

**AFFIDAVIT OF  
DIRECT  
PAYMENTS**

Person Filing: \_\_\_\_\_  
 Address (if not protected): \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 ATLAS Number: \_\_\_\_\_  
 Lawyer's Bar Number: \_\_\_\_\_

For Clerk's Use Only

Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## SUPERIOR COURT OF ARIZONA IN GRAHAM COUNTY

\_\_\_\_\_  
Petitioner

Case No. \_\_\_\_\_

ATLAS No. \_\_\_\_\_

\_\_\_\_\_  
Respondent

### AFFIDAVIT OF DIRECT PAYMENTS

	YEAR	YEAR	YEAR	YEAR
(Insert year)				
January	\$	\$	\$	\$
February	\$	\$	\$	\$
March	\$	\$	\$	\$
April	\$	\$	\$	\$
May	\$	\$	\$	\$
June	\$	\$	\$	\$
July	\$	\$	\$	\$
August	\$	\$	\$	\$
September	\$	\$	\$	\$
October	\$	\$	\$	\$
November	\$	\$	\$	\$
December	\$	\$	\$	\$

By signing this document I state under penalty of perjury that I made the following payments directly to the person ordered to receive the payments or I received the following payments directly from the person ordered to make the payments. These payments were not made through the Support Payment Clearinghouse or the Clerk of the Court.

\_\_\_\_\_  
Signature of Person Receiving Payments

and/or

\_\_\_\_\_  
Signature of Person Making Payments

\_\_\_\_\_  
Printed Name of Person Receiving Payments

\_\_\_\_\_  
Printed Name of Person Making Payments

Affirmed before me on: \_\_\_\_\_

Affirmed before me on: \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk of Court or Notary Public

\_\_\_\_\_  
Deputy Clerk of Court or Notary Public

My Commission Expires/Seal:

My Commission Expires/Seal: