50%) of disposable income. If the obligor is a non-employee, obtain withholding limits from Supplemental Information on page 3. If the employee/obligor's principal place of employment is not Arizona (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees at www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information for the employee/obligor's principal place of employment.

For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit (SDU)), see www.acf.hhs.gov/programs/css/employers/electronic-payments.

Include the ***Remittance ID*** **with the payment** and if necessary this FIPS code: _____.

Remit payment to **Support Payment Clearinghouse** (SDU/Tribal Order Payee)
at **P.O. Box 52107, Phoenix, AZ 85072-2107** (SDU/Tribal Payee Address)

☐ **Return to Sender [Completed by Employer/Income Withholder]**. Payment must be directed to an SDU in accordance with 42 USC §666(b)(5) and (b)(6) or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

Signature of Judge/Issuing Official (if Required by State or Tribal Law): _____
Print Name of Judge/Issuing Official: _____
Title of Judge/Issuing Official: _____
Date of Signature: _____

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.
☒ If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information.

Priority: Withholding for support has priority over any other legal process under State law against the same income (42 USC §666(b)(7)). If a federal tax levy is in effect, please notify the sender.

Combining Payments: When remitting payments to an SDU or tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

Payments To SDU: You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a court, attorney, or private individual/entity and the initial order was entered before January 1, 1994 or the order was issued by a tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

Reporting the Pay Date: You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the state (or tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

Multiple IWOs: If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the state or tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

Employer's Name: _____ Employer FEIN: _____
Employee/Obligor's Name: _____ SSN: _____
CSE Agency Case Identifier: _____ Order Identifier: _____

Lump Sum Payments: You may be required to notify a state or tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure.

Anti-discrimination: You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO.

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 USC §1673(b)); or 2) the amounts allowed by the state of the employee/obligor's principal place of employment or tribal law if a tribal order (see *Remittance Information*). Disposable income is the net income after mandatory deductions such as: state, federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% --to 55% and 65% --if the arrears are greater than 12 weeks. If permitted by the state or tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

For tribal orders, you may not withhold more than the amounts allowed under the law of the issuing tribe. For tribal employers/income withholders who receive a state IWO, you may not withhold more than the limit set by tribal law.

Depending upon applicable state or tribal law, you may need to consider amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

Arrears greater than 12 weeks? If the *Order Information* does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

Supplemental Information:

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

Employer's Name: _____ Employer FEIN: _____
Employee/Obligor's Name: _____ SSN: _____
CSE Agency Case Identifier: _____ Order Identifier: _____

NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS: If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the contact information below:

☐ This person has never worked for this employer nor received periodic income.

☐ This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known phone number: _____

Last known address: _____

_____

Final payment date to SDU/tribal payee: _____ Final payment amount: _____

New employer's name: _____

New employer's address: _____

_____

CONTACT INFORMATION:

To Employer/Income Withholder: If you have questions, contact Clerk of the Superior Court Office (issuer name) by phone: (520) 866-5321, by fax: (520) 866-5377, by e-mail or website: customerservice@pinalcountyaz.gov.

Send termination/income status notice and other correspondence to:
PO Box 628, Florence AZ 85132 (issuer address).

To Employee/Obligor: If the employee/obligor has questions, contact Clerk of the Superior Court Office (issuer name) by phone: (520) 866-5321, by fax: (520) 866-5377, by e-mail or website: customerservice@pinalcountyaz.gov.

The Paperwork Reduction Act of 1995
This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average 5 minutes per response for Non-IV-D CPs; 2 minutes per response for employers; 3 seconds for e-IWO employers, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Income Withholding Order Information Page

This order is effective _____. All rules on page 2 under REMITTANCE INFORMATION apply after the effective date.

Presumptive Termination Date:

This order is presumed to terminate on the presumptive termination date _____ when the youngest child who is subject to this order is expected to emancipate as defined in A.R.S. §§ 25-320 and 25-501 unless the order contains a payment on arrears. The presumptive termination date of this order may be modified by the court upon changed circumstances.

Note to Employers/Other Withholders:

If the most recent Income Withholding Order in the case is for current child support only, you should discontinue withholding monies after the last pay period of the month of the presumptive termination date above. If the Income Withholding Order includes current child support and an arrearage payment, you should continue withholding the entire amount listed on the order until further notice.