

**HOW TO FIND OUT
ABOUT OTHER
PARTY'S INCOME AND
OTHER INFORMATION**



**FOR CALCULATING CHILD SUPPORT AND/OR
SPOUSAL MAINTENANCE/SUPPORT**

SELF-SERVICE CENTER

**HOW TO FIND OUT ABOUT OTHER PARTY'S INCOME
AND OTHER INFORMATION**

**FOR CALCULATING CHILD SUPPORT AND/OR SPOUSAL
MAINTENANCE/SUPPORT**

CHECKLIST

You may use the forms and instructions in this packet if . . .

- ✓ You or the other party have filed papers with the court to establish or change child support and/or spousal maintenance (alimony), AND
- ✓ You need to know about the other party's:
 - income,
 - assets,
 - employment status,
 - availability of insurance coverage for minor children, AND/OR
 - last known address (if not protected by court order)
- ✓ Currently, you do not know how much the other party makes at work or from other sources of income, and/or other information listed above, AND
- ✓ You need this information to determine the amount of child support and/or spousal maintenance that should be paid, AND
- ✓ You have not requested this information in the last three months, AND
- ✓ There is no court order that stops you from using this procedure.

READ ME: Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website.

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INSTRUCTIONS:

TYPE OR PRINT CLEARLY, USING BLACK INK ONLY

- Complete and send the form letter included in this packet to the other party's place of employment or other source of income by first class mail. Arizona law requires the employer or other source of income to provide this information if they know or have the information in their possession within twenty (20) days of receipt of your request (A.R.S. § 25-513).
 - Your letter should contain the following information, *unless protected by court order*: *
 - Your complete name, address, and telephone number, * AND
 - The other party's complete name, AND
 - The other party's social security number, AND
 - The other party's date of birth.

- * If your address is protected, you must give another address where the information you are requesting can be sent, for example, to a post office box, or to your lawyer.

- You may use this process only one time *within a three month period* to ask for (*only*) the following information:
 - Present and past employment status of the other party, AND,
 - Earnings and income of the other party, AND,
 - Availability and description of present or previous health insurance coverage for dependent children, AND,
 - Health insurance benefits paid or applied for under a health insurance policy for dependent children, AND,
 - The other party's current or last known address, unless protected by an order of protection or injunction against harassment or other court order.

FROM:

Your Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____ / _____

TO: (List name and address of the other party's employer or other source of income.)

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number _____ / _____

Today's Date: _____

In the Matter of: _____ **Case No.** _____
(print title of your case (example: Jones v. Jones))

Regarding Information Required by Arizona Revised Statutes § 25-513

My name is _____ (print your name clearly). **I am involved in a court case with the person named below as "Other Party".**

Information about Other Party:

Other Party's Name: _____

Other Party's Social Security No. (if known): _____

Other Party's Date of Birth (if known): _____

Under Arizona Revised Statutes § 25-513, I am entitled to certain information about how much income the other party receives each month, and the other information requested below.

Please provide the information indicated by the boxes checked below:

- Present and past employment status of the other party;
- Earnings, income, or other monies without regard to the source, of the party;
- Assets;
- Availability and description of present, or previous, health insurance coverage for a dependent child;
- The other party's current or last known address, unless protected by an order of protection or injunction against harassment or other court order.

Please note that Arizona law (A.R.S. §25-513) requires that you send this information to me within 20 days from the date you receive this request. Thank you for your help in this matter.

Sincerely,

(Your Signature)