Revised 05.19.16

DIVORCE
WITH MINOR CHILDREN
For Petitioner Only

(When Parties AGREE to all terms of the Divorce)

PINAL COUNTY
NON-COVENANT MARRIAGE

TO FILE FOR DISSOLUTION (DIVORCE)
OF MARRIAGE WITH CHILDREN

STEP 1
(Please complete step one before proceeding to the next step)

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

DIVORCE WITH MINOR CHILDREN

This packet contains general information and instructional forms for filing a divorce petition for a non-covenant marriage and other court papers when there are minor children. Be sure this packet contains the following documents:

Order	Title	# of Pages
1	Table of Contents (this page)	1
2	Representing Yourself in Family Court	2
3	Procedures: How to file Divorce Papers with the Court	6
4	Summons	2
5	Notice Regarding Creditors	2
6	Notice of Right to Convert Health Insurance	1
7	Court Order for Parent Education Class & Conciliation Services	2
8	Child Support Calculator for Parents Worksheet	1
9	Parenting Plan	10
10	Affidavit Regarding Minor Children	2
11	Preliminary Injunction	2
12	Sensitive Data Sheet **(*NO COPIES REQUIRED)**	1
13	Family Court Cover Sheet **(*NO COPIES REQUIRED)**	2
14	Petition for Dissolution of Non-Covenant Marriage (Divorce) with Minor Children	15

***NO COPIES REQUIRED. File original only. Do not serve on other party.**

You have permission to use these documents for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

REPRESENTING YOURSELF IN FAMILY COURT

This brief guide provides some very basic information to help you understand the proceedings. It does not tell you everything about family law or family court, and it is no substitute for understanding Title 25 of the Arizona Revised Statutes, the Arizona Rules of Family Law Procedure, and the Arizona Rules of Evidence. For more information, you should go to the Pinal County Superior Court website (www.pinalcountyaz.gov/Departments/JudicialBranch/) or consult a lawyer.

Proceedings In Family Court

Proceedings in Family Court follow the ***Arizona Rules of Family Law Procedure***.

In a divorce or paternity case, you may be referred to an Early Resolution Conference, Mediation, a Parenting Conference, or a Settlement Conference (sometimes called an Alternative Dispute Resolution or "ADR"). These proceedings are designed to help the parties reach agreement on all or some of their disputes. They generally are not conducted by your assigned Judge.

You may also have to appear before the Judge for a pretrial hearing. The most common pretrial hearings are (1) a ***Resolution Management Conference***, which helps the Judge manage the case by, among other things, setting deadlines and a trial date; and (2) a ***Temporary Orders Hearing***, at which the Judge may issue temporary orders to govern the case until the trial.

If you do not reach a settlement of all issues, there will be a ***trial***. This is the single hearing where the Judge will hear your evidence and make final decisions on disputed issues.

Disclosure And Discovery

To help parties prepare for the trial, the Arizona Rules of Family Law Procedure have ***disclosure*** and ***discovery*** requirements.

Disclosure requirements are in Rule 49. Each party must voluntarily provide certain information to the other party. You have an obligation to disclose such information to the other party, and you have a right to insist that the other party disclose such information to you. Failure to disclose as required may result in sanctions, including being barred from offering evidence that was not timely disclosed.

If you need information that is not voluntarily disclosed, you may engage in ***discovery***, such as requesting documents from a party or subpoenaing documents from non-parties. Rules 51 through 65 of the Arizona Rules of Family Court discuss the requirements for discovery.

What Is A Trial?

A trial is the time for you and for the other party to present ***evidence*** on disputed issues.

General Issues If Children Are Involved In Your Case:

- Legal custody (decision-making authority over major matters concerning the children).
- Parenting time (what time each parent will spend with the children).
- Child support.

Additional Issues If Your Case Involves A Divorce:

- Spousal maintenance.
- Division of community property and allocation of debts.

The Judge will decide these issues based on the evidence presented during the trial. ***Only evidence you bring to the trial will be considered***.

After the trial, the Judge may issue a ruling in open court or may take the case "under advisement," which means that the Judge will issue a written ruling at a later time.

The judge's ruling may be a signed ***decree*** or ***judgment***, which officially concludes the case. If the judge chooses, the judge may decide disputed issues and then require one or both of the parties to submit a decree for the judge's signature.

Preparing For The Trial

When preparing for the trial, it is critical that you read the judge's minute entries carefully. The minute entries typically contain the Judge's requirements for the trial. These requirements may include: (1) Submitting a ***pretrial statement*** that describes the issues in the case and lists your witnesses and exhibits; and (2) Giving copies of your ***exhibits*** to the Clerk and to the other party before the trial.

Many Judges impose ***time limits*** at the trial. It is your responsibility to make sure you present all your evidence in the time allotted.

What Happens During The Trial?

The main thing that happens during the trial is the presentation of ***evidence***. The Judge will make decision based on the evidence presented during the trial. Evidence is generally of two kinds: (1) Witness testimony and (2) Documents.

When you call a ***witness*** to testify, you must ask the witness questions. A witness may only answer questions that are asked. When the party who called a witness is done with questioning, the other party may "cross-examine" the witness by asking additional questions.

A party may testify as a witness on his or her own behalf. However, while a witness is on the stand, the parties may only ask questions. Arguing with a witness or commenting on the answers is not allowed.

Documents may be evidence at the trial, but you must follow the proper procedure. Before the trial (usually 5 days before), you must give documents that you want to use to the Clerk of the Court to be "marked" with an exhibit number. However, marking an exhibit does not mean it is evidence. Rather, during the trial, you must "offer" the exhibit by asking the judge to admit it into evidence. The judge then decides whether to admit the evidence. The judge will consider only evidence that is ***admitted***.

Proper Court Behavior

Although family cases are often emotional, it is important that everyone act in an orderly and respectful way in court. Here are some "Do's and Don'ts:"

- Do dress appropriately. Don't wear hats, sunglasses, tank tops, shorts, or flip-flops.
- Do wait your turn to speak. Don't interrupt while someone else is talking.
- Do treat others with respect. Don't curse, make faces, or engage in confrontational behavior.
- Do be honest and candid with the judge.
- Do make sure that friends and family who accompany you sit quietly. They are not allowed to speak unless called as a witness, and then only when they are testifying.

For Additional Information

This guide presents very basic information. For additional information, read the applicable statutes and rules, visit the Pinal County Superior Court website (www.pinalcountyaz.gov/Departments/Judicial Branch) and if necessary, consult a lawyer.

PROCEDURES

How to File Papers with the Court for Dissolution of a Non-Covenant Marriage (Divorce) – With Children (When both Parties Agree)

STEP 1: COMPLETE FORMS – *TYPE OR PRINT IN BLANK INK*

PLEASE DO NOT LEAVE ANY QUESTIONS BLANK

- Please answer all questions.
- If a question does not apply to your case mark "N/A" next to the question. By marking "N/A" next to the question this informs the Judge or court that a question was "not applicable" and did not apply to your case or situation.
- If there is a question that is not known to you, please indicate "unknown to me".

STEP 2: SIGN, DATE AND NOTARIZE DOCUMENTS

- Documents must be signed and dated in front of ANY Notary Public.
- Please look over your documents to ensure all questions have been answered prior to having your documents notarized.
- Please make sure you have a US issued photo ID or driver's license with you when having your documents notarized.

STEP 3: MAKE COPIES OF DOCUMENTS

- **AFTER** your documents have been signed, dated and notarized make two (2) copies of the following documents:

  - ✓ Summons
  - ✓ Notice Regarding Creditors
  - ✓ Notice of Right to Convert Health Insurance
  - ✓ Parents Worksheet for Child Support Amount
  - ✓ Parenting Plan
  - ✓ Order to Attend Parent Education Class
  - ✓ Affidavit Regarding Minor Children
  - ✓ Preliminary Injunction
  - ✓ Petition for Dissolution of Non-Covenant Marriage with Minor Children

- Separate your documents into three (3) sets in the following order:

Set 1: ORIGINAL DOCUMENTS

1. Summons
2. Notice Regarding Creditors
3. Notice of Right to Convert Health Insurance
4. Parents Worksheet for Child Support Amount
5. Parenting Plan

6. Order to Attend Parent Education Class
7. Affidavit Regarding Minor Children
8. Preliminary Injunction
9. Sensitive Data Sheet
10. Family Court Coversheet
11. Petition for Dissolution of Non-Covenant Marriage with Minor Children

Set 2: COPIES FOR YOU THE PETITIONER

1. Summons
2. Notice Regarding Creditors
3. Notice of Right to Convert Health Insurance
4. Parents Worksheet for Child Support Amount
5. Parenting Plan
6. Order to Attend Parent Education Class
7. Affidavit Regarding Minor Children
8. Preliminary Injunction
9. Petition for Dissolution of Non-Covenant Marriage with Minor Children

Set 3: COPIES FOR YOUR SPOUSE THE RESPONDENT

1. Summons
2. Notice Regarding Creditors
3. Notice of Right to Convert Health Insurance
4. Parents Worksheet for Child Support
5. Parenting Plan
6. Order to Attend Parent Education Class
7. Affidavit Regarding Minor Children
8. Preliminary Injunction
9. Petition for Dissolution of Non-Covenant Marriage with Minor Children

STEP 4: FILING FEES

There is a filing fee to file the Petition for Dissolution of Non-Covenant Marriage with Minor Children and there may be other charges associated with this case. Please check online in our current Filing Fees section to determine your fee.

DEFERRAL OR WAIVER OF FILING FEES: If you cannot pay these fees, you may qualify for a deferral or waiver of fees. If you are seeking a deferral or waiver of fees, please have the Application for Deferral or Waiver of Fees completed and submitted with your forms.

ONE of the following is required to be attached to the completed and notarized Application for Deferral or Waiver of Fees:

- A copy of your last two (2) paycheck stubs.
- A notarized statement of non-employment. Any persons you are living with at this time who is assisting you financially may sign a notarized document stating they are supporting you at this time.
- If you receive Food Stamps, SSI, Unemployment or any governmental assistance we will need a copy or your letter of assignment/award or verification of the amount of assistance you receive each month.

NOTE: At the time of filing your documents through a deferral, the Clerk can only defer your filing fees to a later date; **THEY ARE NOT WAIVED**. Only the Judge can waive your filing fees.

STEP 5: FILE THE PAPERS WITH THE CLERK OF SUPERIOR COURT

FILING LOCATIONS / FILING IN PERSON / FILING BY MAIL

You may file your documents at any of the Clerk of the Superior Court Locations:

Florence (Main Office)	971 Jason Lopez Circle Bldg. A, Florence, AZ 85132 Open Mon-Fri 8:00 to 5:00
Casa Grande	820 E. Cottonwood Ln Bldg. B, Casa Grande, AZ 85122 Open Mon-Fri 8:00 to 5:00 CLOSING 12:00 to 1:00 for lunch *(Documents requiring a filing fee are not accepted after 4:30)*
Apache Junction	575 N. Idaho Rd. Ste. 109, Apache Junction, AZ 85119 Open Mon-Fri 8:00 to 5:00 CLOSING 12:00 to 1:00 for lunch *(Documents requiring a filing fee are not accepted after 4:30)*
Mammoth	118 Catalina, Mammoth, AZ 85618 ***(Temporarily Closed)***

FILING IN PERSON

To submit the Petition for Dissolution of Non-Covenant Marriage with Minor Children you should arrive at least two (2) hours before the court closes.

The following must be handed to the Clerk at the Filing Counter:

- ✓ Original plus two (2) copies of:
  - Summons
  - Notice Regarding Creditors
  - Notice of Right to Convert Health Insurance
  - Parents Worksheet for Child Support Amount
  - Parenting Plan
  - Order to Attend Parent Education Class
  - Affidavit Regarding Minor Children
  - Preliminary Injunction
  - Sensitive Date Sheet *(original only)*

- Family Court Coversheet *(original only)*
- Petition for Dissolution of Non-Covenant Marriage with Minor Children

✓ Required Filing Fee (or) a completed Application for Deferral or Waiver of Filing Fees with **ONE** of the following attached to the application:
  - A copy of your last two (2) paycheck stubs.
  - A notarized statement of non-employment. Any persons you are living with at this time who is assisting you financially may sign a notarized document stating they are supporting you at this time.
  - If you receive Food Stamps, SSI, Unemployment or any governmental assistance we will need a copy or your letter of assignment/award or verification of the amount of assistance you receive each month.

FILING BY MAIL

If you are filing by mail your documents must be mailed to:

Clerk of the Superior Court
P.O. Box 2730
Florence, AZ 85132

To file the Petition for Dissolution of Non-Covenant Marriage with Minor Children by mail, please mail the following documents:

✓ Original plus two (2) copies of:
  - Summons
  - Notice Regarding Creditors
  - Notice of Right to Convert Health Insurance
  - Parents Worksheet for Child Support Amount
  - Parenting Plan
  - Order to Attend Parent Education Class
  - Affidavit Regarding Minor Children
  - Preliminary Injunction
  - Sensitive Date Sheet *(original only)*
  - Family Court Coversheet *(original only)*
  - Petition for Dissolution of Non-Covenant Marriage with Minor Children

✓ Required Filing Fee (or) a completed Application for Deferral or Waiver of Filing Fees with **ONE** of the following attached to the application:
  - A copy of your last two (2) paycheck stubs.
  - A notarized statement of non-employment. Any persons you are living with at this time who is assisting you financially may sign a notarized document stating they are supporting you at this time.
  - If you receive Food Stamps, SSI, Unemployment or any governmental assistance we will need a copy or your letter of assignment/award or verification of the amount of assistance you receive each month.

- ✓ One appropriate sized self-addressed ***stamped*** envelope for the return of your conformed/stamped copies.

STEP 6: SERVING YOUR SPOUSE (THE RESPONDENT)

- Although you and your spouse agree to all terms of the divorce, you must still complete Service upon the other party (the Respondent).
- Service means giving legal notice to the other party (the Respondent) that you have filed court papers and proof of that notice (service) must be filed with the Court.
- Service upon the other party (the Respondent) may not be completed until after you have filed the Court papers with the Court.
- There are different ways to serve the other party (the Respondent) you may read through the different methods of service listed below to help determine which method of service is right for your case.
- Each service method listed below is included in this packet, only **ONE** method of service must be completed.

ACCEPTANCE OF SERVICE: the other party must be willing to sign the "Acceptance of Service" form in front of a Notary Public and return it to you. The other party cannot sign the "Acceptance of Service" until after you have filed the court papers with the court. The other party's signature on the "Acceptance of Service" does not mean that he/she agrees with the court papers. It means that the other party admits receiving the papers, without being served in person by the sheriff or a process server.

SERVICE BY CERTIFIED MAIL: This method of service allows you to give notice by a special type of mail. You can send the court papers by giving the post office copies of the court papers in an envelope, postage prepaid, to be sent to the other party by any form of mail requiring a signed and returned receipt. This is often called *Certified Mail, Restricted Delivery* by the post office. This means that the other party must sign for the papers. The Post Office will then return to you a Green Return Receipt containing the other party's signature. The Green Return Receipt will then need to be attached to the completed *Affidavit of Service by Certified Mail*. The *Affidavit of Service by Certified Mail* form must be completed/filled out in full and signed in front of a Notary Public. You will then submit to the Court the original *Affidavit of Service by Certified Mail.*

STEP 7: WAITING PERIOD

According to ARS §25-329 the Court shall not consider a submission of a motion supported by affidavit or hold a trial or hearing on an application for a decree of dissolution of marriage or legal separation until sixty days after the date of service of process or the date of acceptance of process.

Once you have filed your papers with the Court and served the court documents on the other party (the Respondent) and filed the appropriate proof of service with the Clerk's office, you now must wait sixty-one (61) days from the date of service upon the other party (the Respondent).

- If the other party (the Respondent) signed an *Acceptance of Service*, the sixty-one (61) days would be counted from the date the Respondent signed before the Notary Public accepting service of the Court papers.
- If the other party (the Respondent) was served by *Certified Mail*, the sixty-one (61) days would be counted from the date the Respondent signed the *Green Return Receipt*.

STEP 8: SUBMITTING YOUR FINAL CONSENT DECREE

- If you (the Petitioner) and your spouse (the Respondent) both agree to all terms of the divorce, you may submit the final Consent Decree. The Consent Decree is the final document both parties will sign in front of a Notary Public agreeing to all terms of the divorce. A Consent Decree may be submitted if sixty-one (61) days from the date of service has passed.

- A Consent Decree with children will require additional documents to be attached to the Consent Decree. Additional orders are also required if spousal support or child support is being ordered. When submitting a Consent Decree, you are required to submit the original plus two copies of all documents and orders along with two (2) self-addressed stamped envelopes.

- The Consent Decree has been included in this packet. The Consent Decree Packet includes all necessary and/or required forms along with instructions for proper completion.

The Conciliation Court offers a Family Law Facilitator that is willing to review forms for accuracy and completeness. There is NO attorney-client relationship established and the Family Law Facilitator CANNONT provide legal advice. You may however, make an appointment with the Family Law Facilitator to assist you and your spouse with preparing the final Consent Decree. They are available to answer general questions, explain court rules, procedures, practices and review forms.

Call 520-866-7349 or email Mediator-pinal@courts.az.gov for more information.

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
PINAL COUNTY

_____ **CASE NUMBER:** DO2
Name of Petitioner

SUMMONS

_____
Name of Respondent **HONORABLE:** _____

WARNING: This is an official document from the court that affects your rights. Read this carefully. If you do not understand it, contact a lawyer for help.

FROM THE STATE OF ARIZONA TO _____
Name of Respondent

1. A lawsuit has been filed against you. A copy of the lawsuit and other court papers are served on you with this ***"Summons."***

2. If you do **not** want a judgment or order taken against you without your input, you must file an ***"Answer"*** or a ***"Response"*** in writing with the court, and pay the filing fee. If you do **not** file an ***"Answer"*** or ***"Response"*** the other party may be given the relief requested in his/her Petition or Complaint. To file your ***"Answer"*** or ***"Response"*** take, or send, the ***"Answer"*** or ***"Response"*** to the Office of the Clerk of the Superior Court, 971 Jason Lopez Circle Bldg A , Florence, Arizona 85132 or PO Box 2730, Florence, Arizona 85132-2730; or any satellite office. Mail a copy of your ***"Response"*** or ***"Answer"*** to the other party at the address listed on the top of this Summons.

3. If this ***"Summons"*** and the other court papers were served on you by a registered process server or the Sheriff, **within** the State of Arizona, your ***"Response"*** or ***"Answer"*** must be filed within TWENTY **(20)** CALENDAR DAYS from the date you were served, **not counting the day you were served**. If this ***"Summons"*** and the other papers were served on you by a registered process server or the Sheriff **outside** the State of Arizona, your Response must be filed within THIRTY **(30)** CALENDAR DAYS from the date you were served, **not counting the day you were served**. Service by a registered process server or the Sheriff is complete when made. Service by Publication is complete thirty **(30)** days after the date of the first publication.

4. You can get a copy of the court papers filed in this case from the Petitioner at the address at the top of this paper, or from the Clerk of the Superior Court at the address listed in Paragraph 2 above.

5. If this is an action for dissolution (divorce), legal separation or annulment, either or both spouses may file a Petition for Conciliation for the purpose of determining whether there is any mutual interest in preserving the marriage or for Mediation to attempt to settle disputes concerning Legal Decision-Making and parenting time issues regarding minor children.

6. Requests for reasonable accommodation for persons with disabilities must be made to the office of the judge or commissioner assigned to the case, at least five **(5)** days before your scheduled court date.

GIVEN UNDER MY HAND AND SEAL OF THE COURT _____

Date

Amanda Stanford
Clerk of the Superior Court

By _____

Deputy Clerk

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
PINAL COUNTY

_____
Name of Petitioner

CASE NUMBER: DO2

NOTICE REGARDING CREDITORS

_____
Name of Respondent

HONORABLE: _____

ARIZONA LAW REQUIRES all actions for DIVORCE or LEGAL SEPARATION to include this NOTICE and for the person filing for Divorce or Legal Separation to SERVE this NOTICE on the other party. (ARS 25-318(F).

YOU AND YOUR SPOUSE ARE RESPONSIBLE FOR COMMUNITY DEBTS. The court usually requires/orders one spouse or the other to pay certain community debts in, or through, the Decree of Dissolution or Legal Separation. A court order that does this is binding on the spouses **only, not the creditors**. You and your spouse are legally responsible for these community debts whether you are married, divorced, or legally separated. These debts are matters of contract between **both of you** and your creditors (such as banks, credit unions, credit card companies, utility companies, medical providers and retailers). On request, the court may impose a lien against the separate property of a spouse to secure payment of certain community debts.

CONTACT CREDITORS: You may want to contact your creditors to discuss the debts and the effects of your divorce/legal separation on your debts. To assist you in identifying your creditors, you may obtain a copy of your spouse's credit report by making a written request to the court for an order requiring a credit reporting agency to release the report to you. The credit report will help you identify accounts, account numbers and account balances. In addition, within thirty **(30)** days after receipt of a request from a spouse who is party to a divorce or legal separation, which includes the court and cause number of the action, creditors are required, by law, to provide information as to the balance and account status of any debts for which you or your spouse may be liable to the creditor.

WARNING: If you do not understand this notice, you should contact an attorney for advice about your legal rights and obligations.

The following page contains a sample form you *may* choose to mail to creditors to get information about debts owed by you or your spouse. It is not a required form.

REQUEST FOR ACCOUNT INFORMATION FROM CREDITORS

You may use this form to request information about debt owed by you or your spouse.
If so, send to the creditor. **DO NOT FILE THIS PAGE WITH THE COURT**.

DATE: _____

CREDITOR'S NAME: _____

CREDITOR'S ADDRESS: _____

Regarding: **Superior Court of Arizona in Pinal County**

Case Name: _____

Case Number: _____

Pursuant to Arizona State Law (ARS 25-318), this letter requests the balance and account status of any debt for which the following individuals may be liable to you. (Arizona law requires that you provide this information within thirty (30) days of receipt of this letter.)

INFORMATION ABOUT DEBTORS/SPOUSES:

Your Name: _____

Your Address: _____

_____

Your Phone Number: _____

Your Spouse's Name: _____

Your Spouse's Address: _____

_____

INFORMATION ABOUT THE ACCOUNT:

Account Number(s): _____

If you have any questions or if I can be of further assistance, please feel free to contact me.

Sincerely,

Your Name: _____

Your Signature: _____

SUPERIOR COURT OF ARIZONA
PINAL COUNTY

_____
Name of Petitioner

CASE NUMBER: DO2

NOTICE OF YOUR RIGHTS ABOUT HEALTH INSURANCE COVERAGE WHEN A PETITION FOR DISSOLUTION (DIVORCE) IS FILED (A.R.S. 20-1377 AND 20-1408)

_____
Name of Respondent

HONORABLE: _____

WARNING: THIS IS AN IMPORTANT LEGAL NOTICE. YOUR RIGHTS TO HEALTH INSURANCE COVERAGE COULD BE AFFECTED AFTER YOUR DIVORCE IS FINAL. READ THIS NOTICE CAREFULLY. IF YOU DO NOT UNDERSTAND THIS NOTICE, YOU SHOULD CALL AN ATTORNEY FOR ADVICE ABOUT YOUR LEGAL RIGHTS AND OBLIGATIONS.

IMPORTANT INFORMATION IF YOU ARE ON YOUR SPOUSE'S INSURANCE PLAN: When a Petition for Dissolution of Marriage (papers for a divorce decree) is filed, you and/or your children may continue to be covered under your spouse's health insurance policy. Arizona law allows the dependent spouse and/or children to continue to be covered, but you must take some steps to protect your rights.

WHAT INSURANCE COVERAGE APPLIES TO YOU, AND HOW TO GET IT: If you are covered by your spouse's health insurance, and you want to continue to be covered after the divorce is final, you **must** contact the insurance company as soon as possible, and you **must** start to pay the monthly insurance premium within 31 days of the date the insurance would otherwise stop.

If you decide you want to be covered, the insurer can choose whether to continue coverage under the current policy, or to change the policy to your name. If the policy is changed to your name, it is called a "converted"; policy. If the policy is converted by the insurer, the insurer must provide you the same or the most similar level of coverage available, unless you ask for a lower level of coverage.

WHAT COVERAGE APPLIES TO YOUR CHILDREN: If you choose to continue coverage as a dependent spouse, you can also choose to continue coverage for your dependent children if you are responsible for their care or support.

PREEXISTING CONDITIONS OR EXCLUSIONS FROM INSURANCE COVERAGE: Whether the insurance is continued or converted, the insurance must be provided to you without proof of insurability and without exclusions for coverage other than what was previously excluded before the insurance was continued or converted.

LIMITS ON RIGHTS TO INSURANCE COVERAGE FOR YOU AND YOUR CHILDREN: You may **not** be entitled to continued or converted coverage if you are eligible for Medicare or for coverage by other similar types of insurance which together with the continued coverage would make you over-insured. However, dependent children of a person who is eligible for Medicare may be covered by a continuance or a conversion. If you have questions about coverage, check with the insurer and/or the spouse's employer.

WARNING TO THE SPOUSE FILING THE PETITION FOR DISSOLUTION (DIVORCE): This Notice must be served on your spouse together with the Petition for Dissolution, the Summons, and the Preliminary Injunction.

ARIZONA SUPERIOR COURT, PINAL COUNTY

ORDER TO PARENT EDUCATION CLASS

THIS IS AN OFFICIAL ORDER. IF YOU DISOBEY THIS ORDER, THE COURT MAY FIND YOU IN CONTEMPT.

CASE NUMBER DO

Pursuant to A.R.S. '25-352, **IT IS ORDERED** you must attend and complete a parent education course within the following time limits:

1. **Petitioner:** You must complete the course within 45 days from the filing of the petition.

2. **Respondent*:*** You must complete the course within 45 days of being served with or accepting service of the petition. The *Respondent* must complete the course whether or not a response to the action is filed.

3. **Paternity Proceeding:** If paternity has been established, you must complete the class as described above. If paternity has not been established, you are welcome to complete the class at your earliest convenience. However, you are not required to complete the class until paternity has been established by the court.

4. **Compliance:** A.R.S. '25-353. Failure to comply - if a party fails to complete the educational program as ordered pursuant to section 25-352, the court may deny relief in favor of that party, hold that party in contempt of court or impose any other sanction reasonable under the circumstances. The court will be notified if you fail to complete the class. ***Exceptions: If you have completed the class within less than 1 year or the court excuses a party's participation.***

5. **Class Fee:** Each party shall pay the $40.00 fee to, or obtain a valid fee deferral from, the Clerk of the Superior Court (see attached *Notice* for fee payment instructions).

6. **Disability:** If, due to a disability, you need special accommodations for your attendance such as auxiliary aids, or materials in alternative formats, please contact Family Services of the Conciliation Court as soon as you receive this notice.

7. **Information:** Additional information about Parent Education is available at www.pinalcountyaz.gov/FSCC.

8. **Registration:** You may register for the course online at **www.pinalcountyaz.gov/PE**, or by phone at 520-866-7349.

Karl C. Eppich

Honorable Karl C. Eppich,
Presiding Judge, Family Court

Date

PARENT EDUCATION CLASS NOTICE

You have been ordered to attend a Parent Education Class. The Parent Education Class is taught by counselors from Family Services of Conciliation Court. You are required to complete the entire class to receive a copy of the *Notice of Completion and Certificate* that will be filed with the court. If you fail to comply, the Court may deny relief, hold you in contempt of court, or impose any other sanction reasonable under the circumstances. **(A.R.S. 25-352)**

The court will be notified if you fail to attend the class.

THIS IS A 3 STEP PROCESS.

1. **PAY** FOR THE CLASS WITH CLERK OF SUPERIOR COURT
2. **REGISTER** FOR THE CLASS WITH FAMILY SERVICES OF CONCILIATION COURT
3. **ATTEND** the 4 HOUR CLASS IN FLORENCE WITH PROOF OF PAYMENT

1. Use one of the following methods to pay for the Class: The cost is $40.00 per person.

- **ONLINE:** Make payment to via website**:** https://client.pointandpay.net/recurring/PinalCountySuperiorCourtAZ

- **PHONE:** Call 800.487.4567.

- **MAIL:** Mail personal checks, cashier's check or money order for $40.00 payable to Clerk of the Superior Court at the following address:

  Clerk of the Superior Court
  Parent Education Course
  P.O. Box 2730
  Florence, AZ 85132-2730

  Write your court case number and "***Parent Education Class"*** on the cashier's check, money order or personal check. IMPORTANT: You MUST enclose a self-addressed stamped envelope so the clerk's office will mail your receipt to you.

- **IN PERSON:** Payments can be made by cash, money order, MasterCard, Visa, Discover and American Express with valid ID of card holder at any of our office locations listed below.

  Clerk of the Superior Court Offices:
  Florence - 971 Jason Lopez Cir., Building A, Tel: 520.866.5300
  Apache Junction - 575 N. Idaho, Ste. 109 Tel: 520.866.5300
  Casa Grande - 820 E. Cottonwood Ln., # B Tel: 520.866.5300
  For information about obtaining a *fee deferral*, contact any clerk's office.

2. Register for the Class with Family Services of Conciliation Court: Sign up online at **www.pinalcountyaz.gov/PE,** or by phone at 520-866-7349.

3. Attend the Class: Bring **photo I.D. and proof of payment** or fee deferral to the class. Please arrive 15 minutes early.

Justice Complex (Highway 79)
Pinal County Superior Courthouse
971 Jason Lopez Cir., Bldg. A
Florence, AZ 85132

****No children are allowed in class****

If you reside outside of Pinal County, you are still required to complete a parent education class (A.R.S. 25-352). Please visit the website for information: www.pinalcountyaz.gov/FSCC

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

Your computer must be connected to a printer. Begin by selecting which Child Support Calculator applies to you, 2005 or 2011, and 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

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
PINAL COUNTY

_____
Name of Petitioner

CASE NUMBER: DO _____

PARENTING PLAN FOR:

☐ **JOINT LEGAL DECISION-MAKING**

OR

☐ **SOLE LEGAL DECISION-MAKING**

- ☐ **TO PETITIONER**
- ☐ **TO RESPONDENT**

_____
Name of Respondent

HONORABLE: _____

GENERAL INFORMATION

A. MINOR CHILDREN This Plan concerns the following children common to the parents:

Name	Birth Date

B. LEGAL DECISION-MAKING: ***Select One.*** If you select sole legal decision-making, you have the option of also selecting restrictions on the parenting time of the other parent.

☐ **SOLE LEGAL DECISION-MAKING**
Sole legal decision-making should be granted to
☐ **Petitioner** or
☐ **Respondent**

☐ **JOINT LEGAL DECISION-MAKING**
☐ Both parents will make major **educational** decisions together.
☐ Optional: If the parents do not agree, ***select one***
☐ the final decision will be with Petitioner
☐ the final decision will be with Respondent
☐ the decision will be addressed as follows:

_____

_____

☐ Both parents will make major **religious** decisions together.
☐ Optional: If the parents do not agree, ***select one***
☐ the final decision will be with Petitioner
☐ the final decision will be with Respondent
☐ the decision will be addressed as follows:

_____

_____

☐ Both parents will make major **medical** decisions together.
☐ Optional: If the parents do not agree, ***select one***
☐ the final decision will be with Petitioner
☐ the final decision will be with Respondent
☐ the decision will be addressed as follows:

_____

_____

☐ Both parents will make major **personal care** decisions together.
☐ Optional: If the parents do not agree, ***select one***
☐ the final decision will be with Petitioner
☐ the final decision will be with Respondent
☐ the decision will be addressed as follows:

_____

_____

C. PARENTING TIME Write your detailed parenting plan below. Include specific times, locations, and details regarding transportation. You will have the opportunity to request supervised parenting time or no parenting time, later in this document.

1. Regular Parenting Time:

_____

_____

_____

_____

2. **Summer Months:**

3. **School Breaks Longer Than 4 Days:**

4. **Three Day Weekends:**(for example, Labor Day, Columbus Day, Martin Luther King, Jr. Day, Presidents' Day and Memorial Day)

☐ The parents agree that whichever of them has the child(ren) for the weekend occurring nearer in time to the holiday will spend time with the child(ren) for the holiday, OR

☐ **Explain your request:**

5. **Transportation:** Write your procedure for exchanges of the child(ren) including location and responsibility for transportation.

6. **Holiday, Birthday and Special Occasion Schedule** Use the table below or the blank space to write your schedule.

Event	**Even Years**		**Odd Years**	
New Year's Eve	☐Petitioner	☐Respondent	☐Petitioner	☐Respondent
New Year's Day	☐Petitioner	☐Respondent	☐Petitioner	☐Respondent
Easter	☐Petitioner	☐Respondent	☐Petitioner	☐Respondent
4th of July	☐Petitioner	☐Respondent	☐Petitioner	☐Respondent
Halloween	☐Petitioner	☐Respondent	☐Petitioner	☐Respondent

Veteran's Day	☐ Petitioner	☐ Respondent	☐ Petitioner	☐ Respondent
Thanksgiving	☐ Petitioner	☐ Respondent	☐ Petitioner	☐ Respondent
Christmas Eve	☐ Petitioner	☐ Respondent	☐ Petitioner	☐ Respondent
Christmas Day	☐ Petitioner	☐ Respondent	☐ Petitioner	☐ Respondent
Child(ren)'s Birthday	☐ Petitioner	☐ Respondent	☐ Petitioner	☐ Respondent
Mother's Day	☐ Petitioner	☐ Respondent	☐ Petitioner	☐ Respondent
Father's Day	☐ Petitioner	☐ Respondent	☐ Petitioner	☐ Respondent
Petitioner's Birthday	☐ Petitioner	☐ Respondent	☐ Petitioner	☐ Respondent
Respondent's Birthday	☐ Petitioner	☐ Respondent	☐ Petitioner	☐ Respondent

_____

_____

_____

_____

7. Telephone Contact with Children

☐ Each parent may have telephone contact with the child(ren) during the child(ren)'s normal waking hours, OR

☐ Explain your request:

_____

_____

8. Travel with Child(ren) *(all of the following are optional)*

☐ Each parent is entitled to _____ consecutive days of vacation time per year with the child(ren). Each parent will give the other parent ____ days notice prior to the vacation.

☐ Should either parent travel out of the area with the minor child(ren), each parent will keep the other parent informed of travel plans, address(es), and telephone numbers at which that parent and the minor child(ren) can be reached.

☐ Neither parent shall travel with the minor child(ren) outside of Arizona for longer than _____ days without the prior written consent of the other parent or order of the court.

☐ **SUPERVISED PARENTING TIME**

Supervised parenting time is in the best interest of the minor child(ren) because:

_____

_____

_____

_____

Name of the agency or person who will supervise:

_____

☐ **NO PARENTING TIME BETWEEN CHILD(REN) AND**
☐ **PETITIONER**
OR
☐ **RESPONDENT**

No parenting time is in the best interest of the minor child(ren) because:

_____

_____

_____

_____

D. Medical and Dental Arrangements

☐ Both parents have the right to authorize emergency medical treatment, if needed, and the right to consult with physicians and other medical practitioners. Both parents agree to advise the other parent with physicians and other medical practitioners. Both parents agree to advise the other parent immediately of any emergency medical/dental care sought for the minor children, to cooperate on health matters concerning the children and to keep one another reasonably informed. Both parents agree to keep each other informed as to names, addresses and telephone numbers of all medical/dental care providers.

E. Other Arrangements

☐ Each parent will inform the other parent of any change of address and/or phone number in advance OR within _____ days of the change.

☐ Both parents will promptly inform the other parent of any emergency or other important event that involves the minor children.

☐ Both parents will consult and agree with the other parent regarding any extra activity that affects the minor children's access to the other parent.

☐ Each parent will consider the other parent as care-provider for the minor children before making other arrangements.

☐ Each parent will keep all communication regarding the minor child(ren) between the parents and will not use the minor child(ren) to convey information or to set up parenting time changes.

☐ Each parent will encourage love and respect between the minor child(ren) and the other parent and neither parent shall do anything that may hurt the other parent's relationship with the minor children.

☐ Both parents will exert their best efforts to work cooperatively in future plans consistent with the best interests of the minor children and to amicably resolve such disputes as may arise.

☐ If either parent is unable to follow through with the time-sharing arrangements involving the minor child(ren), that parent will notify the other parent as soon as possible.

☐ Both parents agree that if either parent moves out of the area and returns later, they will use the most recent "Parenting Plan/Access Agreement" in place before the move.

☐ If the parents are unable to reach a mutual agreement regarding a legal change to their parenting orders, they will request mediation through the court or a private mediator of their choice.

Obtain Written Consent or Court Order Before Moving: Notice required by ARS 25-408 shall be made by certified mail, return receipt requested, or pursuant to the Arizona rules of family law procedure. The court shall sanction a parent who, without good cause, does not comply with the notification requirements of this law. The court may impose a sanction that will affect the legal decision-making or parenting time only in accordance with the child's best interests.

Parental Access to Records and Information Pursuant to Arizona law, unless otherwise provided by court order or law, on reasonable request both parents are entitled to have equal access to documents and other information concerning the minor child(ren)'s education and physical, mental, moral and emotional health including medical, school, police, court and other records. A person who does not comply with a reasonable request for these records shall reimburse the requesting parent for court costs and attorney fees incurred by that parent to make the other parent obey this request. A parent who attempts to restrict the release of documents or information by the custodian of the records without prior court order is subject to legal sanctions.

Notice: Do not deviate from Parenting Plan until dispute is resolved. Both parents are advised that while a dispute is being resolved, neither parent shall deviate from this Parenting Plan or act in a way that is inconsistent with the terms of this agreement.

Once this plan has been made an order of the Court, if either parent disobeys the court order related to parenting time with the children, the other parent may submit court papers to request enforcement.

SIGNATURE OF ONE OR BOTH PARENTS

Signature of Petitioner: _____ Date: _____

Signature of Respondent: _____ Date: _____

IF YOU ARE REQUESTING SOLE LEGAL DECISION MAKING, THE FORM IS COMPLETE. DO NOT SIGN SECTION F OR G.

F. STATEMENT REGARDING CONTACT WITH SEX OFFENDERS AND PERSONS CONVICTED OF DANGEROUS CRIMES AGAINST CHILDREN.

According to A.R.S. §25-403.05, a child's parent or custodian must immediately notify the other parent or custodian if the person knows that a convicted or registered sex offender or someone who has been convicted of a dangerous crime against children may have access to the child.

According to A.R.S. §13-705 (P) (1), "Dangerous crime against children" means any of the following that is committed against a minor who is under fifteen years of age:

(a) Second degree murder.
(b) Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibit on of a deadly weapon or dangerous instrument.
(c) Sexual assault.
(d) Molestation of a child.
(e) Sexual conduct with a minor.
(f) Commercial sexual exploitation of a minor.
(g) Sexual exploitation of a minor.
(h) Child abuse as prescribed in section 13-3623, subsection A, paragraph 1.
(i) Kidnapping.
(j) Sexual abuse.
(k) Taking a child for the purpose of prostitution as prescribed in section 13-3212.
(l) Child prostitution as prescribed in section 13-3212.
(m) Involving or using minors in drug offenses.
(n) Continuous sexual abuse of a child.
(o) Attempted first-degree murder.
(p) Sex trafficking.
(q) Manufacturing methamphetamine under circumstances that causes physical injury to a minor.
(r) Bestiality as prescribed in section 13-1411, subsection A, paragraph 2.
(s) Luring a minor for sexual exploitation.
(t) Aggravated luring a minor for sexual exploitation.
(u) Unlawful age misrepresentation.

The parent or custodian must provide notice by first class mail, return receipt requested, by electronic means to an electronic mail address that the recipient provided to the parent or custodian for notification purposes or by another form of communication accepted by the court.
I/We have read, understand, and agree to abide by the requirements of A.R.S. §25-403.05(B) concerning notification of other parent or custodian if someone convicted of dangerous crime against children may have access to the child.

Signature of Petitioner: _____ **Date:** _____

Signature of Respondent: _____ **Date:** _____

G. JOINT LEGAL DECISION-MAKING: If requested or agreed to by the parties, the following will apply, subject to approval by the Judge:

1. **DOMESTIC VIOLENCE:** Arizona Law (A.R.S. §25-403.03) states that joint Legal Decision-Making shall NOT be awarded if there has been "a history of significant domestic violence".

☐ Domestic Violence has **not** occurred between the parties, **OR**
☐ Domestic Violence **has** occurred but it has not been "significant" or has been committed by both parties.* **Complete Section 3 below.**

2. **DUI or DRUG CONVICTIONS:**

☐ Neither party has been convicted of driving under the influence or a drug offense within the past 12 months, **OR**

☐ One of the parties HAS been convicted of driving under the influence or a drug offense within the past 12 months, but the parties feel Joint Legal Decision-Making is in the best interest of the children. * **Complete Section 3 below.**

3. *** IF THERE HAS BEEN DOMESTIC VIOLENCE OR A DUI OR DRUG CONVICTION:**

Explain why Joint Legal Decision-Making is still in the best interests of the children:

_____

_____

_____

_____

_____

_____

_____

_____

4. **REVIEW:** The parents agree to review the terms of the / this agreement and make any necessary or desired changes every _____ months from the date of this document.

5. **CRITERIA.** Our joint Legal Decision-Making agreement meets the criteria required by Arizona law A.R.S. §25-403.02, as listed below:

   a. The best interest of the minor children are served;
   b. Each parent's rights and responsibilities for personal care of the minor children and for decisions in education, health care and religious training are designated in this Plan;
   c. A schedule of the physical residence of the minor children,, including holidays and school vacations is included in the Plan;
   d. The Plan includes a procedure for periodic review;
   e. The Plan includes a procedure by which proposed changes, disputes and alleged breaches may be mediated or resolved;
   f. A procedure for communicating with each other about the child, including methods and frequency.

SIGNATURE OF PARENT(S) REQUESTING JOINT LEGAL DECISION-MAKING

Signature of Petitioner: _____ Date: _____

Signature of Respondent: _____ Date: _____

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
PINAL COUNTY

_____
Name of Petitioner

CASE NUMBER: DO2

AFFIDAVIT REGARDING MINOR CHILDREN

_____
Name of Respondent

HONORABLE: _____

NOTICE: This *"Affidavit Regarding Minor Children"* is required for all legal decision-making cases. You must fill out this Affidavit completely, and provide accurate information. Use additional paper if necessary. You must give copies of this Affidavit and all other required documents to the other party, and to the judge.

1. **CHILDREN OF THE PARTIES WHO ARE UNDER 18 YEARS OLD.** The following child(ren) are under age 18 and were born to, or adopted by, me and the other party:

Name: _____ Name: _____
Birth Date: _____ Age: _____ Birth Date: _____ Age: _____
Name: _____ Name: _____
Birth Date: _____ Age: _____ Birth Date: _____ Age: _____

2. **INFORMATION REGARDING WHERE THE CHILDREN UNDER 18 YEARS OLD HAVE LIVED FOR THE LAST 5 YEARS:** (Attach additional pages if necessary)

Child's Name: _____ Dates: From _____ To _____
Address: _____ Lived with _____
City, State: _____ Relationship to Child: _____

Child's Name: _____ Dates: From _____ To _____
Address: _____ Lived with _____
City, State: _____ Relationship to Child: _____

Child's Name: _____ Dates: From _____ To _____
Address: _____ Lived with _____
City, State: _____ Relationship to Child: _____

Child's Name: _____ Dates: From _____ To _____
Address: _____ Lived with _____
City, State: _____ Relationship to Child: _____

3. COURT CASES IN WHICH I HAVE BEEN A PARTY/WITNESS THAT INVOLVED THE LEGAL DECISION-MAKING PARENTING TIME OF THE CHILD(REN): (Check one box)

☐ I have or ☐ I have not been a party/witness in court in this state or in any other state that involved the legal decision-making parenting time of the child(ren) named above. (If so, explain on separate paper. If not, go on.)

Name of each child: _____
Name of Court: _____ Court Location: _____
Court Case Number: _____ Current Status: _____
How the child is involved: _____
Summary of any Court Order: _____

4. INFORMATION REGARDING PENDING COURT CASES RELATED TO THE LEGAL DECISION-MAKING OF THE CHILD(REN): (Check one box)

☐ I do have or ☐ I do not have information about a legal decision-making parenting time court case relating to any of the children named above that is pending in this state or in any other state. (If so, explain. If not, go on.)

Name of each child: _____
Name of Court: _____ Court Location: _____
Court Case Number: _____ Current Status: _____
How the child is involved: _____
Summary of any Court Order: _____

5. LEGAL DECISION-MAKING OR PARENTING TIME CLAIMS OF ANY PERSON: (Check one box)

☐ I do know or ☐ I do not know a person other than the Petitioner or the Respondent who has physical legal decision-making or who claims legal decision-making or parenting time rights to any of the children named in this Affidavit.
(If so, explain below. If not, go on.)

Name of each child: _____
Name of person with the claim: _____
Address of person with the claim: _____
Nature of the claim: _____

OATH OR AFFIRMATION AND VERIFICATION:

I swear or affirm that the information on this document is true and correct under penalty of perjury.

_____ _____
Date **Signature**

State of Arizona)
)
County of _____)

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20 _____
(Day) (Month) (Year)

by _____
(Name of Signer)

_____ _____
(Affix notary seal here) **Notary Public** (Notary's Signature)

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
PINAL COUNTY

_____ **CASE NUMBER:** DO2

Name of Petitioner

PRELIMINARY INJUNCTION

_____

Name of Respondent **HONORABLE:** _____

WARNING: This is an official Order from the court. It affects your rights. Read this Order immediately and carefully. If you do not understand it, contact a lawyer for help.

Your spouse has filed a ***"Petition for Dissolution"*** (Divorce) or ***"Petition for Annulment"*** or ***"Petition for Legal Separation"*** with the court. This Order is made at the direction of the Presiding Judge of the Superior Court of Arizona in Pinal County. This Order has the same force and effect as any order signed by the judge. You and your spouse **must** obey this Order. This Order may be enforced by any remedy available under the law, including an ***"Order of Contempt of Court."*** To help you understand this Order, we have provided this explanation. Read the explanation and then read the statute itself. **If you have any questions, you should contact a lawyer for help.**

EXPLANATION: (What does this Order mean to you?)

1. **ACTIONS FORBIDDEN BY THIS ORDER:** From the time the ***"Petition for Dissolution"*** (Divorce) or ***"Petition for Annulment"*** or ***"Petition for Legal Separation"*** is filed with the court, until the judge signs the Decree, or until further order of the court, both the Petitioner and the Respondent **shall not** do any of the following things:

- ✓ You may **not** hide earnings or community property from your spouse, **AND**
- ✓ You may **not** take out a loan on the community property, **AND**
- ✓ You may **not** sell the community property or give it away to someone, **UNLESS** you have the written permission of your spouse or written permission from the court. The law allows for situations in which you may need to transfer joint or community property as part of the everyday running of a business, or if the sale of community property is necessary to meet necessities of life, such as food, shelter, or clothing, or court fees and attorney fees associated with this action. If this applies to you, you should see a lawyer for help, **AND**
- ✓ Do **not** harass or bother your spouse or the children, **AND**
- ✓ Do **not** physically abuse or threaten your spouse or the children, **AND**
- ✓ Do **not** take the minor children, common to your marriage, out of the State of Arizona for any reasons, without a written agreement between you and your spouse or a Court Order, **before** you take the minor children out of the State.

- ✓ Do **not** remove, or cause to be removed, the other party or the minor children of the parties from any existing insurance coverage, including medical, hospital, dental, automobile and disability insurance. Both parties shall maintain all insurance coverage in full force and effect.

STATUTORY REQUIREMENTS: Arizona Law, A.R.S. 25-315(A) provides:

1(a). **RESTRICTIONS ON PROPERTY OF THE MARRIAGE:** That both parties are enjoined from transferring, encumbering, concealing, selling, or otherwise disposing of any of the joint, common or community property of the parties, **except** if related to the usual course of business, the necessities of life, or court fees and reasonable attorney fees associated with an action filed under this article, without the written consent of the parties or the permission of the court.

1(b). **REQUIREMENTS OF BEHAVIOR:** That both parties are enjoined from molesting, harassing, disturbing the peace, or committing an assault or battery on, the person of the other party or any natural or adopted child of the parties.

1(c). **RESTRICTIONS ABOUT YOUR MINOR CHILDREN:** That both parties are enjoined from removing any natural or adopted minor child(ren) of the parties, then residing in Arizona, from the jurisdiction of the court without the prior written consent of the parties or the permission of the court.

1(d). **RESTRICTIONS ABOUT INSURANCE:** That both parties are enjoined from removing, or causing to be removed, the other party or the minor children of the parties from any existing insurance coverage, including medical, hospital, dental, automobile and disability insurance. Both parties shall maintain all insurance coverage in full force and effect.

2. **EFFECTIVE DATE OF THIS ORDER:** This Order is effective against the person who filed for divorce, annulment, or legal separation (the Petitioner) when the Petition was filed with the court. It is effective against the other party (the Respondent) when it is served on the other party, or on actual notice of the Order, whichever is sooner. This Order shall remain in effect until further order of the court, or the entry of a Decree of Dissolution, Annulment, or Legal Separation.

3. **ORDER TO PETITIONER:** You **must** serve a copy of this Order upon the Respondent, along with a copy of the Petition for Dissolution, Annulment or Legal Separation, the Summons, and other required court papers.

4. **WARNING:** This is an official Court Order. If you disobey this Order, the court may find you in contempt of court. You may also be arrested and prosecuted for the crime of interfering with judicial proceedings and any other crime you may have committed by disobeying this Order.

5. **LAW ENFORCEMENT:** You or your spouse may file a certified copy of this Order with your local law enforcement agency. You may obtain a certified copy from the Clerk of the Court that issues this Order. If any changes are made to this Order and you have filed a certified copy of this Order with your local law enforcement agency, you **must** notify them of the changes.

6. **DESCRIPTION OF THE PARTIES:**

Petitioner:
Name: _____ Gender: ☐ Male ☐ Female
Height: _____ Weight: _____
Date of Birth: _____

Respondent:
Name: _____ Gender: ☐ Male ☐ Female
Height: _____ Weight: _____
Date of Birth: _____

GIVEN UNDER MY HAND AND SEAL OF THE COURT _____
Date

Amanda Stanford
Clerk of the Superior Court

By _____
Deputy Clerk

Name of Person Filing: _____
Telephone Number: _____
Email Address: _____
ATLAS Number (if applicable) _____
☐ Representing Self (No Attorney) or ☐ Represented by Attorney
If Attorney, Bar Number: _____

SUPERIOR COURT OF ARIZONA
PINAL COUNTY

_____
Name of Petitioner

CASE NUMBER: _____

SENSITIVE DATA SHEET
(CONFIDENTIAL RECORD)

_____
Name of Respondent

HONORABLE: _____

Fill out. File with Clerk of Court. Social Security Numbers should appear on this form only and should be omitted from other court forms. Access Confidential pursuant to A.R.F.L.P. 43(G)(1).

A.	Personal Information:	Petitioner	Respondent
	Name		
	Gender	☐ Male or ☐ Female	☐ Male or ☐ Female
	Date of Birth (Month/Day/Year)		
	Social Security Number		
	Driver's License Number		

WARNING: DO NOT INCLUDE MAILING ADDRESS ON THIS FORM IF REQUESTING ADDRESS PROTECTION

Mailing Address		
City, State, Zip Code		
Contact Phone		
Email Address		
Current Employer Name		
Employer Address		
Employer City, State, Zip Code		
Employer Telephone Number		
Employer Fax Number		

B. Child(ren) Information:

Child Name	Gender	Child Social Security Number	Child Date of Birth

Clerk of Court Issued:

***For Court Use Only. NOT Public Record. Do NOT Provide A Copy Of This Document To The Other Party.**

Arizona Superior Court, Pinal County
Family Court Cover Sheet

CASE NUMBER **DO 2** _____ ATLAS NUMBER(S) _____	Judge _____

PETITIONER'S NAME AND ADDRESS	**RESPONDENT'S NAME AND ADDRESS**
Name: Address: City/State/Zip: Phone Number: Email Address: DOB:	Name: Address: City/State/Zip: Phone Number: Email Address: DOB:
PETITIONER'S ATTORNEY Name/State Bar #: Address: City/State/Zip: Phone Number:	**EMERGENCY ORDER SOUGHT** ☐ Order of Protection ☐ Temporary Order ☐ Other _____ (Specify)
Do you or the other party need an interpreter? ☐ Yes ☐ No If yes, what language: _____	FEES: ☐ PAID ☐ NOT PAID - REASON ☐ Political Subdivision/Government Agency ☐ Deferred ☐ Waived

ACTION REQUESTED: Check Only One Box

DISSOLUTION (Divorce)
- ☐ With Children
- ☐ Without Children

- ☐ Legal Separation
- ☐ Paternity/Maternity
- ☐ Annulment
- ☐ Legal Decision-Making
- ☐ Order of Protection
- ☐ Foreign Judgment
- ☐ Domesticated Decree
- ☐ Foreign Judgment for Legal Decision-Making
- ☐ Establish Support
- ☐ Habeas Corpus
- ☐ Visitation
- ☐ Emergency Order of Protection
- ☐ Other _____ (Specify)

I receive or have received public assistance which may include AFDC, TANF, or AHCCS for my child(ren) or me.

☐ Yes ☐ No

I have a case with the Division of Child Support Enforcement.

☐ Yes ☐ No

If yes, list the case number(s)

_____

Do you currently have ANY other Pinal County Superior Court cases?

☐ Yes ☐ No

If yes, list the case number(s)

_____

Have you ever had ANY other Pinal County Superior Court cases?

☐ Yes ☐ No

If yes, list the case number(s)

_____

PETITIONER'S DECLARATION OF INFORMATION FOR CONCILIATION COURT

The wife is pregnant: ☐ Yes ☐ No

The respondent is being served by publication: ☐ Yes ☐ No

Please enter the number of children under the age of 18 of either or both parties who are in Legal Decision-Making of either or both parties: _____

NAMES OF MINOR CHILDREN & DATE OF BIRTH:	**NAMES OF MINOR CHILDREN & DATE OF BIRTH:**

There is an agreement as to the parenting arrangements of the minor children: ☐ Yes ☐ No

To the best of my knowledge, all information is true and correct.

_____

Attorney / Pro Per Signature ***(If no attorney, your signature is required)***

NOTICE

Effective September 8, 1992 and pursuant to Superior Court (Pinal County), Administrative Order No. 92-15, the Superior Court requires that a "Cover Sheet", which categorizes the cause of action, accompany any new action filed with the Superior Court in Pinal County. **PLEASE DO NOT INCLUDE THIS FORM WITH CASES THAT HAVE ALREADY BEEN FILED.** This form can only be processed **at the time of filing** New Complaints and Petitions.

Revised 6/22/09

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
PINAL COUNTY

_____

Name of Petitioner

_____

Name of Respondent

CASE NUMBER: DO _____

(Leave Blank)

PETITION FOR DISSOLUTION OF A NON-COVENANT MARRIAGE (DIVORCE) WITH MINOR CHILDREN

HONORABLE: _____

(Leave Blank)

SERVICE BY PUBLICATION:

If Respondent is served by publication and is not personally served, this Court may be unable to make a legal order with respect to issues of child support, medical and dental insurance, payments, expenses for the minor child(ren), community property or debt, or spousal maintenance/support. The Court reserves jurisdiction until personal service is made upon Respondent to consider the maintenance/support of either spouse, the disposition of community property or debts, child support, and any other relief requested in the Petition or orders deemed necessary by the court.

GENERAL INFORMATION

Information about me, the Petitioner:

Name: _____

Address: _____

Date of Birth: _____

Job Title: _____

How long you have lived in Arizona: _____

Information about my spouse, the Respondent:

Name: _____

Address: _____

Date of Birth: _____

Job Title: _____

How long the Respondent has lived in Arizona: _____

Information about my marriage:

Date of Marriage: _____

Location of Marriage: _____

THIS IS A PETITION FOR A FINAL
"DECREE OF DISSOLUTION OF MARRIAGE WITH MINOR CHILDREN."

This Court has jurisdiction over the parties under the law, and the provisions of this Petition are fair and reasonable under the circumstances and are in the best interests of the minor child(ren) as to legal decision-making, parenting time, and support.

***These statements (1-3) must be true and the boxes must be checked for your case to proceed using this paperwork.**

1. ***90 Day Requirement**
   ☐ At the time this action is filed, the Petitioner and/or the Respondent has lived in Arizona for more than 90 days, or had been stationed in Arizona while a member of the United States Armed Forces for more than 90 days.

2. ***Conciliation Court**
   You may request a free meeting with yourself, the other party and a counselor to determine if divorce is the right decision for you. You do not need the other party's consent to request this meeting. Please contact Family Services of Conciliation Court at 520.866.7349 for more information.
   ☐ We have tried to resolve our problems through Conciliation Services OR going to Conciliation Services would not work.

3. ***Irretrievably Broken**
   ☐ The marriage is irretrievably broken and there is no hope of reconciliation.

4. **Covenant Marriage**
   ☐ The marriage is **NOT** a covenant marriage.
   ☐ The marriage is a covenant marriage. (See Arizona Revised Statutes 25-901 and following).

5. **Pregnancy**
   ☐ Neither spouse is pregnant.
   ☐ Wife is pregnant and the other party **is** the natural father of the child.
   ☐ Wife is pregnant and the other party **is not** the natural father of the child.

6. Paternity

INSTRUCTIONS: If any of the minor children, common to the parties, were born **BEFORE** your marriage, check the box and list the name(s) and date of birth(s) of those children. If all of your children were born during the marriage, skip this question and continue to #7.

☐ Husband is the natural father of the following child(ren) born to the parties **BEFORE** the marriage:

Name(s)	Date of Birth(s)
_____	_____
_____	_____
_____	_____
_____	_____

7. Domestic Violence

INSTRUCTIONS: Domestic violence may affect a request for legal decision-making. Check the relevant box below.

☐ Domestic violence has not occurred during this marriage.
☐ Significant domestic violence occurred during this marriage.
☐ Domestic violence has occurred during this marriage. Even though domestic violence has occurred, it was not significant or committed by both parties and joint legal decision-making is in the best interest of the minor child(ren) because:

_____

_____

8. Substance Abuse

INSTRUCTION: Substance abuse may affect a request for legal decision-making. Check the relevant boxes below.

☐ Neither party has abused drugs or alcohol or has been convicted of a drug offense or drug violation within the twelve months before the Petition was filed.
☐ Petitioner has abused drugs or alcohol or has been convicted of a drug offense or drug violation within the twelve months before the Petition was filed.
☐ Respondent has abused drugs or alcohol or has been convicted of a drug offense or drug violation within the twelve months before the Petition was filed.

9. Minor Children

INSTRUCTIONS: List **all** children under the age of 18 that are common to you and the other party. Here, it does not matter whether they were born before or during the marriage. List all addresses where the child(ren) have lived within the past six months. Use and attach additional pages if necessary.

Child's Name: _____ Birth Date: _____

Addresses for the last 6 months:

Address:_____ Length of time at address _____

Address:_____ Length of time at address _____

Child's Name: _____ Birth Date: _____

Addresses for the last 6 months:

Address:_____ Length of time at address _____

Address:_____ Length of time at address _____

Child's Name: _____ Birth Date: _____

Addresses for the last 6 months:

Address:_____ Length of time at address _____

Address:_____ Length of time at address _____

Child's Name: _____ Birth Date: _____

Addresses for the last 6 months:

Address:_____ Length of time at address _____

Address:_____ Length of time at address _____

10. Spousal Maintenance: Money paid from one spouse to the other spouse after the divorce, also known as alimony.

INSTRUCTIONS: Check the box if you do not want either spouse to receive spousal maintenance.
☐ Neither party is entitled to spousal maintenance

INSTRUCTIONS: If you want the other party to pay you spousal maintenance, check the box that says "Petitioner". If you want to pay the other party spousal maintenance, check the box that says "Respondent".
☐ **Petitioner OR** ☐ **Respondent** is entitled to spousal maintenance because s/he

INSTRUCTIONS: You must also check at least one of the following four boxes explaining why spousal maintenance is appropriate.
☐ Lacks sufficient property, including given to him or her as part of this divorce, to provide for his or her reasonable needs.
☐ Is unable to be self-sufficient through appropriate employment or is the custodian of a child whose age or condition is such that the custodian should not be required to seek employment outside the home or lacks earning ability in the labor market adequate to be self-sufficient.
☐ Contributed to the educational opportunities of the other spouse.
☐ Had a marriage of long duration and is of an age that may preclude the possibility of gaining employment adequate to be self-sufficient.

11. Child Support Deviation

INSTRUCTIONS: Within this packet you will find a child support calculator form for the Parent's Worksheet. You must fill out the child support calculator entry form online; there are instructions in this packet. **Fill this section out ONLY if you want a different amount of child support than is given on the child support calculator.**

- First, fill in the amount the child support calculator gives.
- Second, give reasons why the amount of child support should be different.
- Third, fill in the amount of child support that should be ordered.

The amount of child support based on the Parent's Worksheet for Child Support is $_____, however, this amount is inappropriate or unjust and not in the best interest of the child(ren) because

_____

The amount of child support should be $_____.

REQUESTS THE COURT TO ORDER

1. Marriage is Dissolved

☐ The marriage of the parties is dissolved and the parties are restored to the legal status of single persons.

2. Parenting Plan

☐ There is a parenting plan filed with this Petition, which addresses parenting time and legal decision-making.

3. Name Change *Optional*

INSTRUCTIONS: Check this box only if you want to use your maiden or former name. If you check the box, also check the box next to whoever is changing his or her name, either Petitioner or Respondent. In the first blank, write out the complete married name, including the middle name. In the second blank, write out the complete maiden name/former name.

☐ The name of the ☐ Petitioner **OR** ☐ Respondent, whose complete married name is:

_____

is restored to: (List the complete legal name or maiden name as before the marriage)

_____

Children's Names *Optional*

INSTRUCTIONS: If you are requesting to change your child(ren)'s last name(s), list each child's current legal name and the new name you are requesting.

The names of one or more of the minor children shall be changed as follows:

Current Legal Name	**New Name**
_____	_____
_____	_____
_____	_____

4. Financial Information Exchanges

INSTRUCTIONS: Under Arizona law it is REQUIRED that parties with minor children exchange financial information every 24 months.

The parties shall exchange financial information (tax returns, spousal affidavits, earning statements and/or other related financial statements) every twenty-four months.

5. Child Support

INSTRUCTIONS: Tell the court who should pay child support by checking either Petitioner or Respondent. On the space provided, enter the amount calculated on the Parent's Worksheet for Child Support OR the amount previously requested on #11. Choose whether you want the child support payments to begin the month after the Decree is signed by a judge or on a previous date.

☐ Petitioner **OR** ☐ Respondent shall pay child support to the other party in the amount of $_____ per month, beginning

☐ the month following the date the Decree is signed by the judge
OR
☐ _____ (date)

until further Order of the court. Child Support is based on the information in the Parent's Worksheet for Child Support calculated pursuant to the Arizona Child Support Guidelines. All child support payments shall be made by wage assignment (if applicable) through the Support Payment Clearinghouse, and must include the statutory fee by the Income Withholding Order or the Order of Assignment.

☐ Neither party shall pay child support until further Order of the court.

6. Medical, Dental, and Vision Insurance for Minor Children

INSTRUCTIONS: Tell the court who should be paying for medical, dental, and vision insurance for the children.

Petitioner is responsible for providing: Insurance. ☐ Medical ☐ Dental ☐ Vision

Respondent is responsible for providing: Insurance. ☐ Medical ☐ Dental ☐ Vision

☐ The child(ren) are on AHCCCS. Both parents are responsible for providing medical insurance for the minor children as soon as it becomes accessible and available at a reasonable cost, as neither parent currently has the ability to obtain such insurance.

The party 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.

7. Uncovered Medical, Dental, and Vision Expenses

INSTRUCTIONS: Tell the court who will pay for medically necessary (as defined by Internal Revenue Service Publication 502) uncovered medical, dental, and vision expenses such as co-pays. You can request that each party pays a percentage of any uncovered medical expenses or that you each pay in proportion to your respective incomes.

All reasonable uncovered and/or uninsured medical, dental, vision care, prescription and other health care charges for the minor child(ren), including co-payments shall be allocated as follows:

☐ Petitioner and Respondent are to pay in proportion to their respective incomes according to the child support calculator.
OR
☐ **Petitioner** to pay _____%
☐ **Respondent** to pay _____%

8. Tax Exemptions

INSTRUCTIONS: The child support calculator provides guidelines regarding who should claim the child(ren) as tax exemptions each year. If you wish to deviate from these guidelines check the "other" box and write in what you are requesting.

The parents shall claim the child(ren) as income tax dependency exemptions on federal and state tax returns as follows:
☐ Petitioner OR ☐ Respondent will claim the children every year.
☐ Petitioner OR ☐ Respondent will claim the children every odd year.
☐ Petitioner OR ☐ Respondent will claim the children every even year.
☐ Other:
_____
_____
_____

☐ The parent required to pay child support is only entitled to claim the child(ren) as an income tax dependency exemption if that parent has paid all of the child support due and owing for the year.

9. Spousal Maintenance

INSTRUCTIONS: Earlier in the Petition you told the court whether or not one of the parties should receive spousal maintenance from the other party. Here, you tell the court how much per month and for how long that spouse should receive spousal maintenance or if neither party should pay spousal maintenance to the other party.

☐ Neither party to pay spousal maintenance to the other party.
OR
☐ Petitioner shall receive spousal maintenance from Respondent in the amount of $_____
per month and the payments to continue until the receiving party is remarried or deceased.
OR
☐ Petitioner shall receive spousal maintenance from Respondent in the amount of $_____
per month and the payments to continue until the receiving party is remarried or deceased or for _____ months, whichever comes first.
OR

☐ Respondent shall receive spousal maintenance from Petitioner in the amount of $_____ per month and the payments to continue until the receiving party is remarried or deceased.
OR
☐ Respondent shall receive spousal maintenance from Petitioner in the amount of $_____ per month and the payments to continue until the receiving party is remarried or deceased or for _____ months, whichever comes first.

INSTRUCTIONS: Do you want either the other party or yourself to be able to modify spousal maintenance in the future? If so, check the first box. If not, check the second box.

☐ Spousal maintenance shall be modified in accordance with Arizona law.
☐ Spousal maintenance shall NOT be modifiable for any reason.

10. Debt

INSTRUCTIONS: You must identify all of your debt as either community debt or separate debt. **Community debts** are debts that you or the other party incurred during the marriage. **Separate debts** are debts that you or the other party incurred before the marriage.

a. Community Debt: Community debts are debts incurred by either party during the marriage. You should see a lawyer about how to divide secured and unsecured debts. Community debts shall be divided as follows:

INSTRUCTIONS: Check this box if you do not have any community debt.

☐ My spouse and I do not have any community debts.

INSTRUCTIONS: Check this box if you have community debt. List all community debts, the total owed, and the amount OR percentage to be paid by each party. If you need more space attach an additional sheet of paper and check the box "The list continues on attached page."

☐ My spouse and I have community debts which shall be divided as follows:

Creditor Name	Amount Owed	Amount or Percent to be paid by Petitioner	Amount or Percent to be paid by Respondent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

☐ The list continues on attached page.
☐ Petitioner is ordered to pay all debts unknown to Respondent.
☐ Respondent is ordered to pay all debts unknown to Petitioner.

☐ Each party is ordered to pay his or her debts incurred since (date) _____.
☐ Any debts or obligations incurred by either party before the date of separation, that are not identified in the list above or attached, shall be paid by the party who incurred the debt or obligation and that party shall indemnify and hold the other party harmless from such debts.

b. Separate Debt: Separate debts are debts incurred before the marriage. Check ONLY one of the three boxes. If you check the last box, list your separate debts, the total owed, and the amount or percentage to be paid by each party. Separate debts shall be divided as follows:

☐ Neither my spouse nor I have any separate debt.
☐ My spouse and/or I have separate debts and Husband must pay his separate debt and Wife must pay her separate debt.
☐ My spouse and/or I have separate debts and they shall be divided as follows:

Creditor Name	Amount Owed	Amount or Percent to be paid by Petitioner	Amount or Percent to be paid by Respondent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Property

***IMPORTANT*: If there is a piece of property with a debt attached such as a car with a loan, you must list the property under "Property" and the debt under "Debt".**

INSTRUCTIONS: You must identify all of your property as either community property or separate property. **Community property** is property that you acquired during the marriage, but was not gifted to either you or the other party and that was not inherited. **Separate property** is property that you acquired before the marriage, property that was gifted to either you or the other party, or that was inherited.

a. Community Property: Community Property is property that was acquired during the marriage, which was not gifted to one party or inherited. Community Property shall be divided as follows:

☐ My spouse and I did not acquire any community property during the marriage.
OR
☐ My spouse and I acquired community property during the marriage and it should be divided as follows:
Include vehicles on this list.

Description of Property	Awarded to Petitioner	Awarded to Respondent	Value
_____	☐	☐	$_____
_____	☐	☐	$_____
_____	☐	☐	$_____
_____	☐	☐	$_____
_____	☐	☐	$_____
_____	☐	☐	$_____
_____	☐	☐	$_____
_____	☐	☐	$_____
_____	☐	☐	$_____
_____	☐	☐	$_____

☐The list continues on attached page.

b. Separate Property: Separate property is property acquired before the marriage, property that was gifted to one party, or that was inherited. Separate Property to be divided as follows:

☐ My spouse and I do not have separate property.
☐ My spouse and/or I have separate property and each party shall be awarded his or her own separate property.
☐ My spouse and/or I have separate property, which shall be divided as follows:

Description of Property	Awarded to Petitioner	Awarded to Respondent	Value
_____	☐	☐	$_____
_____	☐	☐	$_____
_____	☐	☐	$_____
_____	☐	☐	$_____

c. Real Property: Real property is the house and land you own. You can ask the court to give you the home, to give the home to the other party, or to sell the home and divide any loss or proceeds. Write the complete address of the property under "real property located at". Most property has a legal description such as "LOT 77, PINE TREE ACRES, according to Book 111 of Maps" which appears on your deed papers. You should use this description. A cemetery plot is considered real property.

☐ My spouse and I do not have real property.

☐ My spouse and I have real property located at: _____ valued at approximately $_____. The legal description of the property is (this information is needed prior to an order being entered regarding real property):

_____

☐ The real property shall be sold and any loss or proceeds divided with Petitioner being awarded _____% and Respondent being awarded _____%.
☐ The real property shall be awarded to Petitioner.
☐ The real property shall be awarded to Respondent.
☐ The party being awarded the real property will refinance the real property solely in his or her name on or before _____ (insert date). If unsuccessful, the real property will be _____
_____

INSTRUCTIONS: Complete only if there is a second property.

☐ My spouse and I do not have additional real property.
☐ My spouse and I have additional real property located at: _____ valued at approximately $_____. The legal description of the property is (this information is needed prior to an order being entered regarding real property):

_____

☐ The real property shall be sold and any loss proceeds divided with Petitioner being awarded _____% and Respondent being awarded _____%.
☐ The real property shall be awarded to Petitioner.
☐ The real property shall be awarded to Respondent.
☐ The party being awarded the real property will refinance the real property solely in his or her name on or before _____ (insert date). If unsuccessful, the real property will be _____
_____.

d. Retirement:

WARNING: You should see a lawyer about your retirement accounts. If you do not see a lawyer regarding these assets, you risk losing any interest you have in these plans and/or benefits. There are certain documents the plan administrator must have. It is recommended that you consult with a lawyer to help you prepare these documents.

INSTRUCTIONS: A retirement account is considered property. Any part of the retirement that grew during the marriage is community property. Any part of the retirement that existed before the marriage, is separate property. You do not need to list the retirement under “Property” if you list it here.

IMPORTANT: If you want to divide the retirement account(s) you must see an attorney about a document called a Qualified Domestic Relations Order (QDRO) or a Court Order Acceptable for Processing (COAP). A QDRO or a COAP is a very specialized legal document. It is recommended that you seek professional assistance to prepare the QDRO or COAP. Do not have this done until a judge signs your Decree.

☐ Neither party has a retirement account.

☐ Each party **waives and gives** up his/her interest in any and all retirement benefits, pension plans, or other deferred compensation of the other party.

☐ Divide retirement accounts as follows:

_____

_____

12. Taxes

INSTRUCTIONS: This question is asking how you and the other party have filed taxes during the time you were married.

a. For **previous** calendar years, pursuant to IRS rules and regulations, the parties have filed or will file:

INSTRUCTIONS: If you and the other party ever filed jointly, check this box and list the tax years you filed jointly.
☐ Joint federal and state income tax returns for (years) _____and hold each other harmless from half of all income taxes and costs, if any, and each party will share equally in tax refunds, if any.

INSTRUCTIONS: If you and the other party ever filed separately, check this box and list the tax years you filed separately.
☐ Separate federal and state income tax returns for (years) _____.

☐ Other: _____

☐ This calendar year and continuing thereafter, each party will file separate federal and state income tax returns.

Each party shall give the other party all necessary documentation to file all tax returns, unless that information is protected.

Other information and request(s) regarding taxes:

_____

_____

13. Other Requests:

INSTRUCTIONS: Use this space to ask the court for anything that you want the court to do but have not asked for yet.

_____

_____

_____

_____

OATH OR AFFIRMATION AND VERIFICATION:
I swear or affirm that the information on this document is true and correct under penalty of perjury.

_____ _____
Date **Signature**

State of Arizona)
)
County of _____)

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20 _____
(Day) (Month) (Year)

by _____
(Name of Signer)

_____ _____
(Affix notary seal here) **Notary Public** (Notary's Signature)

Revised 02.19.16

SERVICE
OF COURT PAPERS
FAMILY COURT CASES ONLY

(When Parties AGREE to all terms of the Divorce)

PINAL COUNTY

HOW TO SERVE NOTICE AS
REQUIRED OR PERMITTED BY LAW

STEP 2

(Please complete step two before proceeding to the next step)

INSTRUCTIONS AND FORMS

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

HOW TO SERVE COURT PAPERS ON THE OTHER PARTIES

TABLE OF CONTENTS

This packet contains general information, court forms, instructions and procedures for ***serving*** court papers, delivering court papers as permitted or required by law. Use **only** the forms that apply to the method of service you have chosen. Do **NOT** copy or file information, instruction or procedures pages with the Court.

Order	Title	# of Pages
1	Table of Contents (this page)	1
2	Family Court Acceptance of Service	3
3	How to Serve the Other Party by Certified Mail	1
4	Affidavit Supporting Service by Certified Mail	2

You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

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
PINAL COUNTY

_____
Name of Petitioner

CASE NUMBER: DO2

FAMILY COURT
ACCEPTANCE OF SERVICE
A.R.F.L.P. RULE 40

_____
Name of Respondent

HONORABLE: _____

Check the box to indicate each document you received. Do **not** check the box unless you received the document listed beside it. If your case is not one of the types listed, list the type of case and the documents you received from the other party under "Other Type Case" on the next page.

1. BY SIGNING THIS DOCUMENT, I STATE UNDER OATH OR AFFIRMATION THAT I HAVE RECEIVED AND ACCEPTED THE LEGAL PAPERS INDICATED (CHECKED) **BELOW**

DIVORCE (OR ANNULMENT)
WITH CHILDREN

- ☐ Petition
- ☐ Summons
- ☐ Preliminary Injunction
- ☐ Health Insurance Notice
- ☐ Parent Info. Program Notice
- ☐ Notice to Creditors
- ☐ Affidavit Regarding Minor Children
- ☐ Parenting Plan
- ☐ Child Support Worksheet

LEGAL SEPARATION
WITH CHILDREN

- ☐ Petition
- ☐ Summons
- ☐ Preliminary Injunction
- ☐ Health Insurance Notice
- ☐ Parent Info. Program Notice
- ☐ Notice to Creditors
- ☐ Affidavit Regarding Minor Children
- ☐ Parenting Plan
- ☐ Child Support Worksheet

TEMPORARY ORDERS

- ☐ Motion for Temporary Order
- ☐ Order to Appear
- ☐ Temporary Orders
- ☐ Affidavit of Financial Info.
- ☐ Child Support Worksheet
- ☐ Parenting Plan

DIVORCE (OR ANNULMENT)
WITHOUT CHILDREN

- ☐ Petition
- ☐ Summons
- ☐ Preliminary Injunction
- ☐ Health Insurance Notice
- ☐ Notice to Creditors

LEGAL SEPARATION
WITHOUT CHILDREN

- ☐ Petition
- ☐ Summons
- ☐ Preliminary Injunction
- ☐ Health Insurance Notice
- ☐ Notice to Creditors

PATERNITY (TO ESTABLISH)

- ☐ Petition
- ☐ Summons
- ☐ Parent Info. Program Notice
- ☐ Affidavit Regarding Minor Children
- ☐ Parenting Plan
- ☐ Child Support Worksheet

CHILD LEGAL DECISION-MAKING, PARENTING TIME, SUPPORT
(to establish when paternity already *legally* established)
☐ Petition
☐ Summons
☐ Parent Info. Program Notice
☐ Affidavit Regarding Minor Children
☐ Parenting Plan
☐ Child Support Worksheet

CHILD SUPPORT
(to establish when paternity already *legally* established)
☐ Petition
☐ Order to Appear
☐ Child Support Worksheet

ENFORCEMENT
☐ Petition ☐ Order to Appear

MODIFY CHILD SUPPORT 15% OR MORE
("Simplified Mod")
☐ Petition to Modify
☐ Parents Worksheet for Child Support
☐ Blank Request for Hearing

MODIFY SPOUSAL MAINTENANCE *OR* SPOUSAL *AND* CHILD SUPPORT ("Standard Mod")
☐ Petition to Modify Support Order
☐ Order to Appear
☐ Affidavit of Financial Information

MODIFY CHILD SUPPORT ("Standard Mod")
☐ Petition to Modify Child Support – Std. Process
☐ Affidavit of Financial Information
☐ Order to Appear

MODIFY CHILD LEGAL DECISION-MAKING &/OR PARENTING TIME AND SUPPORT
☐ Petition to Modify
☐ Parents' Worksheet for Child Support
☐ Notice of Filing for Modification of Legal decision-making
☐ Affidavit Regarding Minor Children

STOP ORDER OF ASSIGNMENT/ INCOME WITHHOLDING ORDER
☐ Petition to Stop Order of Assignment
☐ Blank Request for Hearing

MODIFY (Change) **ORDER OF ASSIGNMENT/ INCOME WITHHOLDING ORDER**
☐ Petition to Modify Order of Assignment
☐ Blank Request for Hearing

LIST OTHER CASE TYPE HERE: (Example: "Annulment") _____
(Below, list name of each document you received: Example: "Petition for Annulment", "Summons", etc.)

_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

2. **ACCEPT AND WAIVE FORMAL SERVICE.** I waive formal service of process by a process server or sheriff. I understand accepting these papers is the same as if I were personally served under Arizona Law [A.R.F.L.P. Rule 40 (F)]

3. **RESPONSE DEADLINE.** I am aware that accepting service of these court papers and signing this paper does not affect my right or obligation to file a written Response or Answer to this action if I do not agree with any relief asked for in the Petition. I understand I must Respond or Answer within **20** days from the day I signed the original of this Acceptance of Service if I accepted service in Arizona, or **30** days if I received the papers somewhere other than in Arizona.

4. **DEFAULT JUDGMENT, ORDER OR DECREE.** I understand that if I do not appear and defend in this action in court, within the time allowed by law, that I may lose my right to be heard in this case. I understand that failure to Respond or Answer could result in the court giving the other party any and all things requested in his or her legal papers, through a Default Judgment, Order or Decree.

5. RESTORE NAME. (ONLY in Divorce, Legal Separation or Annulment Cases.)

My complete married name is: (Complete ONLY if you want to change your name)

_____

I want my legal name restored to: (List complete maiden name or legal name before this marriage)

_____

BY SIGNING BELOW, I swear or affirm that I have read and understand the contents of this document and that I have received and accepted the legal documents indicated above.

_____ _____

Date **Signature**

State of Arizona)
)
County of _____)

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20 _____
(Day) (Month) (Year)

by _____
(Name of Signer)

_____ _____

(Affix notary seal here) **Notary Public** (Notary's Signature)

PROCEDURES

How to Serve Court Papers by Certified Mail

USE THIS PROCEDURE ONLY after you have filed your papers with the court.

STEP 1: **GO TO THE POST OFFICE** and tell the clerk you would like to mail the other party a letter as follows:

- Certified Mail, and
- Deliver to Addressee Only, and
- Restricted Delivery, and
- Return Receipt Requested, and
- Pay the postage.

STEP 2: **WAIT** for green receipt to be returned with the other party's signature. When you get the green receipt, note the date the other party received and signed for the papers.

STEP 3: **PAPERS FOR THE COURT**

- **COMPLETE:** Original of ***"Affidavit of Service by Certified Mail."*** Fill in *ALL* information requested on the form before proceeding. Be sure you fill in the date the other party received the papers. If you are unsure of the date, use the date you received the return receipt card. If you fail to list a date, the court may not process your papers and your case may be delayed.

- **ATTACH:** You must attach the original green receipt to the Affidavit to prove how you served the other party.

- **COPY:** Make yourself a copy of the ***"Affidavit of Service by Certified Mail"*** and a copy of the green receipt to keep for your files.

STEP 4: **FILE PAPERS WITH THE COURT.** File the Original ***"Affidavit of Service by Certified Mail"*** and the original green receipt with the Clerk of the Court.

STEP 5: **COUNT.** Note the date the other party was served the papers and start counting the days the other party has to file a Response or Answer. (When counting the days, start counting with the day **after** the other party signed the green receipt.)

DO NOT BRING CHILDREN TO COURT

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
PINAL COUNTY

_____
Name of Petitioner

CASE NUMBER: DO2

AFFIDAVIT OF SERVICE BY CERTIFIED MAIL

_____
Name of Respondent

HONORABLE: _____

1. I am familiar with the facts stated in this Affidavit, and I make this Affidavit to show that I have served the court papers on the other party by certified mail, postage prepaid, return receipt requested, pursuant to Arizona Rules of Civil Procedure, Rule 4.2(c).

Person served (name of other party): _____

Address where other party was served: _____

_____

Date of receipt by the other party: _____ ***Date of return of receipt to sender:*** _____

2. The following documents were sent to the other party by certified mail **(List all of the documents sent to the other party):**

_____

_____

These court papers were received by the other party as shown by the ***original RETURN*** receipt that is attached to this Affidavit.

_____ _____
Date **Signature**

State of Arizona)
)
County of _____)

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20 _____
(Day) (Month) (Year)

by _____
(Name of Signer)

_____ _____
(Affix notary seal here) **Notary Public** (Notary's Signature)

ATTACH THE ORIGINAL MAIL RETURN RECEIPT HERE

Revised 05.04.16

CONSENT DECREE

FOR DIVORCE OF MARRIAGE WITH CHILDREN

(When Parties AGREE to all terms of the Divorce)

PINAL COUNTY

NON-COVENANT MARRIAGE

To Get A Divorce Order/Consent Decree

STEP 3

(Please complete step three before proceeding to the next step)

INSTRUCTIONS AND FORMS

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

CONSENT DECREE FOR DISSOLUTION
FOR A NON-COVENANT MARRIAGE WITH CHILDREN

This packet contains court forms and instructions to get a decree of divorce for a non-covenant marriage with children. The documents should appear in order as follows.

Order	Title	# of Pages
1	Table of Contents (this page)	1
2	What the Decree Means & Utilizing a Consent Decree	1
3	Procedures: How to file a Consent Decree	2
4	Consent Decree of Dissolution with Children	13
5	Child Support Order	6
6	Income Withholding for Support (Instructions and Forms)	12
7	Parenting Plan	9

You have permission to use these documents for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

Decree of Dissolution (Divorce) For a Non-Covenant Marriage with Minor Children

What the Decree Means to You. The Decree is the Court Order that legally ends your marriage. The Decree, once the judge or commissioner has signed it, is important because it determines the rights and responsibilities of both you and your ex-spouse. It tells the parties what they can and cannot do. If either party does not do what the Decree tells him/her to do, then the other party may ask the court for help. **This is a very important document.** Once it has been signed by the judge, your rights and responsibilities are affected forever.

Failure to do what the Decree tells you to do could get you into trouble with the court. This does not mean that the court will police whether you are following the Decree. It does mean you or your ex-spouse can request a Contempt Order or an Order to enforce parts of the Decree if you or your ex-spouse fails to do what the Decree tells you to do.

Getting Your Divorce Finalized. Before your divorce can become final, a judicial officer must sign what we call a Decree of Dissolution of Marriage. The Decree tells you who will get the property, who pays the debts, who gets Legal Decision-Making, who pays support and so forth.

Divorce by Default. If you have a Default Hearing, you must repeat as closely as possible what you requested in your Petition. You cannot mark something different in the Decree from what you asked for in the Petition, unless your spouse has provided written consent. If you try to do this, the judicial officer will not sign the Decree. If you want to change your requests to the court, you must file an amended Petition. It is a good idea to have your Petition handy when you fill out your Decree.

The Decree. Fill out the Decree before you go to your hearing or before you give it to the judge to sign. Do not fill in the judge's signature and date. If the judge disagrees with anything you have written, he or she will change it before signing the Decree.

Criteria for Utilizing a Consent Decree

- You or your spouse filed a petition for Divorce or Petition for Legal Separation **AND**,
- You do not have a "covenant" marriage **AND**,
- You and your spouse agree to all terms of the divorce or legal separation such as division of property and debt, whether there will be spousal maintenance (alimony) and if so, how much, and if there are minor children, you agree on all terms of legal decision-making, support and parenting time **AND**,
- You and your spouse will provide your notarized signatures on the "Consent Decree" to indicate your agreement on all terms; **AND**,
- If your case involves minor children, you and your spouse have attended, or will attend, the Parent Information Program before you file a Consent Decree;
- **DO NOT USE SIGN THE CONSENT DECREE PAGE (#15) IF:**

  You disagree on any terms of the divorce or legal separation

PROCEDURES

How to File a Consent Decree with the Court for Dissolution of a Non-Covenant Marriage (Divorce) – With Minor Children

IMPORTANT: **The Consent Decree must be submitted 61 days from the date of service upon the Respondent.**

STEP 1: **Complete the form – TYPE OR PRINT IN BLACK INK**

Both the Petitioner and Respondent will need to sign and date the Consent Decree in front of a Notary Public.

STEP 2: **Make 2 Copies of the document after they have been filled out and signed by a Notary Public.**

STEP 3: **SEPARATE YOUR DOCUMENTS INTO THREE (3) SETS:**

SET 1 **Originals For Clerk Of Court**

SET 2 **Copies For Spouse**

SET 3 **Copies For You**

IF YOU ARE FILING FOR DIVORCE WITH CHILDREN:

Also provide the following documents:

1. Child Support Order
2. Income Withholding Order
3. A copy of the Parenting Plan to attach to the Consent Decree

You will need to obtain two (2) appropriate sized self-addressed stamped envelopes. One envelope will need to be addressed to the Petitioner and the additional envelope will need to be addressed to the Respondent.

STEP 4: **SUBMIT THE PAPERS WITH THE CLERK OF THE SUPERIOR COURT:**

In Person:

Go to the Clerk of Court filing counters at one of the following locations: The court is open from 8:00 am - 5:00 pm, Monday-Friday. **You should go to the Court at least two hours before it closes.**

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

Mammoth Office
(Temporarily Closed)

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

*Closed for lunch between
12:00 pm – 1:00 pm

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

*Closed for lunch between
12:00 pm – 1:00 pm

By Mail: **Clerk of the Superior Court**
P.O. Box 2730
Florence, AZ 85132

STEP 5: The Consent Decree will then be sent to the Judges office for approval. If approved you will receive your final Consent Decree in the Mail.

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
PINAL COUNTY

_____
Name of Petitioner

_____
Name of Respondent

CASE NUMBER: DO_____

CONSENT DECREE OF DISSOLUTION OF MARRIAGE (DIVORCE) WITH MINOR CHILDREN

HONORABLE: _____

SERVICE BY PUBLICATION:
If Respondent was served by publication and was not personally served this Court may be unable to make a legal order with respect to issues of child support, medical and dental insurance, payments, expenses for the minor child(ren), community property or debt, or spousal maintenance/support. The Court reserves jurisdiction until personal service is made upon Respondent to consider the maintenance/support of either spouse, the disposition of community property or debts, child support, and any other relief requested in the Petition or orders deemed necessary by the court.

THE COURT FINDS:

1. This case has come before this Court for a final **"Decree of Dissolution of Marriage with Minor Children."** The Court has taken all testimony needed to enter this Decree, or the court has determined testimony is not needed to enter the Decree.

2. This Court has jurisdiction over the parties under the law, and the provisions of this Decree are fair and reasonable under the circumstances and are in the best interests of the minor child(ren) as to legal decision- making, parenting time, and support.

3. **90-Day Requirement:** At the time this action was filed, Petitioner or Respondent had lived in Arizona for more than 90 days or had been stationed in Arizona while a member of the United States Armed Forces for more than 90 days.

4. **Conciliation Court:** The provisions relating to the Conciliation Court either do not apply or have been met.

5. **Irretrievably Broken:** The marriage is irretrievably broken and there is no hope of reconciliation.

6. **Covenant Marriage:** The marriage is not a covenant marriage.

7. **Paternity:**

INSTRUCTIONS: If any of the minor children, common to the parties, were born **BEFORE** your marriage, check the box and list the name(s) and date of birth(s) of those children. If all of your children were born during the marriage, skip this question.

☐ Husband is the natural father of the following child(ren) born to the parties **BEFORE** the marriage:

Name(s)	Date of Birth(s)
_____	_____
_____	_____
_____	_____
_____	_____

8. **Domestic Violence:**

INSTRUCTIONS: Domestic violence may affect a request for legal decision-making. Check the relevant box below.

☐ Domestic violence has not occurred during this marriage.
☐ Significant domestic violence occurred during this marriage.
☐ Domestic violence has occurred during this marriage. Even though domestic violence has occurred, it was not significant or committed by both parties and joint legal decision-making is in the best interest of the minor child(ren) because:
_____
_____

9. **Substance Abuse:**

INSTRUCTION: Substance abuse may affect a request for legal decision-making. Check the relevant boxes below.

☐ Neither party has abused drugs or alcohol or has been convicted of a drug offense or drug violation within the twelve months before the Petition was filed.
☐ Petitioner has abused drugs or alcohol or has been convicted of a drug offense or drug violation within the twelve months before the Petition was filed.
☐ Respondent has abused drugs or alcohol or has been convicted of a drug offense or drug violation within the twelve months before the Petition was filed.

10. **Minor Children:**

INSTRUCTIONS: List **all** children under the age of 18 that are common to you and the other party. Here, it does not matter whether they were born before or during the marriage. List all addresses where the child(ren) have lived within the past six months. Use and attach additional pages if necessary.

Child's Name:_____ Birth Date: _____

Addresses for the last 6 months:

Address:_____

_____ Length of time at address _____

Address:_____

_____ Length of time at address _____

Child's Name:_____ Birth Date: _____

Addresses for the last 6 months:

Address:_____

_____ Length of time at address _____

Address:_____

_____ Length of time at address _____

Child's Name:_____ Birth Date: _____

Addresses for the last 6 months:

Address:_____

_____ Length of time at address _____

Address:_____

_____ Length of time at address _____

Child's Name:_____ Birth Date: _____

Addresses for the last 6 months:

Address:_____

_____ Length of time at address _____

Address:_____

_____ Length of time at address _____

11. **Spousal Maintenance:** Money paid from one spouse to the other spouse after the divorce, also known as alimony.

INSTRUCTIONS: Check this box if neither spouse will receive spousal maintenance.
☐ Neither party is entitled to spousal maintenance

INSTRUCTIONS: Check the box next to the person who will RECEIVE spousal maintenance.
☐ **Petitioner OR** ☐ **Respondent** is entitled to spousal maintenance because s/he

INSTRUCTIONS: You must also check at least one of the following four boxes explaining why spousal maintenance is appropriate.
☐ Lacks sufficient property, including given to him or her as part of this divorce, to provide for his or her reasonable needs.

☐ Is unable to be self-sufficient through appropriate employment or is the custodian of a child whose

age or condition is such that the custodian should not be required to seek employment outside the home or lacks earning ability in the labor market adequate to be self-sufficient.
☐ Contributed to the educational opportunities of the other spouse.
☐ Had a marriage of long duration and is of an age that may preclude the possibility of gaining employment adequate to be self-sufficient.

12. Child Support Deviation

INSTRUCTIONS: Within this packet you will find a child support calculator form for the Parent's Worksheet. You must fill out the child support calculator entry form online; there are instructions in this packet. **Fill this section out ONLY if the child support to be ordered is a different amount than what is given on the child support calculator.**

- First, fill in the amount the child support calculator gives.
- Second, give reasons why the amount of child support should be different.
- Third, fill in the amount of child support that should be ordered.

The amount of child support based on the Parent's Worksheet for Child Support is $_____, however, this amount is inappropriate or unjust and not in the best interest of the child(ren) because

_____

The amount of child support should be $_____.

13. Ability to Pay Child Support: The court finds that the person responsible for paying child support has the ability to pay the child support amount on the child support order attached hereto and incorporated herein.

14. Parent Information Program:
☐ Petitioner has attended the Parent Information Program class.
☐ Petitioner has not attended the Parent Information Program class and shall be denied any requested relief to enforce or modify this Decree until Petitioner has completed the class.
☐ Respondent has attended the Parent Information Program class.
☐ Respondent has not attended the Parent Information Program class and shall be denied any requested relief to enforce or modify this Decree until Respondent has completed the class.

15. Supervised or No Parenting Time:

INSTRUCTIONS: Check and complete only if supervised or no parenting time is ordered. If supervised or no parenting time is ordered, reasons must be listed.

☐ **Supervised** parenting time between the minor child(ren) and ☐ Petitioner **OR** ☐ Respondent for the following reasons:

_____

_____

☐ **No Parenting Time** by ☐ Petitioner **OR** ☐ Respondent is in the best interest of the child(ren) for the following reasons:

_____

_____

THE COURT ORDERS:

1. **Marriage is Dissolved**
   ☐ The marriage of the parties is dissolved and the parties are restored to the legal status of single persons.

2. **Parenting Time Plan**
   ☐ There is a parenting time plan attached with this Petition which addresses parenting time and legal decision-making.

3. **Name Change** *Optional*

   INSTRUCTIONS: Check this box only if you want to use your maiden or former name. If you check the box, also check the box next to whoever is changing his or her name, either Petitioner or Respondent. In the first blank, write out the complete married name, including the middle name. In the second blank, write out the complete maiden name/former name.

   ☐ The name of the ☐ Petitioner **OR** ☐ Respondent, whose complete married name is:

   _____

   is restored to: (List the complete legal name or maiden name as before the marriage)

   _____

   Children's Names *Optional*

   INSTRUCTIONS: If you are changing your child(ren)'s last name(s), list each child's current legal name and the new name you are requesting.

   The names of one or more of the minor children shall be changed as follows:

Current Legal Name	**New Name**
_____	_____
_____	_____
_____	_____

4. **Financial Information Exchanges**

   INSTRUCTIONS: Under Arizona law it is REQUIRED that parties with minor children exchange financial information every 24 months.

   The parties shall exchange financial information (tax returns, spousal affidavits, earning statements and/or other related financial statements) every twenty-four months.

5. **Child Support**

   INSTRUCTIONS: Tell the court who will pay child support by checking either Petitioner or Respondent. On the space provided, enter the amount calculated on the Parent's Worksheet for Child Support OR the amount previously requested on #11. Choose whether you want the child support payments to begin the month after this Decree is signed by a judge or on a previous date.

☐ Petitioner **OR** ☐ Respondent shall pay child support to the other party in the amount of $_____per month, beginning

☐ the month following the date this Decree is signed by the judge
OR
☐ _____ (date)

until further Order of the court. Child Support is based on the information in the Parent's Worksheet for Child Support calculated pursuant to the Arizona Child Support Guidelines attached hereto and incorporated by reference. All child support payments shall be made by wage assignment (if applicable) through the Support Payment Clearinghouse, and must include the statutory fee by the Income Withholding Order or the Order of Assignment.

☐ Neither party shall pay child support until further Order of the court.

6. Medical, Dental, and Vision Insurance for Minor Children

INSTRUCTIONS: Tell the court who will be paying for medical, dental, and vision insurance for the children.

Petitioner is responsible for providing: Insurance. ☐ Medical ☐ Dental ☐ Vision

Respondent is responsible for providing: Insurance. ☐ Medical ☐ Dental ☐ Vision

☐ The child(ren) are on AHCCCS. Both parents are responsible for providing medical insurance for the minor children as soon as it becomes accessible and available at a reasonable cost, as neither parent currently has the ability to obtain such insurance.

The party 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.

7. Uncovered Medical, Dental, and Vision Expenses

INSTRUCTIONS: Tell the court who will pay for medically necessary (as defined by Internal Revenue Service Publication 502) uncovered medical, dental, and vision expenses such as co-pays. You can request that each party pays a percentage of any uncovered medical expenses or that you each pay in proportion to your respective incomes.

All reasonable uncovered and/or uninsured medical, dental, vision care, prescription and other health care charges for the minor child(ren), including co-payments shall be allocated as follows:

☐ Petitioner and Respondent are to pay in proportion to their respective incomes according to the child support calculator.
OR
☐ **Petitioner** to pay_____%
☐ **Respondent** to pay_____%

8. Tax Exemptions

INSTRUCTIONS: The child support calculator provides guidelines regarding who should claim the child(ren) as tax exemptions each year. If you wish to deviate from these guidelines check the "other" box and write in what you are requesting.

The parents shall claim the child(ren) as income tax dependency exemptions on federal and state tax returns as follows:

☐ Petitioner OR ☐ Respondent will claim the children every year.
☐ Petitioner OR ☐ Respondent will claim the children every odd year.
☐ Petitioner OR ☐ Respondent will claim the children every even year.
☐ Other:

_____

_____

_____

The parent required to pay child support is only entitled to claim the child(ren) as an income tax dependency exemption if that parent has paid all of the child support due and owing for the year.

9. Spousal Maintenance

INSTRUCTIONS: Earlier in the Petition you told the court whether or not one of the parties should receive spousal maintenance from the other party. Here, you tell the court how much per month and for how long that spouse should receive spousal maintenance or if neither party should pay spousal maintenance to the other party.

☐ Neither party to pay spousal maintenance to the other party.

OR

☐ Petitioner shall receive spousal maintenance from Respondent in the amount of $_____ per month and the payments to continue until the receiving party is remarried or deceased. **OR**

☐ Petitioner shall receive spousal maintenance from Respondent in the amount of $_____ per month and the payments to continue until the receiving party is remarried or deceased or for _____ months, whichever comes first.

OR

☐ Respondent shall receive spousal maintenance from Petitioner in the amount of $_____ per month and the payments to continue until the receiving party is remarried or deceased. **OR**

☐ Respondent shall receive spousal maintenance from Petitioner in the amount of $_____ per month and the payments to continue until the receiving party is remarried or deceased or for ____ months, whichever comes first.

INSTRUCTIONS: Do you want either the other party or yourself to be able to modify spousal maintenance in the future? If so, check the first box. If not, check the second box.

☐ Spousal maintenance shall be modified in accordance with Arizona law.
☐ Spousal maintenance shall NOT be modifiable for any reason.

10. Debt

INSTRUCTIONS: You must identify all of your debt as either community debt or separate debt. **Community debts** are debts that you or the other party incurred during the marriage. **Separate debts** are debts that you or the other party incurred before the marriage.

a. **Community Debt:** Community debts are debts incurred by either party during the marriage. You should see a lawyer about how to divide secured and unsecured debts. Community debts shall be divided as follows:

INSTRUCTIONS: Check this box if you do not have any community debt.
☐ My spouse and I do not have any community debts.

INSTRUCTIONS: Check this box if you have community debt. List all community debts, the total owed, and the amount OR percentage to be paid by each party. If you need more space attach an additional sheet of paper and check the box "The list continues on attached page."
☐ My spouse and I have community debts which shall be divided as follows:

Creditor Name	Amount Owed	Amount or Percent to be paid by Petitioner	Amount or Percent to be paid by Respondent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

☐ The list continues on attached page.
☐ Petitioner is ordered to pay all debts unknown to Respondent.
☐ Respondent is ordered to pay all debts unknown to Petitioner.
☐ Each party is ordered to pay his or her debts incurred since (date)_____.
☐ Any debts or obligations incurred by either party before the date of separation, that are not identified in the list above or attached, shall be paid by the party who incurred the debt or obligation and that party shall indemnify and hold the other party harmless from such debts.

b. **Separate Debt:** Separate debts are debts incurred before the marriage. Check ONLY one of the three boxes. If you check the last box, list your separate debts, the total owed, and the amount or percentage to be paid by each party. Separate debts shall be divided as follows:

☐ Neither my spouse nor I have any separate debt.
☐ My spouse and/or I have separate debts and Husband must pay his separate debt and Wife must pay her separate debt.

☐ My spouse and/or I have separate debts and they shall be divided as follows:

Creditor Name	Amount Owed	Amount or Percent to be paid by Petitioner	Amount or Percent to be paid by Respondent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Property

***IMPORTANT*: If there is a piece of property with a debt attached such as a car with a loan, you must list the property under "Property" and the debt under "Debt".**

INSTRUCTIONS: You must identify all of your property as either community property or separate property. **Community property** is property that you acquired during the marriage, but was not gifted to either you or the other party and that was not inherited. **Separate property** is property that you acquired before the marriage, property that was gifted to either you or the other party, or that was inherited.

a. Community Property: Community Property is property that was acquired during the marriage, which was not gifted to one party or inherited. Community Property shall be divided as follows:

☐ My spouse and I did not acquire any community property during the marriage.
OR
☐ My spouse and I acquired community property during the marriage and it should be divided as follows:
Include vehicles on this list.

Description of Property	Awarded to Petitioner	Awarded to	Value
_____	☐	☐	$ _____
_____	☐	☐	$ _____
_____	☐	☐	$ _____
_____	☐	☐	$ _____
_____	☐	☐	$ _____
_____	☐	☐	$ _____
_____	☐	☐	$ _____
_____	☐	☐	$ _____
_____	☐	☐	$ _____

b. Separate Property: Separate property is property acquired before the marriage, property that was gifted to one party, or that was inherited. Separate Property to be divided as follows:

☐ My spouse and I do not have separate property.
☐ My spouse and/or I have separate property and each party shall be awarded his or her own separate property.
☐ My spouse and/or I have separate property, which shall be divided as follows:

Description of Property	Awarded to Petitioner	Awarded to Respondent	Value
_____	☐	☐	$ _____
_____	☐	☐	$ _____
_____	☐	☐	$ _____
_____	☐	☐	$ _____

c. Real Property: Real property is the house and land you own. You can ask the court to give you the home, to give the home to the other party, or to sell the home and divide any loss or proceeds. Write the complete address of the property under "real property located at". Most property has a legal description such as "LOT 77, PINE TREE ACRES, according to Book 111 of Maps" which appears on your deed papers. You should use this description. A cemetery plot is considered real property.

☐ My spouse and I do not have real property.
☐ My spouse and I have real property located at:_____valued at approximately $_____. The legal description of the property is (this information is needed prior to an order being entered regarding real property):

_____

☐ The real property shall be sold and any loss or proceeds divided with Petitioner being awarded____% and Respondent being awarded_____%.
☐ The real property shall be awarded to Petitioner.
☐ The real property shall be awarded to Respondent.
☐ The party being awarded the real property will refinance the real property solely in his or her name on or before_____(insert date). If unsuccessful, the real property will be _____

_____

INSTRUCTIONS: Complete only if there is a second property.

☐ My spouse and I do not have additional real property.
☐ My spouse and I have additional real property located at:_____valued at approximately $_____. The legal description of the property is (this information is needed prior to an order being entered regarding real property):

_____

☐ The real property shall be sold and any loss proceeds divided with Petitioner being awarded_____% and Respondent being awarded_____%.
☐ The real property shall be awarded to Petitioner.
☐ The real property shall be awarded to Respondent.

☐ The party being awarded the real property will refinance the real property solely in his or her name on or before_____(insert date). If unsuccessful, the real property will be _____ _____.

d. Retirement:

WARNING: You should see a lawyer about your retirement accounts. If you do not see a lawyer regarding these assets, you risk losing any interest you have in these plans and/or benefits. There are certain documents the plan administrator must have. It is recommended that you consult with a lawyer to help you prepare these documents.

INSTRUCTIONS: A retirement account is considered property. Any part of the retirement that grew during the marriage is community property. Any part of the retirement that existed before the marriage, is separate property. You do not need to list the retirement under "Property" if you list it here.

IMPORTANT: If you want to divide the retirement account(s) you must see an attorney about a document called a Qualified Domestic Relations Order (QDRO) or a Court Order Acceptable for Processing (COAP). A QDRO or a COAP is a very specialized legal document. It is recommended that you seek professional assistance to prepare the QDRO or COAP. Do not have this done until a judge signs your Decree.

☐ Neither party has a retirement account.
☐ Each party **waives and gives** up his/her interest in any and all retirement benefits, pension plans, or other deferred compensation of the other party.
☐ Divide retirement accounts as follows:

_____

_____

12. Taxes

INSTRUCTIONS: This question is asking how you and the other party have filed taxes during the time you were married.

a. For **previous** calendar years, pursuant to IRS rules and regulations, the parties have filed or will file:

INSTRUCTIONS: If you and the other party ever filed jointly, check this box and list the tax years you filed jointly.
☐ Joint federal and state income tax returns for (years)_____and hold each other harmless from half of all income taxes and costs, if any, and each party will share equally in tax refunds, if any.

INSTRUCTIONS: If you and the other party ever filed separately, check this box and list the tax years you filed separately.
☐ Separate federal and state income tax returns for (years)_____.

☐ Other: _____

☐ This calendar year and continuing thereafter, each party will file separate federal and state income tax returns.

Each party shall give the other party all necessary documentation to file all tax returns, unless that information is protected.

Other information and request(s) regarding taxes:

_____

_____

13. Other Orders:

INSTRUCTIONS: Use this space to add any more Orders the court is making.

_____

_____

_____

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

SIGNATURES

DONE IN OPEN COURT:_____

_____

JUDGE OR COURT COMMISSIONER

If this Decree was issued as a "Default," *and* the Petitioner served the papers to begin this case by any means other than by publication, a copy of this Decree shall be mailed or delivered to the Respondent within 24 hours of the court hearing as follows:

Respondent's Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Email Address: _____

By Petitioner: _____

Date: _____

Petitioner's Signature:_____

INSTRUCTIONS: This page only applies if both parties are willing to sign this decree.

By signing this Consent Decree and subscribing and swearing to same (or affirming to same) before a Notary Public, both parties affirm that the information is true and correct, including the following:

1. RIGHT TO TRIAL IS WAIVED. I understand that by signing this Consent Decree, I am waiving my right to trial before a judge.
2. NO DURESS OR COERCION. COMPLETE AGREEMENT. I am not under any force, threats, duress, coercion, or undue influence from anyone, including the other party, to sign this Consent Decree. This Decree with attachments, if any that I have signed is our full agreement. I have not agreed to something different from what is stated in writing in the Decree.
3. LEGAL ADVICE. I understand that even if I am representing myself without an attorney, I have the right to be represented by an attorney. I have the right to call an attorney and get legal advice before I sign this Consent Decree.

SIGNATURES OF THE PARTIES OR THEIR ATTORNEYS

APPROVED BY:

_____ _____
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**

_____ _____
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**

If either party is represented by an attorney, the attorney must sign:

Petitioner's Attorney:_____ Date: _____

Respondent's Attorney:_____ Date: _____

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

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: 07/01/2015

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_____ current child support
$ _____ Per_____ past-due child support - **Arrears greater than 12 weeks?** ☐ Yes ☐ No
$ _____ Per_____ current cash medical support
$ _____ Per_____ past-due cash medical support
$ _____ Per_____ current spousal support
$ _____ Per_____ past-due spousal support
$ **0.00** Per **Month** other (must specify) **Clearinghouse Fee.**
for a **Total Amount to Withhold** of **$**_____ 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 semimonthly pay period (twice a month)
$ 0.00 per biweekly pay period (every two weeks) $_____ 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 _____ (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 _____ (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 _____ (issuer name) by phone: _____ , by fax:_____ , by e-mail or website: _____.

Send termination/income status notice and other correspondence to:
_____(issuer address).

To Employee/Obligor: If the employee/obligor has questions, contact _____ (issuer name) by phone: _____ , by fax:_____ , by e-mail or website: _____.

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.

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
PINAL COUNTY

_____
Name of Petitioner

CASE NUMBER: DO _____

PARENTING PLAN FOR:

☐ **JOINT LEGAL DECISION-MAKING**

OR

☐ **SOLE LEGAL DECISION-MAKING**

- ☐ **TO PETITIONER**
- ☐ **TO RESPONDENT**

_____
Name of Respondent

HONORABLE: _____

GENERAL INFORMATION

A. MINOR CHILDREN This Plan concerns the following children common to the parents:

Name	Birth Date

B. LEGAL DECISION-MAKING: ***Select One.*** If you select sole legal decision-making, you have the option of also selecting restrictions on the parenting time of the other parent.

☐ **SOLE LEGAL DECISION-MAKING**
Sole legal decision-making should be granted to
☐ **Petitioner** or
☐ **Respondent**

☐ **JOINT LEGAL DECISION-MAKING**
☐ Both parents will make major **educational** decisions together.
☐ Optional: If the parents do not agree, ***select one***
☐ the final decision will be with Petitioner
☐ the final decision will be with Respondent
☐ the decision will be addressed as follows:

_____

_____

☐ Both parents will make major **religious** decisions together.
☐ Optional: If the parents do not agree, ***select one***
☐ the final decision will be with Petitioner
☐ the final decision will be with Respondent
☐ the decision will be addressed as follows:

_____

_____

☐ Both parents will make major **medical** decisions together.
☐ Optional: If the parents do not agree, ***select one***
☐ the final decision will be with Petitioner
☐ the final decision will be with Respondent
☐ the decision will be addressed as follows:

_____

_____

☐ Both parents will make major **personal care** decisions together.
☐ Optional: If the parents do not agree, ***select one***
☐ the final decision will be with Petitioner
☐ the final decision will be with Respondent
☐ the decision will be addressed as follows:

_____

_____

C. PARENTING TIME Write your detailed parenting plan below. Include specific times, locations, and details regarding transportation. You will have the opportunity to request supervised parenting time or no parenting time, later in this document.

1. Regular Parenting Time:

_____

_____

_____

_____

2. **Summer Months:**

3. **School Breaks Longer Than 4 Days:**

4. **Three Day Weekends:**(for example, Labor Day, Columbus Day, Martin Luther King, Jr. Day, Presidents' Day and Memorial Day)

☐ The parents agree that whichever of them has the child(ren) for the weekend occurring nearer in time to the holiday will spend time with the child(ren) for the holiday, OR

☐ **Explain your request:**

5. **Transportation:** Write your procedure for exchanges of the child(ren) including location and responsibility for transportation.

6. **Holiday, Birthday and Special Occasion Schedule** Use the table below or the blank space to write your schedule.

Event	**Even Years**		**Odd Years**	
New Year's Eve	☐Petitioner	☐Respondent	☐Petitioner	☐Respondent
New Year's Day	☐Petitioner	☐Respondent	☐Petitioner	☐Respondent
Easter	☐Petitioner	☐Respondent	☐Petitioner	☐Respondent
4th of July	☐Petitioner	☐Respondent	☐Petitioner	☐Respondent
Halloween	☐Petitioner	☐Respondent	☐Petitioner	☐Respondent

Veteran's Day	☐ Petitioner	☐ Respondent	☐ Petitioner	☐ Respondent
Thanksgiving	☐ Petitioner	☐ Respondent	☐ Petitioner	☐ Respondent
Christmas Eve	☐ Petitioner	☐ Respondent	☐ Petitioner	☐ Respondent
Christmas Day	☐ Petitioner	☐ Respondent	☐ Petitioner	☐ Respondent
Child(ren)'s Birthday	☐ Petitioner	☐ Respondent	☐ Petitioner	☐ Respondent
Mother's Day	☐ Petitioner	☐ Respondent	☐ Petitioner	☐ Respondent
Father's Day	☐ Petitioner	☐ Respondent	☐ Petitioner	☐ Respondent
Petitioner's Birthday	☐ Petitioner	☐ Respondent	☐ Petitioner	☐ Respondent
Respondent's Birthday	☐ Petitioner	☐ Respondent	☐ Petitioner	☐ Respondent

_____

_____

_____

_____

7. Telephone Contact with Children

☐ Each parent may have telephone contact with the child(ren) during the child(ren)'s normal waking hours, OR

☐ Explain your request:

_____

_____

8. Travel with Child(ren) *(all of the following are optional)*

☐ Each parent is entitled to _____ consecutive days of vacation time per year with the child(ren). Each parent will give the other parent ____ days notice prior to the vacation.

☐ Should either parent travel out of the area with the minor child(ren), each parent will keep the other parent informed of travel plans, address(es), and telephone numbers at which that parent and the minor child(ren) can be reached.

☐ Neither parent shall travel with the minor child(ren) outside of Arizona for longer than _____ days without the prior written consent of the other parent or order of the court.

☐ **SUPERVISED PARENTING TIME**

Supervised parenting time is in the best interest of the minor child(ren) because:

_____

_____

_____

_____

Name of the agency or person who will supervise:

_____

☐ **NO PARENTING TIME BETWEEN CHILD(REN) AND**
☐ **PETITIONER**
OR
☐ **RESPONDENT**

No parenting time is in the best interest of the minor child(ren) because:

_____

_____

_____

_____

D. Medical and Dental Arrangements

☐ Both parents have the right to authorize emergency medical treatment, if needed, and the right to consult with physicians and other medical practitioners. Both parents agree to advise the other parent with physicians and other medical practitioners. Both parents agree to advise the other parent immediately of any emergency medical/dental care sought for the minor children, to cooperate on health matters concerning the children and to keep one another reasonably informed. Both parents agree to keep each other informed as to names, addresses and telephone numbers of all medical/dental care providers.

E. Other Arrangements

☐ Each parent will inform the other parent of any change of address and/or phone number in advance OR within _____ days of the change.

☐ Both parents will promptly inform the other parent of any emergency or other important event that involves the minor children.

☐ Both parents will consult and agree with the other parent regarding any extra activity that affects the minor children's access to the other parent.

☐ Each parent will consider the other parent as care-provider for the minor children before making other arrangements.

☐ Each parent will keep all communication regarding the minor child(ren) between the parents and will not use the minor child(ren) to convey information or to set up parenting time changes.

☐ Each parent will encourage love and respect between the minor child(ren) and the other parent and neither parent shall do anything that may hurt the other parent's relationship with the minor children.

☐ Both parents will exert their best efforts to work cooperatively in future plans consistent with the best interests of the minor children and to amicably resolve such disputes as may arise.

☐ If either parent is unable to follow through with the time-sharing arrangements involving the minor child(ren), that parent will notify the other parent as soon as possible.

☐ Both parents agree that if either parent moves out of the area and returns later, they will use the most recent "Parenting Plan/Access Agreement" in place before the move.

☐ If the parents are unable to reach a mutual agreement regarding a legal change to their parenting orders, they will request mediation through the court or a private mediator of their choice.

Obtain Written Consent or Court Order Before Moving: Notice required by ARS 25-408 shall be made by certified mail, return receipt requested, or pursuant to the Arizona rules of family law procedure. The court shall sanction a parent who, without good cause, does not comply with the notification requirements of this law. The court may impose a sanction that will affect the legal decision-making or parenting time only in accordance with the child's best interests.

Parental Access to Records and Information Pursuant to Arizona law, unless otherwise provided by court order or law, on reasonable request both parents are entitled to have equal access to documents and other information concerning the minor child(ren)'s education and physical, mental, moral and emotional health including medical, school, police, court and other records. A person who does not comply with a reasonable request for these records shall reimburse the requesting parent for court costs and attorney fees incurred by that parent to make the other parent obey this request. A parent who attempts to restrict the release of documents or information by the custodian of the records without prior court order is subject to legal sanctions.

Notice: Do not deviate from Parenting Plan until dispute is resolved. Both parents are advised that while a dispute is being resolved, neither parent shall deviate from this Parenting Plan or act in a way that is inconsistent with the terms of this agreement.

Once this plan has been made an order of the Court, if either parent disobeys the court order related to parenting time with the children, the other parent may submit court papers to request enforcement.

SIGNATURE OF ONE OR BOTH PARENTS

Signature of Petitioner: _____ Date: _____

Signature of Respondent: _____ Date: _____

IF YOU ARE REQUESTING SOLE LEGAL DECISION MAKING, THE FORM IS COMPLETE. DO NOT SIGN SECTION F OR G.

F. STATEMENT REGARDING CONTACT WITH SEX OFFENDERS AND PERSONS CONVICTED OF DANGEROUS CRIMES AGAINST CHILDREN.

According to A.R.S. §25-403.05, a child's parent or custodian must immediately notify the other parent or custodian if the person knows that a convicted or registered sex offender or someone who has been convicted of a dangerous crime against children may have access to the child.

According to A.R.S. §13-705 (P) (1), "Dangerous crime against children" means any of the following that is committed against a minor who is under fifteen years of age:

(a) Second degree murder.
(b) Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibit on of a deadly weapon or dangerous instrument.
(c) Sexual assault.
(d) Molestation of a child.
(e) Sexual conduct with a minor.
(f) Commercial sexual exploitation of a minor.
(g) Sexual exploitation of a minor.
(h) Child abuse as prescribed in section 13-3623, subsection A, paragraph 1.
(i) Kidnapping.
(j) Sexual abuse.
(k) Taking a child for the purpose of prostitution as prescribed in section 13-3212.
(l) Child prostitution as prescribed in section 13-3212.
(m) Involving or using minors in drug offenses.
(n) Continuous sexual abuse of a child.
(o) Attempted first-degree murder.
(p) Sex trafficking.
(q) Manufacturing methamphetamine under circumstances that causes physical injury to a minor.
(r) Bestiality as prescribed in section 13-1411, subsection A, paragraph 2.
(s) Luring a minor for sexual exploitation.
(t) Aggravated luring a minor for sexual exploitation.
(u) Unlawful age misrepresentation.

The parent or custodian must provide notice by first class mail, return receipt requested, by electronic means to an electronic mail address that the recipient provided to the parent or custodian for notification purposes or by another form of communication accepted by the court.
I/We have read, understand, and agree to abide by the requirements of A.R.S. §25-403.05(B) concerning notification of other parent or custodian if someone convicted of dangerous crime against children may have access to the child.

Signature of Petitioner: _____ **Date:** _____

Signature of Respondent: _____ **Date:** _____

G. JOINT LEGAL DECISION-MAKING: If requested or agreed to by the parties, the following will apply, subject to approval by the Judge:

1. **DOMESTIC VIOLENCE:** Arizona Law (A.R.S. §25-403.03) states that joint Legal Decision-Making shall NOT be awarded if there has been "a history of significant domestic violence".

☐ Domestic Violence has **not** occurred between the parties, **OR**
☐ Domestic Violence **has** occurred but it has not been "significant" or has been committed by both parties.* **Complete Section 3 below.**

2. **DUI or DRUG CONVICTIONS:**

☐ Neither party has been convicted of driving under the influence or a drug offense within the past 12 months, **OR**

☐ One of the parties HAS been convicted of driving under the influence or a drug offense within the past 12 months, but the parties feel Joint Legal Decision-Making is in the best interest of the children. * **Complete Section 3 below.**

3. *** IF THERE HAS BEEN DOMESTIC VIOLENCE OR A DUI OR DRUG CONVICTION:**

Explain why Joint Legal Decision-Making is still in the best interests of the children:

_____

_____

_____

_____

_____

_____

_____

_____

4. **REVIEW:** The parents agree to review the terms of the / this agreement and make any necessary or desired changes every _____ months from the date of this document.

5. **CRITERIA.** Our joint Legal Decision-Making agreement meets the criteria required by Arizona law A.R.S. §25-403.02, as listed below:

   a. The best interest of the minor children are served;
   b. Each parent's rights and responsibilities for personal care of the minor children and for decisions in education, health care and religious training are designated in this Plan;
   c. A schedule of the physical residence of the minor children,, including holidays and school vacations is included in the Plan;
   d. The Plan includes a procedure for periodic review;
   e. The Plan includes a procedure by which proposed changes, disputes and alleged breaches may be mediated or resolved;
   f. A procedure for communicating with each other about the child, including methods and frequency.

SIGNATURE OF PARENT(S) REQUESTING JOINT LEGAL DECISION-MAKING

Signature of Petitioner: _____ Date: _____

Signature of Respondent: _____ Date: _____