B16

PETITION TO MODIFY

SPOUSAL MAINTENANCE or SPOUSAL MAINTENANCE *and* CHILD SUPPORT

Do not copy or file this page

To Change an Existing Court Order Due to a Continuing Change in Circumstances

Part 1: Filing the Court Papers

(Forms & Instructions)

For Child Support and/or Spousal Maintenance you may also need the following forms C17.

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PETITION TO MODIFY SPOUSAL MAINTENANCE (ALIMONY) or SPOUSAL MAINTENANCE *and* CHILD SUPPORT

CHECKLIST

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

✓ You have a spousal maintenance (also known as "alimony" or "spousal support") order from Graham County and believe the amount of spousal maintenance should be changed because there has been a **substantial and continuing** change in your circumstances.

OR

✓ You have a spousal maintenance *and* child support order from Graham County and believe the amount of spousal maintenance ***and*** child support should be changed because there has been a **substantial and continuing** change in your circumstances.

NOTE:

- **There are situations where the court *cannot* modify a Spousal Maintenance Order.**
- **Before using these forms you may want to consult with a lawyer to see if you have an Order that can be modified.**
- **If you signed an agreement that said that spousal maintenance/support/ alimony cannot be changed, the court will not be able to change the amount of spousal maintenance.**
- **This process cannot be used to modify ARREARS (back payments).**

WARNING: If the order you want to change is not from this county, ask a lawyer about the requirements to file your Petition (Request) with this Court.

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: HOW TO COMPLETE THE PETITION TO MODIFY SPOUSAL MAINTENANCE (ALIMONY) OR SPOUSAL MAINTENANCE and CHILD SUPPORT
(Standard Process)

TO COMPLETE THIS FORM YOU WILL NEED:

- A copy of your current spousal maintenance or spousal maintenance and child support order.
- A copy of the Income Withholding Order for this case, if there is one.
- A completed Affidavit of Financial Information.

FEES TO FILE: There will be a charge for filing this Petition. There may be other charges including an "appearance fee" if this is the first time you have filed papers in this case. If you cannot pay these amounts, they may be deferred or waived. The Self-Service Center and the Clerk of the Court have the necessary forms to ask for a waiver or deferral.

Do not copy or file this page

INSTRUCTIONS FOR FILLING OUT THE PETITION FOR CHANGE OF A SUPPORT ORDER:
Match the lettered or numbered instruction below to the matching letter or number on the form.
Write neatly. Use **black** ink.

(A) Fill in the information requested at top left for the person who is filing this form. Write in the ATLAS number if you have one. If there is a current court order declaring your address is protected, simply write "protected" on the line provided for your address and make sure the Clerk of Court has valid contact information on file. The spaces marked "representing" and "state bar number" are used **only** if an attorney is preparing this form.

(B) Fill in the names of the persons shown as the "Petitioner" and the "Respondent" on the order that established the child support (such as a divorce, paternity, or child support order). If your original case was a Paternity case, note that the Plaintiff is now called the Petitioner and the Defendant is now called the Respondent.

(C) Fill in your Graham County case number.

(D) Mark the box(es) about the court order(s) you want to change. Your choices are (1) Spousal Maintenance (Alimony) only or (2) Spousal Maintenance AND Child Support.

(1) **INFORMATION ABOUT THE PETITIONER.** Fill in the information requested about the Petitioner. If you were the Petitioner in the original case, put your information in the spaces provided for the Petitioner. If not, put the information about the ***other party*** here and **your** information in the spaces provided for the Respondent.

(2) **INFORMATION ABOUT THE RESPONDENT**. Fill in the information requested about the Respondent. If you were the Respondent in the original case, put your information in the spaces provided for the Respondent. If not, put the information about the ***other party*** here and put your information in the spaces provided for the Petitioner.

(3) **INFORMATION ABOUT THE CURRENT SUPPORT ORDER I WANT TO CHANGE.** Fill in the information about your current Spousal Maintenance/Support Order or Spousal Maintenance and Child Support

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(4) **INFORMATION ABOUT OTHER COURT CASES TO ENFORCE OR CHANGE THIS COURT ORDER.** Complete the information about other court cases that either party has filed to enforce or modify/change the court order you are trying to have changed. If you have any current *modification* cases pending in any court, you cannot file this Petition unless you talk to an attorney and the attorney tells you that you can do it.

Note: If you signed an agreement that said spousal maintenance/support could not be changed, the Court *cannot* change your spousal maintenance/support amount.

(5) **WHAT SPOUSAL MAINTENANCE/SUPPORT SHOULD BE**. Fill in the amount you want the judge to order for spousal maintenance/support. Tell the judge when spousal maintenance/support should begin and when it should end.

(6) **SPOUSAL MAINTENANCE/SUPPORT SHOULD BE CHANGED, OR I AM ENTITLED TO HAVE THE PAYMENTS CONTINUE FOR THE FOLLOWING REASONS:** Describe the reasons and the substantial and continuing change in your circumstances that justifies the change in spousal maintenance/support.

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FILL IN (7), (8), AND (9), ONLY IF YOU ARE *ALSO* REQUESTING A CHANGE IN CHILD SUPPORT *IN ADDITION TO* REQUESTING A CHANGE IN SPOUSAL MAINTENANCE.

(7) **WHAT CHILD SUPPORT SHOULD BE**.

(8) **I AM ENTITLED TO HAVE CHILD SUPPORT CHANGED FOR THE FOLLOWING REASONS:** Describe the reasons and the substantial and continuing change in your circumstances that require a change in child support.

(9) **DEPARTMENT OF ECONOMIC SECURITY**. If you receive services from the Department of Child Support Enforcement (DCSE) or you know the other party does, mark the box "yes". Otherwise, mark the box "no". If you don't know, mark the box for "unknown."

(10) **DATE AND SIGN.** By signing, you are stating that the information you have provided on this document is true and correct to the best of your knowledge – under penalty of perjury.

AFTER YOU HAVE COMPLETED THE PETITION:

- Complete one copy of the "**Affidavit of Financial Information**" (**AFI**).
- On the **"Order to Appear"**, complete the information at the top about you, the person filing these documents, and write in the name of Petitioner and Respondent. Leave the rest blank for the judge to fill out.
- **WHEN YOU HAVE COMPLETED ALL FORMS: go to the "PROCEDURES" page** (the last document in this packet) and follow the instructions on what to do next**.**

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FOR CLERK'S USE ONLY

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

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

SUPERIOR COURT OF ARIZONA IN GRAHAM COUNTY

_____ **(B)**
Name of Petitioner (in original case)

Case Number _____**(C)**

AND

_____ **(B)**
Name of Respondent (in original case)

PETITION TO MODIFY A SUPPORT ORDER
(Standard procedure)

☐ **Spousal Maintenance** (Alimony) **(D)**

☐ **Spousal Maintenance & Child Support**

1. INFORMATION ABOUT THE PETITIONER:

Name:_____
Address:_____
City, State, Zip Code:_____
County where the Petitioner lives:_____
Date of Birth:_____
Job Title:_____

2. INFORMATION ABOUT THE RESPONDENT:

Name:_____
Address:_____
City, State, Zip Code:_____
County where the Respondent lives:_____
Date of Birth:_____
Job Title:_____

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3. INFORMATION ABOUT THE CURRENT SUPPORT ORDER I WANT TO CHANGE:

A. Date of order I want to change:_____

B. Court Case Number of order I want to change:_____

C. Location of court (city and state):_____

D. Current Amount Ordered to be paid:

The current order requires _____

(name of person who pays)

to make payment for the following:

Spousal Maintenance	$_____	per _____
Child Support	$_____	per _____
Other:	$_____	per _____
Payments in Arrears:	$_____	per _____

4. INFORMATION ABOUT OTHER COURT CASES TO ENFORCE OR CHANGE THIS COURT ORDER:

☐ **Current enforcement or modification cases:** No other cases are pending in any court for ***modification*** of this court order. (You **must** check here, and this **must** be true.)

☐ **Past enforcement or modification cases:** If you or the other party has filed for enforcement or modification of the court order in the past, you must complete the following information, otherwise write "none" in the space provided. Use additional paper if necessary:

Names of Parties:_____

Date of order, judgment, decree:_____

Explain what order or judgment said: _____

_____

_____

_____

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Court Case Number:_____

Location of court (city and county):_____

Explain Type of Case: (emergency legal decision making or physical custody, visitation, etc.)

_____

_____

_____

5. WHAT SPOUSAL MAINTENANCE SHOULD BE. Spousal maintenance amount should be $_____ per month beginning _____ and continuing until _____ and subject to change as ordered by the court. (You **cannot** ask for a change in spousal maintenance/support if you signed an agreement that says that spousal maintenance/ support cannot be changed or modified.)

6. SPOUSAL MAINTENANCE SHOULD BE INCREASED OR DECREASED *or* I AM ENTITLED TO HAVE THE SPOUSAL MAINTENANCE PAYMENTS STOP OR CONTINUE BECAUSE:

_____

_____

_____

_____

CHILD SUPPORT: Answer Items 7, 8, and 9 ONLY if you are *also* asking for a change in child support.

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7. WHAT CHILD SUPPORT SHOULD BE: Attached is a Parent's Worksheet for Child Support Amount. According to the Parent's Worksheet calculations, the child support amount should be **$**_____per month.

8. I AM ENTITLED TO HAVE CHILD SUPPORT CHANGED BECAUSE:

_____

_____

_____

_____

_____

9. DEPARTMENT OF ECONOMIC SECURITY.

Is DES providing Child Support Enforcement Services to at least one of the parties?

☐ Yes (If yes, see instructions.) ☐ No ☐ Unknown.

10.

UNDER OATH OR BY AFFIRMATION

I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

_____ _____
Date Petitioner's Signature

Sworn to or Affirmed before me this _____ by _____
(Date) Printed Name

My Commission Expires: (or Seal below) _____ _____
Deputy Clerk or ☐ Notary Public

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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

_____
Name of Petitioner (in original case)

and

_____
Name of Respondent (in original case)

Case No. _____

ORDER TO APPEAR REGARDING PETITION TO MODIFY A SUPPORT ORDER

This is an important Court Order that affects your rights. Read this Order carefully. If you do NOT understand this Order, contact a lawyer for legal advice.

Based on the ***"Petition to Modify a Support Order"*** and pursuant to Arizona law,

IT IS ORDERED:

1. That Petitioner and Respondent appear at the time and place stated below so the court can determine whether the Petition should be granted.

NAME OF JUDICIAL OFFICER: _____

DATE AND TIME OF HEARING: _____

PLACE OF HEARING: GRAHAM COUNTY SUPERIOR COURT

ADDRESS OF HEARING: 800 W. MAIN STREET, SAFFORD, AZ 85546

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AMOUNT OF TIME FOR HEARING: This is a 15 minute proceeding. The court will determine if more time is needed. All parties, whether represented by attorneys or not, must be present. If there is a failure to appear, the court may make such orders as are just, including granting the relief requested by the party who does appear. If the petition seeks to establish, modify or enforce child support, and you fail to appear as ordered, a child support arrest warrant may be issued for your arrest.

2. That a true copy of this ***"Order to Appear"*** and a true copy of the Petition and documents filed with the Petition shall be served by process server or sheriff by the party who initiated this action, on the parties who are required to appear.

3. The responding party may file a ***"Response and Opposing Affidavit(s)"*** by_____
(date)

   Copies of the ***"Response and Opposing Affidavit(s)"*** must be served by the responding party on the other party or if the other party is represented, then on his or her attorney, by mail and in accordance with Rule 43, Arizona Rules of Family Law Procedure.

4. 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 ten (10) judicial days before your scheduled court date.

5. Requests for an interpreter for persons with limited English proficiency must be made to the office of the judge or commissioner assigned to the case at least ten (10) judicial days in advance of your scheduled court date.

DONE IN OPEN COURT: _____ _____
Judge/Commissioner of the Superior Court

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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

Case No. _____

_____
Petitioner/Plaintiff

ATLAS No. _____

AFFIDAVIT OF FINANCIAL INFORMATION

_____
Respondent

Affidavit of _____
(Name of Person Whose Information is on this Affidavit)

IMPORTANT INFORMATION ABOUT THIS DOCUMENT

WARNING TO BOTH PARTIES: This Affidavit is an important document. You must fill out this Affidavit completely, and provide accurate information. You must provide copies of this Affidavit and all other required documents to the other party and to the judge. If you do not do this, the court may order you to pay a fine.

I have read the following document and know of my own knowledge that the facts and financial information stated below are true and correct, and that any false information may constitute perjury by me. I also understand that, if I fail to provide the required information or give misinformation, the judge may order sanctions against me, including assessment of fees for fines under Rule 31, Arizona Rules of Family Law Procedure.

_____ _____
Date Signature of Person Making Affidavit

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Case No. _____

INSTRUCTIONS

1. **Complete the entire Affidavit in black ink. If the spaces provided on this form are inadequate, use separate sheets of paper to complete the answers and attach them to the Affidavit. Answer every question completely! You must complete every blank. If you do not know the answer to a question or are guessing, please state that. If a question does not apply, write "NA" for "not applicable" to indicate you read the question. Round all amounts of money to the nearest dollar.**
2. Answer the following statements **YES** or **NO.** If you mark **NO**, explain your answer on a separate piece of paper and attach the explanation to the Affidavit.

☐ YES ☐ NO 1. I listed all sources of my income.

☐ YES ☐ NO 2. I attached copies of my two (2) most recent pay stubs.

☐ YES ☐ NO 3. I attached copies of my federal income tax return for the last three (3) years, and I attached my W-2 and 1099 forms from all sources of income.

1. GENERAL INFORMATION:

A. Name: _____ Date of Birth: _____

B. Current Address: _____

C. Date of Marriage: _____ Date of Divorce: _____

D. Last date when you and the other party lived together: _____

E. Full names of child(ren) common to the parties (in this case), their dates of birth:

Name	Date of Birth

F. The name, date of birth, relationship to you, and gross monthly income for each individual who lives in your household:

Name	Date of Birth	Relationship to you	Income

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G. Any other person for whom you contribute support:

Name	Age	Relationship to You	Reside With You (Y/N)	Court Order to Support (Y/N)

H. Attorney's Fees paid in this matter $ _____. Source of funds _____

2. EMPLOYMENT INFORMATION:

A. Your job/occupation/profession/title: _____

Name and address of current employer: _____

_____

Date employment began: _____

How often are you paid: ☐ Weekly ☐ Every other week ☐ Monthly ☐ Twice a month

☐ Other _____

B. If you are not working, why not? _____

C. Previous employer name and address: _____

_____

Previous job/occupation/profession/title: _____

Date previous job began: _____ Date previous job ended: _____

Reason you left job: _____

Gross monthly pay at previous job: $ _____

D. Total gross income from last three (3) years' tax returns (attach copies of pages 1 and 2 of your federal income tax returns for the last three (3) years):

Year _____ $ _____ Year _____ $ _____Year _____ $ _____

E. Your total gross income from January 1 of this year to the date of this Affidavit (year-to-date income): $ _____

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3. YOUR EDUCATION/TRAINING: List name of school, length of time there, year of last attendance, and degree earned:

A. High School: _____

B. College: _____

C. Post-Graduate: _____

D. Occupational Training: _____

4. YOUR GROSS MONTHLY INCOME:

- List **all** income you receive from **any** source, whether private or governmental, taxable or not.
- List all income payable to you individually or payable jointly to you and your spouse.
- Use a monthly average for items that vary from month to month.
- Multiply weekly income and deductions by 4.33. Multiply biweekly income by 2.165 to arrive at the total amount for the month.

A. Gross salary/wages per month $ _____

- **Attach copies of your two most recent pay stubs.**

Rate of Pay $ _____ per ☐ hour ☐ week ☐ month ☐ year

B. Expenses paid for by your employer:

1. Automobile $ _____
2. Auto expenses, such as gas, repairs, insurance $ _____
3. Lodging $ _____
4. Other (Explain) _____ $ _____

C. Commissions/Bonuses $ _____

D. Tips $ _____

E. Self-employment Income (See below) $ _____

F. Social Security benefits $ _____

G. Worker's compensation and/or disability income $ _____

H. Unemployment compensation $ _____

I. Gifts/Prizes $ _____

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J. Payments from prior spouse $ _____

K. Rental income (net after expenses) $ _____

L. Contributions to household living expense by others $ _____

M. Other (Explain:) _____ $ _____

(Include dividends, pensions, interest, trust income, annuities or royalties.)

TOTAL: $ _____

5. SELF-EMPLOYMENT INCOME (if applicable):

If you are self-employed, attach of a copy of the Schedule C for your business from your last tax return and the most recent income/expense statement from your business.

If self employed, provide the following information:

Name, address and telephone no. of business: _____

_____

Type of business entity: _____

State and Date of incorporation: _____

Nature of your interest: _____

Nature of business: _____

Percent ownership: _____

Number of shares of stock: _____

Total issued and outstanding shares: _____

Gross sales/revenue last 12 months: _____

INSTRUCTIONS

Both parties must answer item 6 if either party asks for child support. These expenses include only those expenses for children who are common to the parties, which mean one party is the birth/adoptive mother and the other is the birth/adoptive father of the children.

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6. SCHEDULE OF ALL MONTHLY EXPENSES FOR CHILDREN:

- **DO NOT LIST** any expenses for the other party, or child(ren) who live(s) with the other party, **unless** you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HEALTH INSURANCE:

Do you have health insurance available? Yes ☐ No ☐ Are you enrolled?_____

1. Total monthly cost $ _____
2. Premium cost to insure you alone $ _____
3. Premium cost to insure child(ren) common to the parties $ _____
4. List all people covered by your insurance coverage:

   _____

   _____

5. Name of insurance company and Policy/Group Number:

   _____

B. DENTAL/VISION INSURANCE:

1. Total monthly cost $ _____
2. Premium cost to insure you alone $ _____
3. Premium cost to insure child(ren) common to the parties $ _____
4. List all people covered by your insurance coverage:

   _____

   _____

5. Name of insurance company and Policy/Group Number:

   _____

C. UNREIMBURSED MEDICAL AND DENTAL EXPENSES:

(Cost to you after, or in addition to, any insurance reimbursement)

1. Drugs and medical supplies $ _____

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2. Other _____ $ _____

TOTAL: $ _____

D. CHILD CARE COSTS:

1. Total monthly child care costs $ _____

   (Do not include amounts paid by D.E.S.)

2. Name(s) of child(ren) cared for and amount per child:

_____ $ _____

_____ $ _____

_____ $ _____

3. Name(s) and address(es) of child care provider(s):

_____

_____

E. EMPLOYER PRETAX PROGRAM:

Do you participate in an employer program for pretax payment of child care expenses?

(Cafeteria Plan)? ☐ YES ☐ NO

F. COURT ORDERED CHILD SUPPORT:

1. Court ordered current child support for child(ren)

   not common to the parties $ _____

2. Court ordered cash medical support for child(ren)

   not common to the parties $ _____

3. Amount of any arrears payment $ _____

4. Amount per month actually paid in last 12 mos. $ _____

   - **Attach proof that you are paying**

5. Name(s) and relationship of minor child(ren) who you support

   or who live with you, but are **not** common to the parties.

_____

_____

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G. COURT ORDERED SPOUSAL MAINTENANCE/SUPPORT (Alimony):

1. Court ordered spousal maintenance/support you actually pay to previous spouse: $ _____

H. EXTRAORDINARY EXPENSES:

1. For **Children** (Educational Expense/Special Needs/Other): $_____

   Explain: _____

   _____

2. For **Self**: $ _____

   Explain: _____

   _____

INSTRUCTIONS

Both parties must answer items 7 and 8 if either party is requesting:

- Spousal maintenance
- Division of expenses
- Attorneys' fees and costs
- Adjustment or deviation from the child support amount
- Enforcement

7. SCHEDULE OF ALL MONTHLY EXPENSES:

- Do NOT list any expenses for the other party, or children who live with the other party unless you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HOUSING EXPENSES:

1. House payment:

   a. First Mortgage $ _____

   b. Second Mortgage $ _____

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c. Homeowners Association Fee $ _____

d. Rent $ _____

2. Repair & upkeep $ _____

3. Yard work/Pool/Pest Control $ _____

4. Insurance & taxes not included in house payment $ _____

5. Other (Explain) _____ $ _____

TOTAL: $ _____

B. UTILITIES:

1. Water, sewer, and garbage $ _____

2. Electricity $ _____

3. Gas $ _____

4. Telephone $ _____

5. Mobile phone/pager $ _____

6. Internet Provider $ _____

7. Cable/Satellite television $ _____

8. Other (Explain:) _____ $ _____

TOTAL: $ _____

C. FOOD:

1. Food, milk, and household supplies $ _____

2. School lunches $ _____

3. Meals outside home $ _____

TOTAL: $ _____

D. CLOTHING:

1. Clothing for you $ _____

2. Uniforms or special work clothes $ _____

3. Clothing for children living with you $ _____

4. Laundry and cleaning $ _____

TOTAL: $ _____

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E. TRANSPORTATION OR AUTOMOBILE EXPENSES:

1. Car insurance $ _____
2. List all cars and individuals covered:

   _____

   _____

3. Car payment, if any $ _____
4. Car repair and maintenance $ _____
5. Gas and oil $ _____
6. Bus fare/parking fees $ _____
7. Other (explain): _____ $ _____

TOTAL: $ _____

F. MISCELLANEOUS:

1. School and school supplies $ _____
2. School activities or fees $ _____
3. Extracurricular activities of child(ren) $ _____
4. Church/contributions $ _____
5. Newspapers, magazines and books $ _____
6. Barber and beauty shop $ _____
7. Life insurance (beneficiary:_____) $ _____
8. Disability insurance $ _____
9. Recreation/entertainment $ _____
10. Child(ren)'s allowance(s) $ _____
11. Union/Professional dues $ _____
12. Voluntary retirement contributions and savings deductions $ _____
13. Family gifts $ _____
14. Pet Expenses $ _____

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15. Cigarettes $ _____

16. Alcohol $ _____

17. Other (explain): _____ $ _____

TOTAL: $ _____

8. OUTSTANDING DEBTS AND ACCOUNTS: List all debts and installment payments you currently owe, but **do not include items listed in Item 7** "Monthly Schedule of Expenses". Follow the format below. Use additional paper if necessary.

Creditor Name	Purpose of Debt	Unpaid Balance	Min. Monthly Payment	Date of Your Last Payment	Amount of Your Payment

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For Clerk's Use Only

CURRENT EMPLOYER* INFORMATION

You may also fill out this form online at the Family Support Center Website.

THIS FORM MUST BE COMPLETED FOR:

- ☐ **AN INCOME WITHHOLDING ORDER**
- ☐ **ORDER TO STOP AN INCOME WITHHOLDING ORDER**
- ☐ **NOTIFICATION OF A CHANGE OF EMPLOYER (*or OTHER PAYOR)***

CASE NUMBER:_____ **ATLAS NUMBER:**_____

NAME OF PERSON ORDERED TO MAKE PAYMENTS:

LIST THE NAME OF THE EMPLOYER* AND THE ADDRESS OF THE PAYROLL OR FINANCIAL DEPARTMENT (for the person named above) **WHERE THE INCOME WITHHOLDING ORDER OR STOP ORDER SHOULD BE MAILED.**

EMPLOYER* NAME:_____

PAYROLL ADDRESS: _____

CITY:_____**STATE:**_____**ZIP:**_____

EMPLOYER* TELEPHONE: _____

EMPLOYER* FAX: _____

or other payor or source of funds

FOR COURT USE ONLY. DO NOT WRITE BELOW THIS LINE.

WA/FSC

WA/LOG ID: _____
TYPE OF W/A _____
DATE _____
AMOUNT OF ORDER _____
EMPLOYER STATUS _____
ENTERED BY _____
NEW W/A _____ SUB _____
AG _____ DCSE _____

DRS88f-041712

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CEI

SELF-SERVICE CENTER

PROCEDURES: WHAT TO DO AFTER YOU HAVE COMPLETED THE PETITION TO MODIFY SPOUSAL MAINTENANCE or SPOUSAL MAINTENANCE *and* CHILD SUPPORT

(standard process)

Do not copy or file this page

After you have completed the **"Petition to Modify Support Order",** *and* the:

- ✓ ***"Order to Appear."*** Complete the information on the top about you, and fill in the part about the name of Petitioner and Respondent. Leave the rest blank for the judge to fill out.
- ✓ ***"Affidavit of Financial Information"*** (The second copy is for the other party to complete.)
- ✓ ***"Current Employer Information Sheet"***

1. Make 3 copies of the papers you completed:

- ***"Petition to Modify Support Order"***
- ***"Order to Appear"***
- ***"Affidavit of Financial Information"***

Separate your papers into four (4) sets: one set of originals, and three (3) sets of copies.

Set 1: ORIGINALS to file with the Clerk of Court ***"Petition to Modify Support Order"*** ***"Order to Appear"*** ***"Affidavit of Financial Information"*** ***"Current Employer Information Sheet"***	**Set 3:** One set of **COPIES** for you: ***"Petition to Modify Support Order"*** ***"Order to Appear"*** ***"Affidavit of Financial Information"***
Set 2: One set of **COPIES** for the Judge ***"Petition to Modify Support Order"*** ***"Order to Appear"*** ***"Affidavit of Financial Information"***	**Set 4:** One set of **COPIES** for the other party: ***"Petition to Modify Support Order"*** ***"Order to Appear"*** ***"Affidavit of Financial Information"*** BLANK ***"Affidavit of Financial Information"***

FEES: There are fees for filing petitions, responses, requests, motions, objections, and various forms with the Court. Cash, AMEX/VISA/MasterCard debit or credit cards, money order, or check made payable to the "Clerk of Superior Court" are acceptable forms of payment.

A list of current fees is available from the Self Service Center website or from the Clerk of Court's website.

If you cannot afford the filing fee and/or the fee for having the papers served by the Sheriff or by publication, you may request a deferral (payment plan) when you file your papers with the Clerk of the Court. Deferral Applications are available at no charge from the Self-Service Center.

2. File the papers with the Clerk of the Court: File the original Petition to Modify, Affidavit of Financial Information, Order to Appear and Current Employer Information Sheet, with the Clerk of the Court at the filing counter. The Clerk will give you back the **ORIGINAL *"Order to Appear."***

Ask the Clerk to stamp the extra copies for you to show that you have filed these papers with the Clerk. These are called "conformed" copies.

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3. Hand-deliver the following papers to Family Court Administration or place in the Judges' in-box as indicated below.

- **Copy** of Petition to Modify, Affidavit of Financial Information
- **Original** and **2 copies** of the Order to Appear.
- A self-addressed envelope with enough postage so the Order to Appear may be mailed to you.

GRAHAM COUNTY CLERK OF THE COURT
800 W. MAIN STREET
SAFFORD, AZ 85546

Do not copy of this page

Wait to hear back from the judge about your court hearing: Wait two weeks and if you have not received the completed **Order to Appear** or any other document from the Judge, contact Family Court Administration at **(602) 506-1561**.

4. Serve the papers on the other party: If the judge decided to set a hearing, ***you*** **must arrange for service** of the following papers on the other party:

- ***"Petition to Modify Support"***.
- ***"Affidavit of Financial Information"***--a copy of the one you completed, ***and a blank copy*** *for the other party* to complete.
- ***"Order to Appear"***, signed by the judge.

Serving papers on the State: If you are asking to change child support *and* one of the parties is using the child support enforcement services of DES (the Department of Economic Security), notice **must** be given to that office. Mail a copy of the ***"Petition to Modify Support"*** and ***"Affidavit of Financial Information"*** to:

5. Go to the court hearing: If the judge scheduled a hearing, be sure to write down the date, time and place of the court hearing, and come to the hearing. **Be on time.** Dress neatly. Be prepared to tell the judge why the order for support should be changed. **Do not bring children to court.**

You should bring the following things to the court hearing:

- A **copy** of the "***Petition to Modify"***
- An ***"Affidavit of Financial Information"*** completed by you

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