PETITION TO MODIFY INCOME WITHHOLDING ORDER

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WHEN ALL PARTIES WILL **NOT SIGN AN AGREEMENT** TO MODIFY THE ORDER

Part 1: Completing and Filing the Court Papers

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SELF-SERVICE CENTER

CHECKLIST

PETITION TO MODIFY (CHANGE) AN "INCOME WITHHOLDING ORDER"

An ***"Income Withholding Order"*** is a court order to an employer or other source of income to withhold money from the pay of a person ordered to pay child and/or spousal support.

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You may use these forms if . . .

- ✓ An ***"Income Withholding Order"*** has been issued *by a court in Graham County* against one of the parties to pay Child Support and/or Spousal Maintenance (alimony), **AND**
- ✓ You want to ***change*** the amount deducted from the pay of the person making payments, **AND**
- ✓ The parties are not willing to sign an **AGREEMENT** to the change**, AND**
- ✓ You want to change the ***"Income Withholding Order"*** because **one** or more of the following conditions applies:
  - ✓ The amount shown or the "stop date" for the ***"Income Withholding Order"*** is wrong or was changed by court order; **OR**
  - ✓ You have paid all amounts owed for back child support or and/or spousal maintenance), and only have to pay current child support and/or spousal maintenance; **OR**
  - ✓ You still owe money for back child support, but the current child support should stop; **OR**
  - ✓ The ***"Child Support Order"*** states a separate amount per child, per month, and one or more of the minor children have gotten married, reached age 18, or some other condition for stopping child support has occurred; **OR**
  - ✓ You still owe current or back spousal maintenance but one or more conditions for stopping or reducing child support have been met; **OR**
  - ✓ You still owe current spousal maintenance payments but have paid up all amounts owed for back spousal maintenance and / or current or back child support; **OR**
  - ✓ You still owe back spousal maintenance and / or current and / or back child support, but one of the conditions listed in the Order for ending current spousal maintenance payments has occurred; **OR**
  - ✓ You still owe current or back child support but have paid all amounts owed for spousal maintenance.

✖ ***DO NOT USE FORMS and instructions in this packet if . . .***

- ✖ You want to change the support order.*
- ✖ No further payments are owed for either current or back child support or spousal maintenance.*

* If ***either*** of the above are true, review the Self-Service Center forms to ***Modify Support*** or the forms to ***"Stop an Income Withholding Order"*** to determine if appropriate for your situation.

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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SELF-SERVICE CENTER

INSTRUCTIONS: HOW TO FILL OUT FORMS TO MODIFY AN INCOME WITHHOLDING ORDER (When Parties Will Not Sign an Agreement to the Change)

TO COMPLETE THESE FORMS YOU WILL NEED the date the current *"Income Withholding Order"* was signed. You can find the date on the original ***"Income Withholding Order"*** in the court file.

Note: If no more payments are owed, STOP! You have the wrong form! If your "**Income Withholding Order**" was issued after January 1, 2005, there may be a ***presumptive termination date*** (an automatic stop date) on the Order. If there is and that date is correct, you do not need to file anything to stop the Order, though you may want to make sure the financial department of whomever has been making payments is aware of the termination date. If there is no stop date on the Order, review the Self-Service Center forms to ***"Terminate an Income Withholding Order"*** to determine if appropriate for your situation.

Do not file this

FOR ALL FORMS: USE BLACK INK, TYPE OR PRINT IN LARGE CLEAR LETTERS.

PETITION TO MODIFY *"INCOME WITHHOLDING ORDER"*

Match each numbered item in the instructions with the same numbered item on the form.
Enter the following information:

(1) (At top left) Print the name and other information requested for the person submitting this form. If you are representing yourself in this matter, check the box before "Self".

(2) The names of the persons shown as the petitioner/plaintiff and respondent/defendant on the original ***"Income Withholding Order"***

(3) The case number that appears on the ***"Income Withholding Order"***

(4) The ATLAS number (if one has been assigned to your case).

(5) The name of the person making this request, and **(a)** the name of the person ordered to pay, and **(b)** the name of the person receiving the support payments according to the Court Order.

(6) The date the current ***"Income Withholding Order"*** **the** one you want to stop, was signed, along with the title/name and location of the Court that issued the Order.

(7) Check this box if the amount on the *"Income Withholding Order"* is wrong. (Note: If the amount is correct but the Order contains an incorrect date when the Order will automatically end ("presumptive termination date"), skip (7), (7a), (7b) and (8), and go to **(9)**).

(7a) Check this box if the amount is wrong because the amount of child support or spousal maintenance was changed by Court Order, *and* **then** enter the date of the Court Order making the change, and the name of the county where the change was made.

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(7b) Check this box if the amount is wrong because some portion of the amount listed on the ***"Income Withholding Order"*** is no longer owed, and **then** check the appropriate box(es) below that explain which items are no longer owed. In the lines below 7b, explain *why* money is no longer owed for any items checked (in 7b).

For example: If *current* child support is no longer owed because all children named in the child support order have turned 19 or gotten married, or other reason for stopping current support payments has occurred, but *back* child support ("arrearages and interest") are still owed, you would check the box beside **(7)** ***and*** the box to indicate that **"Current Child Support"** is no longer owed. Then, on the lines below, explain why current support is no longer owed, **for example**: "all children have emancipated" (turned 19, gotten married), or other condition that has occurred that requires or allows the amount of the Withholding Order to be changed. List and attach any supporting documents such as, if a child married, a copy of the marriage license or a newspaper announcement that states the wedding has already taken place.

(8) If you indicated that the amount listed on the current ***"Income Withholding Order"*** **is** wrong, write the amount listed on the *current* ***"Income Withholding Order"*** **in** the space provided for **(8a),** and then write the correct amount, the amount that ***should be*** listed on the ***"Income Withholding Order"*** in the space provided for (**8b**).

(9) Check this box if the *"Income Withholding Order"* contains a presumptive termination date (a date when the Order will automatically end), and that date is wrong.
(9a) Write the date that appears on the *current* ***"Income Withholding Order"***
(9b) Write the correct date that ***should be*** listed on the new ***"Income Withholding Order"***

(10) Signature. Sign where indicated. Print your name on the line below and enter the date of your signature (Month/Date/Year). Signing this Petition is a statement to the Court that the information you have provided is true and correct, under penalty of perjury.

NEW "Income Withholding Order"
If the Court grants your request, you will need a ***new "Income Withholding Order"*** with the new/correct information. **Judicial Officers or staff will complete the new document. Proceed to next form.**

CURRENT EMPLOYER OR OTHER PAYOR INFORMATION SHEET

Fill in the following information:

- Case Number
- ATLAS Number (if one has been assigned to this case)
- Name of the "payor", the person ordered to make payments
- Name and payroll or financial department address, fax and phone numbers for the payor's *current* employer or other payor,(the one(s) named in the ***"Income Withholding Order"***
- Name and payroll or financial department address, fax and phone numbers for the payor's *previous* employer or other payor

WHEN YOU HAVE COMPLETED THESE FORMS, GO TO THE "PROCEDURES" PAGE AND FOLLOW THE STEPS LISTED THERE.

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Person Filing: _____
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
GRAHAM COUNTY

_____
Name of Petitioner

Case Number:_____

NOTICE OF FILING
PETITION FOR MODIFICATION

_____
Name of Respondent

A Petition for Modification has been filed. A copy of the petition and/or affidavits is served on you with this Notice.

If you do not want a modification order taken against you without your input, you must file a response in writing with the court within twenty (20) days from the date of service. You shall provide a copy of each response document to the applicant's attorney or, if unrepresented, the applicant and to the assigned division.

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.

Signed and sealed this date: _____

CINDY WOODMAN, CLERK OF SUPERIOR COURT

By: _____

Deputy Clerk

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Person Filing:_____
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

(2)_____
Petitioner (in original case)

(3) Case No. _____

(4) ATLAS No. _____

(2)_____
Respondent (in original case)

PETITION TO MODIFY INCOME WITHHOLDING ORDER
A.R.S. § 25-504

An **Income Withholding Order** is a court order that requires an employer to withhold money from the funds of a person ordered to pay child support and/or spousal maintenance (alimony).

THIS FORM WILL NOT AFFECT THE AMOUNT OF SUPPORT ORDERED TO BE PAID; IT ONLY AFFECTS THE AMOUNT OF SUPPORT DEDUCTED FROM FUNDS.

I, **(5)**_____, ask the court to modify the ***Income Withholding Order*** (Order requiring an employer or other payor to withhold funds for child support or spousal maintenance) in which:

(a)
_____ is the person ordered to make payments, and

(b)
_____ is the person entitled to receive payments.

Issued this date: **(6)** _____ (Month/Day/Year)

Issued by this Court: _____ (Name of Court)

Located in this County: _____ (Name of County)

Located in this State: _____ (Name of State)

because: (Check the appropriate box(es))

(7) ☐ The **amount** shown on the ***Income Withholding Order*** **is wrong because*:***

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(7a) The amount was changed by Court Order issued on this date: _____

(Month/Day/Year) in this county: _____ , **OR**

(7b) The person making payments no longer owes (Check all that apply)

☐ Current Child Support
☐ Child Support arrearages (back child support) and interest
☐ Current Spousal Support
☐ Spousal Support arrearages (back alimony) and interest

Reason(s) why money is no longer owed for any items checked in item (**7b)**:
(List and attach any supporting documents.)

_____

_____

(8) For the reasons listed in **above**, the amount ordered assigned should be changed from the current

Amount of **(8a)** $ _____ to the ***new*** amount of **(8b)** $_____

(9) ☐ The current ***Income Withholding Order*** should be modified because the ***presumptive termination date*** (the day the order will end) **is wrong**. The termination date should be changed from the date listed on the current ***Income Withholding Order***: **(9a)** _____ (Month/Day/Year)

To the ***new*** date of **(9b)** _____ (Month/Day/Year)

Explain why the presumptive termination date is wrong (list and attach any supporting documents).

_____

_____

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.

(10) _____ _____
Signature Date

_____
Printed Name

NOTICE TO THE PARTY SERVED WITH THIS PETITION: If you do not agree with this Petition, you have twenty (20) days, or thirty (30) days if service is made outside the state of Arizona, in which to respond by completing a petition for hearing. If requested, a hearing will be set. The forms necessary to request a hearing are available from the Clerk of Superior Court, for purchase from the Self-Service Center, or they may be downloaded for free from the internet.

If you do not request a hearing in writing within the time allowed, the Court will review the ***Petition to Modify*** (Change) ***Income Withholding Order*** and grant the request, if appropriate.

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SUPERIOR COURT OF ARIZONA
GRAHAM COUNTY

_____
Name of Petitioner

Case No._____

ORDER TO APPEAR

_____
Name of Respondent

READ ME: 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 help.

Based on the_____, the documents filed with it, and pursuant to Arizona Law,

IT IS ORDERED THAT YOU _____ (name)appear at the time and place stated below so the court can determine whether the relief asked for in the Motion/Petition should be granted.

NAME OF JUDICIAL OFFICER: _____

DATE AND TIME OF HEARING: _____

PLACE OF HEARING: Graham County Superior Court

ADDRESS: 800 W. Main Street
Safford, AZ 85546

IT IS FURTHER ORDERED that a true copy of this ***"Order to Appear"*** and a true copy of the Motion/Petition and documents filed with the Motion/Petition shall be served by the moving party on the parties who are required to appear and a true copy of these documents shall be mailed immediately to parties who have appeared in this action, in accordance with Arizona Rules of Family Law Procedure, Rules 40-43, 47.

Requests for reasonable accommodation for persons with disabilities must be made to the office of the Judge or Commissioner scheduled to hear this case five days before your scheduled court date.

DONE IN OPEN COURT: _____.

_____
Judge/Commissioner of the Superior Court

READ ME. The court will determine the time needed for the hearing. 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.

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PARENTS WORKSHEET FOR CHILD SUPPORT AND GUIDELINES

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Schedule of Basic Support Obligations

Combined Adjusted Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
750	174	255	303	312	372	404
800	185	271	323	360	396	431
850	196	287	341	381	419	456
900	206	301	358	399	439	478
950	216	315	374	418	460	500
1000	225	329	391	436	480	522
1050	235	343	407	455	500	544
1100	245	357	424	473	521	566
1150	255	371	440	492	541	588
1200	264	385	457	510	561	610
1250	274	399	473	528	581	632
1300	284	414	490	547	602	654
1350	293	428	506	565	622	676
1400	303	442	523	584	642	698
1450	313	456	539	602	662	720
1500	323	470	556	621	683	742
1550	332	484	572	639	703	764
1600	342	498	589	657	723	786
1650	351	511	604	675	742	807
1700	360	524	620	692	761	828
1750	369	537	635	709	780	848
1800	379	551	651	727	799	869
1850	388	564	666	744	818	889
1900	397	577	681	761	837	910
1950	406	590	697	778	856	931
2000	415	603	712	796	875	951
2050	424	616	727	812	894	971
2100	433	629	742	829	912	991
2150	442	641	757	845	930	1011
2200	450	654	772	862	948	1031
2250	459	667	786	878	966	1050
2300	468	679	801	895	984	1070
2350	477	692	816	911	1003	1090
2400	486	705	831	928	1021	1109
2450	495	717	845	944	1039	1129
2500	503	730	860	961	1057	1149
2550	512	742	875	977	1075	1169
2600	521	755	890	994	1093	1188
2650	530	768	905	1010	1111	1208
2700	539	780	919	1027	1130	1228
2750	547	793	934	1043	1148	1248
2800	556	806	949	1060	1166	1267
2850	565	818	964	1076	1184	1287
2900	574	831	978	1093	1202	1307
2950	583	844	993	1109	1220	1326
3000	592	857	1008	1126	1239	1347
3050	601	870	1024	1144	1258	1367
3100	610	883	1039	1161	1277	1388

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Schedule of Basic Support Obligations

Combined Adjusted Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
3150	619	896	1055	1178	1296	1409
3200	628	909	1070	1195	1315	1429
3250	637	922	1085	1212	1334	1450
3300	646	935	1101	1230	1353	1470
3350	655	948	1116	1247	1372	1491
3400	663	961	1132	1264	1391	1512
3450	672	974	1147	1281	1409	1532
3500	681	987	1163	1299	1428	1553
3550	690	1000	1178	1316	1447	1573
3600	699	1013	1193	1333	1466	1594
3650	708	1026	1209	1350	1485	1614
3700	717	1039	1224	1367	1504	1635
3750	726	1052	1240	1385	1523	1656
3800	735	1065	1255	1402	1542	1676
3850	744	1078	1270	1419	1561	1697
3900	753	1091	1286	1436	1580	1717
3950	760	1101	1297	1449	1594	1733
4000	765	1108	1306	1458	1604	1744
4050	771	1115	1314	1468	1614	1755
4100	776	1123	1322	1477	1625	1766
4150	781	1130	1330	1486	1635	1777
4200	786	1137	1339	1495	1645	1788
4250	791	1144	1347	1504	1655	1799
4300	796	1152	1355	1514	1665	1810
4350	802	1159	1363	1523	1675	1821
4400	807	1166	1371	1532	1685	1832
4450	812	1173	1379	1541	1695	1842
4500	817	1180	1388	1550	1705	1853
4550	822	1188	1396	1559	1715	1864
4600	827	1195	1404	1568	1725	1875
4650	833	1202	1412	1577	1735	1886
4700	838	1209	1420	1586	1745	1897
4750	843	1216	1428	1596	1755	1908
4800	848	1224	1437	1605	1765	1919
4850	853	1231	1445	1614	1775	1930
4900	858	1238	1453	1623	1785	1940
4950	863	1245	1461	1632	1795	1951
5000	869	1252	1469	1641	1805	1962
5050	874	1259	1477	1650	1815	1973
5100	877	1265	1483	1657	1822	1981
5150	881	1270	1489	1664	1830	1989
5200	885	1275	1495	1670	1837	1997
5250	889	1281	1502	1677	1845	2005
5300	892	1286	1508	1684	1852	2014
5350	896	1291	1514	1691	1860	2022
5400	900	1296	1520	1698	1867	2030
5450	903	1302	1526	1704	1875	2038
5500	907	1307	1532	1711	1882	2046

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Schedule of Basic Support Obligations

Combined Adjusted Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
5550	911	1312	1538	1718	1890	2054
5600	915	1318	1544	1725	1897	2063
5650	918	1323	1550	1732	1905	2071
5700	922	1328	1556	1739	1912	2079
5750	926	1333	1563	1745	1920	2087
5800	930	1339	1569	1752	1927	2095
5850	933	1344	1575	1759	1935	2103
5900	937	1349	1581	1766	1942	2111
5950	941	1354	1587	1773	1950	2120
6000	944	1360	1593	1779	1957	2128
6050	948	1365	1599	1786	1965	2136
6100	952	1370	1605	1793	1972	2144
6150	956	1376	1611	1800	1980	2152
6200	959	1380	1616	1805	1986	2159
6250	962	1384	1620	1810	1991	2164
6300	965	1388	1625	1815	1996	2170
6350	968	1392	1629	1819	2001	2175
6400	971	1395	1633	1824	2006	2181
6450	973	1399	1637	1828	2011	2186
6500	976	1403	1641	1833	2016	2192
6550	979	1407	1645	1837	2021	2197
6600	982	1411	1649	1842	2026	2203
6650	985	1415	1653	1847	2031	2208
6700	988	1418	1657	1851	2036	2213
6750	991	1422	1661	1856	2041	2219
6800	994	1426	1665	1860	2046	2224
6850	997	1430	1670	1865	2051	2230
6900	1000	1434	1674	1869	2056	2235
6950	1002	1438	1678	1874	2061	2241
7000	1005	1442	1682	1879	2066	2246
7050	1008	1445	1686	1883	2071	2252
7100	1011	1449	1690	1888	2077	2257
7150	1014	1453	1694	1892	2082	2263
7200	1017	1457	1698	1897	2087	2268
7250	1020	1461	1702	1901	2092	2274
7300	1023	1465	1706	1906	2097	2279
7350	1024	1466	1708	1908	2099	2281
7400	1026	1468	1710	1910	2101	2284
7450	1027	1470	1712	1912	2103	2286
7500	1029	1472	1714	1914	2106	2289
7550	1030	1474	1716	1916	2108	2291
7600	1032	1476	1718	1918	2110	2294
7650	1033	1478	1719	1921	2113	2296
7700	1035	1479	1721	1923	2115	2299
7750	1036	1481	1723	1925	2117	2301
7800	1038	1483	1725	1927	2119	2304
7850	1039	1485	1727	1929	2122	2306
7900	1041	1487	1729	1931	2124	2309

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Schedule of Basic Support Obligations

Combined Adjusted Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
7950	1042	1489	1731	1933	2126	2311
8000	1044	1491	1732	1935	2129	2314
8050	1045	1492	1734	1937	2131	2316
8100	1047	1494	1736	1939	2133	2319
8150	1048	1496	1738	1941	2136	2321
8200	1050	1498	1740	1943	2138	2324
8250	1051	1500	1742	1946	2140	2326
8300	1053	1502	1744	1948	2142	2329
8350	1054	1504	1745	1950	2145	2331
8400	1055	1505	1747	1952	2147	2333
8450	1058	1509	1751	1956	2152	2339
8500	1063	1516	1759	1965	2161	2349
8550	1068	1522	1767	1973	2171	2360
8600	1072	1529	1774	1982	2180	2370
8650	1077	1536	1782	1991	2190	2380
8700	1082	1543	1790	1999	2199	2391
8750	1087	1549	1798	2008	2209	2401
8800	1092	1556	1806	2017	2218	2411
8850	1096	1563	1813	2025	2228	2422
8900	1101	1570	1821	2034	2238	2432
8950	1106	1576	1829	2043	2247	2443
9000	1111	1583	1837	2051	2257	2453
9050	1116	1590	1844	2060	2266	2463
9100	1120	1597	1852	2069	2276	2474
9150	1125	1603	1860	2077	2285	2484
9200	1130	1610	1868	2086	2295	2494
9250	1134	1616	1874	2093	2302	2503
9300	1137	1620	1879	2099	2309	2509
9350	1140	1624	1884	2104	2315	2516
9400	1143	1629	1889	2110	2321	2523
9450	1146	1633	1894	2116	2327	2530
9500	1149	1637	1899	2121	2334	2537
9550	1152	1642	1904	2127	2340	2543
9600	1155	1646	1909	2133	2346	2550
9650	1158	1650	1914	2138	2352	2557
9700	1161	1655	1920	2144	2358	2564
9750	1164	1659	1925	2150	2365	2570
9800	1168	1664	1930	2156	2372	2578
9850	1171	1669	1936	2162	2379	2585
9900	1174	1674	1941	2169	2385	2593
9950	1178	1678	1947	2175	2392	2600
10000	1181	1683	1953	2181	2399	2608
10050	1185	1688	1958	2187	2406	2615
10100	1188	1693	1964	2194	2413	2623
10150	1191	1698	1969	2200	2420	2630
10200	1195	1703	1975	2206	2427	2638
10250	1198	1707	1981	2212	2434	2645
10300	1202	1712	1986	2219	2441	2653

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Schedule of Basic Support Obligations

Combined Adjusted Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
10350	1205	1717	1992	2225	2447	2660
10400	1207	1720	1996	2229	2452	2665
10450	1210	1724	2000	2234	2457	2671
10500	1213	1728	2004	2238	2462	2676
10550	1215	1731	2008	2243	2467	2681
10600	1218	1735	2012	2247	2472	2687
10650	1220	1738	2016	2252	2477	2692
10700	1223	1742	2020	2256	2482	2698
10750	1226	1745	2024	2261	2487	2703
10800	1228	1749	2028	2265	2492	2708
10850	1231	1753	2032	2270	2497	2714
10900	1233	1756	2036	2274	2502	2719
10950	1236	1760	2040	2279	2507	2725
11000	1239	1763	2044	2283	2511	2730
11050	1241	1767	2048	2288	2516	2735
11100	1244	1771	2052	2292	2521	2741
11150	1246	1774	2056	2297	2526	2746
11200	1249	1778	2060	2301	2531	2752
11250	1251	1781	2064	2306	2536	2757
11300	1254	1785	2068	2310	2541	2762
11350	1257	1788	2072	2315	2546	2768
11400	1259	1792	2076	2319	2551	2773
11450	1262	1796	2080	2324	2556	2778
11500	1264	1799	2084	2328	2561	2784
11550	1267	1803	2088	2333	2566	2789
11600	1270	1806	2092	2337	2571	2795
11650	1272	1810	2096	2342	2576	2800
11700	1275	1814	2100	2346	2581	2805
11750	1277	1817	2105	2351	2586	2811
11800	1280	1821	2109	2356	2591	2817
11850	1283	1825	2114	2361	2597	2823
11900	1286	1829	2119	2366	2603	2830
11950	1289	1833	2123	2372	2609	2836
12000	1292	1838	2128	2377	2615	2842
12050	1295	1842	2133	2383	2621	2849
12100	1298	1846	2138	2388	2627	2855
12150	1301	1850	2143	2393	2633	2862
12200	1304	1854	2147	2399	2638	2868
12250	1306	1858	2152	2404	2644	2874
12300	1309	1863	2157	2409	2650	2881
12350	1312	1867	2162	2415	2656	2887
12400	1315	1871	2167	2420	2662	2894
12450	1318	1875	2171	2425	2668	2900
12500	1321	1879	2176	2431	2674	2906
12550	1324	1883	2181	2436	2680	2913
12600	1327	1887	2186	2441	2686	2919
12650	1330	1891	2190	2447	2691	2926
12700	1333	1896	2195	2452	2697	2932

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Schedule of Basic Support Obligations

Combined Adjusted Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
12750	1336	1900	2200	2457	2703	2938
12800	1338	1904	2205	2463	2709	2945
12850	1341	1908	2210	2468	2715	2951
12900	1344	1912	2214	2473	2721	2957
12950	1347	1916	2219	2479	2727	2964
13000	1350	1920	2224	2484	2732	2970
13050	1353	1924	2229	2489	2738	2977
13100	1356	1929	2233	2495	2744	2983
13150	1359	1933	2238	2500	2750	2989
13200	1362	1937	2243	2505	2756	2996
13250	1365	1941	2248	2511	2762	3002
13300	1367	1945	2252	2516	2768	3008
13350	1370	1949	2257	2521	2774	3015
13400	1373	1953	2262	2527	2779	3021
13450	1376	1958	2267	2532	2785	3028
13500	1379	1962	2272	2537	2791	3034
13550	1382	1966	2276	2543	2797	3040
13600	1385	1970	2281	2548	2803	3047
13650	1388	1974	2286	2553	2809	3053
13700	1391	1978	2291	2559	2815	3059
13750	1393	1982	2295	2564	2820	3066
13800	1396	1986	2300	2569	2826	3072
13850	1399	1991	2305	2575	2832	3079
13900	1402	1995	2310	2580	2838	3085
13950	1405	1999	2315	2585	2844	3091
14000	1408	2003	2319	2591	2850	3098
14050	1411	2007	2324	2596	2856	3104
14100	1414	2011	2329	2601	2861	3110
14150	1417	2015	2334	2607	2867	3117
14200	1420	2019	2338	2612	2873	3123
14250	1422	2024	2343	2617	2879	3130
14300	1425	2028	2348	2623	2885	3136
14350	1428	2032	2353	2628	2891	3142
14400	1431	2036	2357	2633	2897	3149
14450	1434	2040	2362	2639	2903	3155
14500	1437	2044	2367	2644	2908	3161
14550	1440	2048	2372	2649	2914	3168
14600	1443	2052	2377	2655	2920	3174
14650	1446	2056	2381	2660	2926	3180
14700	1448	2060	2385	2665	2931	3186
14750	1451	2064	2390	2669	2936	3192
14800	1454	2068	2394	2674	2941	3197
14850	1457	2072	2398	2679	2947	3203
14900	1460	2076	2402	2684	2952	3209
14950	1463	2079	2407	2688	2957	3214
15000	1466	2083	2411	2693	2962	3220
15050	1468	2087	2415	2698	2968	3226
15100	1471	2091	2419	2703	2973	3231

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Schedule of Basic Support Obligations

Combined Adjusted Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
15150	1474	2095	2424	2707	2978	3237
15200	1477	2099	2428	2712	2983	3243
15250	1480	2102	2432	2717	2988	3248
15300	1483	2106	2436	2722	2994	3254
15350	1485	2110	2441	2726	2999	3260
15400	1488	2114	2445	2731	3004	3266
15450	1491	2118	2449	2736	3009	3271
15500	1494	2122	2453	2741	3015	3277
15550	1497	2125	2458	2745	3020	3283
15600	1500	2129	2462	2750	3025	3288
15650	1502	2133	2466	2755	3030	3294
15700	1505	2137	2471	2760	3036	3300
15750	1508	2141	2475	2764	3041	3305
15800	1511	2145	2479	2769	3046	3311
15850	1514	2148	2483	2774	3051	3317
15900	1517	2152	2488	2779	3056	3322
15950	1519	2156	2492	2783	3062	3328
16000	1522	2160	2496	2788	3067	3334
16050	1525	2164	2500	2793	3072	3339
16100	1528	2168	2505	2798	3077	3345
16150	1531	2171	2509	2802	3083	3351
16200	1534	2175	2513	2807	3088	3356
16250	1536	2179	2517	2812	3093	3362
16300	1539	2183	2522	2817	3098	3368
16350	1542	2187	2526	2821	3103	3373
16400	1545	2190	2530	2826	3108	3379
16450	1547	2194	2534	2830	3114	3384
16500	1550	2198	2539	2836	3119	3391
16550	1553	2202	2544	2841	3125	3397
16600	1556	2206	2548	2846	3131	3403
16650	1559	2211	2553	2852	3137	3410
16700	1562	2215	2558	2857	3143	3416
16750	1565	2219	2562	2862	3148	3422
16800	1568	2223	2567	2867	3154	3429
16850	1570	2227	2572	2873	3160	3435
16900	1573	2231	2577	2878	3166	3441
16950	1576	2235	2581	2883	3172	3447
17000	1579	2239	2586	2888	3177	3454
17050	1582	2243	2591	2894	3183	3460
17100	1585	2247	2595	2899	3189	3466
17150	1588	2251	2600	2904	3195	3473
17200	1590	2255	2605	2909	3200	3479
17250	1593	2259	2609	2915	3206	3485
17300	1596	2263	2614	2920	3212	3491
17350	1599	2267	2619	2925	3218	3498
17400	1602	2271	2623	2930	3223	3504
17450	1605	2276	2628	2936	3229	3510
17500	1608	2280	2633	2941	3235	3516

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Schedule of Basic Support Obligations

Combined Adjusted Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
17550	1610	2284	2638	2946	3241	3523
17600	1613	2288	2642	2951	3246	3529
17650	1616	2292	2647	2957	3252	3535
17700	1619	2296	2652	2962	3258	3541
17750	1622	2300	2656	2967	3264	3548
17800	1625	2304	2661	2972	3270	3554
17850	1628	2308	2666	2978	3275	3560
17900	1630	2312	2670	2983	3281	3567
17950	1633	2316	2675	2988	3287	3573
18000	1636	2320	2680	2993	3293	3579
18050	1639	2324	2684	2999	3298	3585
18100	1642	2328	2689	3004	3304	3592
18150	1645	2332	2694	3009	3310	3598
18200	1648	2336	2699	3014	3316	3604
18250	1650	2340	2703	3019	3321	3610
18300	1653	2345	2708	3025	3327	3617
18350	1656	2349	2713	3030	3333	3623
18400	1659	2353	2717	3035	3339	3629
18450	1662	2357	2722	3040	3344	3635
18500	1665	2361	2727	3046	3350	3642
18550	1667	2365	2731	3051	3356	3648
18600	1670	2369	2736	3056	3362	3654
18650	1673	2373	2741	3061	3368	3661
18700	1676	2377	2745	3067	3373	3667
18750	1679	2381	2750	3072	3379	3673
18800	1682	2385	2755	3077	3385	3679
18850	1685	2389	2759	3082	3391	3686
18900	1687	2393	2764	3088	3396	3692
18950	1690	2397	2769	3093	3402	3698
19000	1693	2401	2774	3098	3408	3704
19050	1696	2405	2778	3103	3414	3711
19100	1699	2409	2783	3109	3419	3717
19150	1702	2414	2788	3114	3425	3723
19200	1705	2418	2792	3119	3431	3729
19250	1707	2422	2797	3124	3437	3736
19300	1710	2426	2802	3130	3442	3742
19350	1713	2430	2806	3135	3448	3748
19400	1716	2434	2811	3140	3454	3755
19450	1719	2438	2816	3145	3460	3761
19500	1722	2442	2820	3150	3466	3767
19550	1725	2446	2825	3156	3471	3773
19600	1727	2450	2830	3161	3477	3779
19650	1729	2453	2833	3164	3481	3784
19700	1732	2456	2836	3168	3485	3788
19750	1734	2459	2839	3172	3489	3792
19800	1736	2462	2843	3175	3493	3797
19850	1738	2465	2846	3179	3497	3801
19900	1740	2467	2849	3183	3501	3806
19950	1742	2470	2853	3186	3505	3810
20000	1744	2473	2856	3190	3509	3815

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Self-Service Center (SSC)

HOW TO COMPLETE A
PARENTS WORKSHEET FOR CHILD SUPPORT

Use the ***FREE*** online child support calculator at the Superior Court's Web page to produce the *Parents Worksheet for Child Support* that **MUST** be turned in along with your other court papers.

Using the online calculator is FREE (access to the Internet and a printer required).

If you do not have access to the Internet and/or a printer, you may use the computers at all Superior Court Self-Service Center locations for free and print out the Parents Worksheet produced by the online calculator as well. There is a small, per-page charge for printing.

- Go to the Superior Court's ezcourtform Web page
- Click "**Child Support Calculator**" on right side of the web page.
- Fill in the information requested and print out the Worksheet.

Advantages of Using the Online Child Support Calculator

- The online calculator is free.
- The online calculator does the math for you
- The online calculator produces a neater, more readable worksheet.
- The online calculator produces a more accurate child support calculation, **AND**
- **You don't have to go through 37 pages of Guidelines and Instructions**

If you want to perform the calculations yourself, you will need an additional 39 pages of guidelines, instructions, and the Parents Worksheet itself. These are available for separate purchase from the SSC as part of the **"How to Calculate Child Support**" packet, or may be downloaded for free from the Superior Court's Web page.

You may also attend the free "*How to Complete Papers to Modify Child Support*" workshop described in the flyer that appears at the beginning of this packet.

You may also call 928-428-3100 for an appointment for assistance (in English or Spanish) at the Phoenix courthouse. Ask for the "Calculations Department". There is a FEE for this

WHEN YOU HAVE COMPLETED ALL NEEDED FORMS, GO TO THE "PROCEDURES" PAGE AND FOLLOW THE STEPS LISTED THERE.

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PARENT'S WORKSHEET INSTRUCTIONS

This worksheet provides the information the court needs to determine child support amounts in accordance with Arizona's Child Support Guidelines. You may get a copy of the Child Support Guidelines for a fee from any of the four Self-Service Center or you can download it free from the Internet.

COMPLETE THIS WORKSHEET IF:

- You are a party to a court action to establish child support **or** to modify an existing order for child support.

Need help with calculations? Use the free Online Child Support Calculator at the Superior Court's website to perform the calculations for you. Click "Child Support Calculator and Worksheet" (on the right side of the page). You may print and use the worksheet produced by the calculator <u>in place of</u> the form included in this packet.

You may also call 928-428-3100 for an appointment for assistance (in English or Spanish) at the Phoenix courthouse location. Ask for the "Calculations Department". There is a fee for this service.

TO COMPLETE THIS WORKSHEET YOU WILL NEED TO KNOW:

- Your case number.
- Your monthly gross income and that of the other parent.
- The monthly cost of medical insurance for the minor children who are the subject of this action.
- Monthly childcare amounts paid to others.
- The number of days the minor child(ren) spend with the non-primary residential (custodial) parent.
- Monthly obligations of yourself and the other parent for child support or court-ordered spousal maintenance/ support.

FOLLOW THESE INSTRUCTIONS WHICH ARE NUMBERED TO MATCH THE IDENTIFYING NUMBERS IN PARENTHESES ON THE FORM. TYPE OR PRINT NEATLY USING BLACK INK. The number *in brackets* <u>after</u> the instructions tells you where to look in the **Guidelines** for this item, for example, [Guidelines 5].

<u>BASIC INFORMATION</u>

(1) Type or print the information requested at top left for the person who is filing this form. Check the appropriate box to indicate whether you are the Petitioner or Respondent in this case, and also whether you are represented by an attorney. (The spaces marked "for "Attorney Name", "Bar No.", etc, are used **only** if an attorney is preparing this form.)

(2) Type or print the name of the county in which this worksheet is being filed. (This may already be printed on the form.)

(3) Type or print the name of the persons shown as the Petitioner and the Respondent on the original petition to establish support or on the Order that established support.

(4) Type or print your case number and the ATLAS number. If you do not have a case number, leave this item blank. If you do not have an ATLAS number, leave this item blank.

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(5) Enter the number of minor children from this relationship for whom support is being sought in this court action.

(6) Check the box to indicate which parent is the "primary residential parent". If not stated directly in a Court Order, who does (do) the minor children) live with most of the time?

(7) Check the box to indicate which parent is completing this form.

(8) Where did you get the figures you are supplying for the other party? Check the box to indicate whether those numbers are Actual, Estimated or Attributed. [See Guidelines 5.E.] Examples of ESTIMATED income: He was promoted to supervisor and I know that position pays more; she has the same job as my sister, who works at the same place and makes this amount. Example of ATTRIBUTED income: My ex-wife was a secretary earning $1500/month. Now she has remarried and is staying home as a homemaker.

MONTHLY GROSS INCOME

- Terms such as "gross income" and "adjusted gross income" as used here do not have the same meaning as when they are used for tax purposes.
- "Gross Income" is not your "take home pay", it is the higher amount shown before any deductions are taken out of your check.
- If you are converting a weekly "gross income" figure to a "monthly gross income" figure, multiply the weekly amount by 4.33 (52 weeks divided by 12 months = 4.33 average weeks in a month).

(9) Type or print the total amount of your Gross Income each month. Gross income means the amount before taxes and other deductions are taken out. For income from self-employment, rent, royalties, proprietorship of a business, joint ownership of a partnership or closely held corporation, gross income means gross receipts minus ordinary and necessary expenses required to produce income. What you include as "ordinary and necessary expenses" may be adjusted by the court, if deemed inappropriate for determining gross income for child support. Ordinary and necessary expenses include one-half of the self-employment tax actually paid.

Gross Income includes monies from:

- Salaries
- Bonuses
- Worker's Compensation Benefits
- Wages
- Dividends
- Disability Insurance (including Social Security disability)
- Annuities
- Royalties
- Commissions
- Capital Gains
- Interest
- Self-employment
- Severance Pay
- Unemployment Insurance Benefits
- Income from a Business
- Pensions
- Rental Income
- Prizes
- Social Security Benefits
- Trust Income
- Recurring Gifts
- Spousal Maintenance (alimony) (Item 11)

Gross Income **does not include** benefits from public assistance programs such as Temporary Assistance for Needy Families (TANF), Supplemental Social Security Income (SSI), Nutrition Assistance (food stamps/EBT or WIC), and General Assistance (GA); and, it **does not include** child support payments received.

Also type or print the total monthly gross income for the other parent, to the best of your knowledge. If a parent is unemployed or underemployed, you may ask the court to attribute income to that parent by entering the amount of what you think that parent would be earning if he or she worked at full earning capacity. The court shall presume, in the absence of contrary testimony, that a non-primary residential parent (custodial parent) is capable of full-time employment at least at the federal adult minimum wage. [Guidelines 5.E.] This

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presumption **does not** apply to non-primary residential parents under the age of eighteen who are attending high school. If gross income is attributed to the parent receiving support, appropriate childcare expenses may also be attributed at Item 18.

If you are completing this Parent's Worksheet as part of a modification proceeding and your income is different from the court's most recent findings, you must attach documentation to verify your current income. The documentation should include: your most recent tax return, W-2, or 1099 forms and your most recent paycheck stub showing year-to-date information. If these are not available, provide other documentation such as a statement of earnings from your employer showing year-to-date income.

If you are completing this Parent's Worksheet as part of a modification proceeding and the income you show for the other party is different from that listed on the court's most recent findings regarding income of that parent, you must attach documentation of the amount **or** mark the box in Item 8 to show that the income amount is estimated or attributed and explain the basis for the amount shown.

ADJUSTMENTS TO MONTHLY GROSS INCOME

(10-11) Type or print the total monthly amount of court-ordered spousal maintenance/alimony you and/or the other parent actually **pay to** a former spouse **or receive from** a former spouse. Also, the amount that is paid or received or *will be* paid or received in this court case each month. Spousal maintenance/alimony paid is a deduction from gross income. Spousal maintenance/alimony received is an addition to gross income. [Guidelines 2.C. and 6.A.]

(12) Type or print the total amount of court-ordered child support you and/or the other parent actually pay [Guidelines 6.B.] each month for children of other relationships, And/Or, if you and/or the other parent are the primary residential parent of minor child(ren) of other relationships, based on a "simplified application of the Guidelines", determine an adjustment to enter based on the amount of court-ordered child support you "contribute". [Guidelines 6.C.] Court-ordered *arrearage* payments are not included in either case.

EXAMPLE (copied directly from the Guidelines):
A parent having gross monthly income of $2,000 supports a natural or adopted minor child who is not the subject of the child support case before the court and for whom no child support order exists. To use the Simplified Application of the Guidelines, locate $2,000 in the Combined Adjusted Gross Income column of the Schedule. Select the amount in the column for one child, $415. The parent's income may be reduced up to $415, resulting in an Adjusted Gross Income of $1,585.

(13) You may ask the court to consider the financial obligation you have to support other natural or adopted minor children for whom there is no court order requiring you to pay support. If you choose to do this, the adjustment amount you may request is determined by a "simplified application of the guidelines". On the Schedule of Basic Child Support Obligations, find the amount that is closest to the adjusted gross income amount of the parent requesting an adjustment. Go to the column for the number of children in question. Enter the amount shown there in Item 13. [Guidelines 6.D.]

(14) **Adjusted Gross Income**. For each parent, add or subtract the numbers in Items 10 through 13 from the number in Item 9. Write the results for each parent on the line in Item 14. This is the Adjusted Monthly Gross Income for each parent. [Guidelines 7]

COMBINED ADJUSTED MONTHLY GROSS INCOME

(15) Add the two numbers in Item 14 together (the one for the father and the one for the mother). This total is the Combined Adjusted Monthly Gross Income.

BASIC CHILD SUPPORT OBLIGATION You MUST view the *"Schedule of Basic Child Support Obligations"* in order to answer (16). You can download the entire document free from our website.

OR you can use the online child support calculator to calculate the amount for you automatically.

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The online calculator can be found at the Superior Court's ezcourtforms Web page OR you can call 602-506-3762 for an appointment to have someone help you calculate child support. There is a fee for this service.

(16) On the "***Schedule of Basic Child Support Obligations*** locate the amount that is closest to the Combined Adjusted Monthly Gross Income listed in Item 15. Go to the column for the number of minor children listed in Item 5. This amount is your Basic Child Support Obligation; enter this amount for Item 16. [Guidelines 8]

PLUS COSTS FOR NECESSARY EXPENSES

Place in the column for the parent paying the expenses.

(17) Type or print the monthly dollar amount of that portion of the insurance premium that is or will be paid for court-ordered medical, dental and/or vision care insurance for the minor child(ren) who is/are the subject(s) of this order. [Guidelines 9.A.]

(18) If the parent with primary residential parent status is working or if you have attributed income to that parent in Item 9, type or print the monthly cost of work-related child care that parent pays. If these costs vary throughout the year, add the amounts for each month together and divide by 12 to annualize the cost. [Guidelines 9.B.1.] (See Guidelines for rules and chart concerning income).

If the non-primary residential parent pays for work-related childcare, during periods of physical custody, the amount paid by that parent may also be included here (each month's amount added together and divided by 12 to annualize the cost)..

(19) Type or print the monthly costs of reasonable and necessary expenses for special or private schools and special educational activities. These expenses must be agreed upon by both parents or ordered by the court. [Guidelines 9.B.2.]

(20) If any of the children for whom support is being ordered are gifted or handicapped and have special needs that are not recognized elsewhere, the additional monthly cost of meeting those needs should be entered here. [Guidelines 9.B.3.]

(21) **MINOR CHILDREN 12 AND OVER.** If there are no minor children 12 or over, enter "0" or "N/A" and SKIP to Item 22. Average expenditures for minor children age 12 or older are approximately 10% higher than those for younger children, therefore the Guidelines call for an adjustment of up to a maximum of 10% to account for these higher costs. If support is being determined for minor children 12 or older, in the first blank, enter the number of minor children 12 or older. In the next blank enter how many percent (one, to a maximum of ten percent) you think the amount of child support should be adjusted (increased) due to the child or children being 12 or older.

If *all* minor children are 12 or over:

- Multiply the dollar amount from (16), the Basic Child Support Obligation, by the (up to 10) percent increase, which results in the monthly dollar amount of increase.
- Enter this amount for Item 21. The highest possible increase would be 10% of the basic child support obligation. [Guidelines 9.B.4.]

If at least one, *but not all* minor children are 12 or older:

- Divide the basic support obligation (Item 16) by the total number of children.
- Multiply that figure by the number of minor children 12 or over.
- Then multiply the result by the adjustment percentage (up to 10%), and enter this amount for Item 21. [Guidelines 9.B.4.]

EXAMPLE A: All minor children 12 or older, Basic Child Support Obligation $300, and 10% Adjustment:
Multiply Basic Child Support Obligation by % Adjustment: $300 x .10 = $30.00

EXAMPLE B: Three children, Two 12 or older, Basic Child Support Obligation $300, 10% Adjustment:
Divide Basic Child Support Obligation by total number of children: $300 / 3 = $100
Multiply answer by the number of children 12 and older: $100 x 2 = $200
Multiply result by the Adjustment Percentage: $200 x .10 = $20.00

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(22) Add the amounts from Items 17, 18, 19, 20 and 21, including both the amounts for you and the amounts for the other parent. Enter the total amount on the line in Item 22.

TOTAL CHILD SUPPORT OBLIGATION

(23) Add the amounts from Items 16 and 22. Enter the total amount on the line in Item 23. This is the Total Child Support Obligation amount.

EACH PARENT'S PERCENTAGE (%) OF COMBINED INCOME [Guidelines 10]

(24) For each parent, ***divide*** the amount written in Item 14 (Adjusted Gross Income) by the amount written in Item 15 (Combined Adjusted Gross Income). This will probably give you a decimal point answer less than 100%. However, if one parent earns all of the income for the family, this number will be 100%.

EXAMPLE: Item 14 = $600
Item 15 = $1000 $600 divided by $1,000 = .60 or 60%

EACH PARENT'S SHARE OF THE TOTAL CHILD SUPPORT OBLIGATION

(25) For each parent, multiply the number in Item 23 by the number for that parent in Item 24. This equals the dollar amount of each parent's share of the total child support obligation.

EXAMPLE: Item 23 = $189
Item 24 = 60% $189 x .60 = $113.40

ADJUSTMENT FOR COSTS ASSOCIATED WITH PARENTING TIME (VISITATION) (for NON-Primary Residential Parent)

(26) If time with each parent is essentially equal, *neither* party receives a parenting time adjustment and you may SKIP to Item 27. [Guidelines 11, 12]

Based on the information below, check the box to indicate whether "Parenting Time Table A" or 'Parenting Time Table B" applies to the situation regarding the parent who does not have PRIMARY RESIDENTIAL PARENT, that is, the parent that the children do **NOT** live with – or live with the LEAST amount of time.

To adjust for costs associated with parenting time, first determine the total number of parenting time days indicated in a court order or parenting plan or by the expectation or past practice of the parents. Using the definitions below, add together each block of parenting time to arrive at the total number of parenting time days *per year*. Only the time spent by a child with the non-primary residential parent is considered. Time that the child is in school or in childcare is not considered.

For purposes of calculating parenting time/visitation days: [Guidelines 11.C]

A. A period of 12 hours or more counts as one day.
B. A period of 6 to 11 hours counts as a half-day.
C. A period of 3 to 5 hours counts as a quarter day.
D. Periods of less than 3 hours may count as a quarter day if, during those hours, the non-primary residential parent pays for routine expenses of the child, such as meals.

"Parenting Time Table A" assumes that as the number of visitation days approaches equal time sharing (143 days and above), certain costs usually incurred only in the custodial household are assumed to be substantially or equally shared by both parents. These costs are for items such as the child's clothing and personal care items, entertainment, and reading materials.

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PARENTING TIME TABLE A			
Number of Visitation Days	**Adjustment Percentage**	**Number of Visitation Days**	**Adjustment Percentage**
0 – 3	0	116 - 129	.195
4 – 20	.012	130 - 142	.253
21- 38	.031	143 – 152	.307
39 - 57	.050	153 – 162	.362
58 - 72	.085	163 - 172	.422
73 - 87	.105	173 – 182	.486
88 - 115	.161		

Parenting Time Table B: If, however, the assumption that such costs are duplicated and shared nearly equally by both parents, is proved *incorrect*, use "**Parenting Time Table B**" to calculate the visitation adjustment for this range of days (and check the box for "Table B" for item (26).

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PARENTING TIME TABLE B	
Number of Visitation Days	**Adjustment Percentage**
143 - 152	.275
153 – 162	.293
163 – 172	.312
173 - 182	.331

(27)

- For *your* entry for Item (27), add up the total parenting time days for the non-primary residential parent.
- Determine whether Table A or Table B applies.
- Look at the appropriate table ("A" or "B") and find the "Percentage Adjustment" that applies to the number of parenting time days.
- Multiply that percentage by the amount listed for Item (16)

EXAMPLE:
If the total amount of parenting time for the NON-PRIMARY RESIDENTIAL PARENT amounts to 75 days and Table A applies, and the amount listed for Item (16), the Basic Child Support Obligation, is $1000: Look at Table A to see where "75" fits in. "75" falls between 73 and 87 days, and the Adjustment Percentage listed for that range of numbers is .105. You would then take the dollar amount listed for Item (16), and multiply it by that percentage.

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In this example that would be:	Amount from Item (16)	$1000
	x Adjustment Percent from Table	x .105
	Answer for Item (27)	105.00 or $105.00

This is the amount you would enter as your answer for Item (27) for either the Father *or* the Mother (ONLY), whichever parent the children ***don't*** live with the majority of the time.

MEDICAL INSURANCE PREMIUM ADJUSTMENT

(28) If the parent who will be ordered to make the child support payment is the same parent who will pay the minor children's health, dental and/or vision care insurance premiums, enter the amount from Item 17 here.

NON-CUSTODIAL CHILD CARE ADJUSTMENT

(29) If the parent who will be ordered to make the child support payments pays for work-related child-care during periods of visitation, enter the amount from Item 18.

EXTRA EDUCATION ADJUSTMENT

(30) If the parent who will be ordered to make the child support payment is the same parent who will pay the children's reasonable and necessary expenses for attending private or special schools, enter the amount from Item 19 here.

EXTRAORDINARY/SPECIAL NEEDS CHILD

(31) If the parent who will be ordered to make the child support payment is the same parent who will pay the special needs of gifted or handicapped child(ren), enter the amount from Item 20 here.

ADJUSTMENTS SUBTOTAL

(32) For the non-primary residential parent, add the amounts entered in Items 27, 28, 29, 30 and 31. Enter the total in Item 32.

PRELIMINARY CHILD SUPPORT AMOUNT

(33) For non-primary residential parent: Subtract the amount in Item 32 from Item 25.
For primary residential parent: Write in the amount from Item 25 for that parent.

SELF SUPPORT RESERVE TEST for Parent Who Will Pay Support

(34) To calculate the amount to enter in the column for this item:

- Enter *the paying parent's* adjusted gross income from Item 14.
- Subtract **$1115** (the self-support reserve amount).
- Enter the remainder in the appropriate column for either the Father or the Mother, for Item 34. [Guidelines 15]

If the resulting amount is less than the preliminary child support amount, the court may reduce the current child support order to the resulting amount after first considering the financial impact the reduction would have on the primary residential parent household. The test applies only to the current support obligation, but does not prohibit an additional amount to be ordered to reduce an obligor's (the person obligated to pay) arrears. Absent a deviation, the preliminary child support amount or the result of the self-support reserve test is the amount of the child support to be ordered in Item 35
[Guidelines 15]

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Payor's Adjusted Gross Income from Item 14: _____

SUBTRACT the Self Support Reserve Test Amount of $903: **- $ 1115.00**

Enter the number remaining as your answer for Item 34: _____

(35) Who pays and how much? Check the appropriate box to indicate which parent should be ordered to pay child support. If the amount shown in Item 33 is *less than* the amount shown in Item 34, write in the amount shown for Item 33. ***OR,*** If the amount shown in 33 is *greater than* the amount from 34, you may write in the amount from 34 *if you believe child support should be ordered for the smaller amount*.

RESPONSIBILITY FOR VISITATION-RELATED TRAVEL EXPENSES

(36) For this Item, list the percentage you think each parent should pay toward the travel/transportation costs for expenses involving travel of more than 100 miles, one-way. The court will decide how to allocate the expense, but you may use the percentages listed in Item 24 for each parent's share of combined income as a guide. The allocation of expense does not change the amount of the support ordered in Item 35. [Guidelines 18]

RESPONSIBILITY FOR MEDICAL EXPENSES NOT PAID BY INSURANCE

(37) For this Item, list the percentage you think each parent should pay toward uninsured medical, dental and/or vision care expenses for the minor children. The court will decide how to allocate the expense, but you may use the percentages listed in Item 24 for each parent's share of combined income as a guide. [Guidelines 9.A.]

WHEN YOU HAVE COMPLETED THIS WORKSHEET:

If you have completed this worksheet to **establish** a child support obligation:

- Make a copy of the worksheet for your records;
- Make a copy to send or deliver to the other party and/or the state prior to the hearing;
- Take the original to court at the time of your hearing; and
- Take financial documentation to provide proof of the numbers you have given.

If you have completed this worksheet to **modify** a child support obligation:

- Attach any documentation required;
- Make a copy of the worksheet for your records;
- Make a copy of the worksheet to serve on the other party and/or the state; and
- Attach the original worksheet to the Request for Modification of Child Support and file it with the Clerk of Superior Court.

NOTE: DEVIATION FROM THE GUIDELINES AMOUNT

If you believe the amount of child support shown by this worksheet is too low or too high, the Court has the power to deviate from the guidelines (order support in a different amount), if an order would be unjust or inappropriate. A deviation can only be ordered if the court makes appropriate findings based upon evidence presented by either party *or* agreement of the parties. [Guidelines 20]

SIGN THE DOCUMENT BEFORE FILING IT

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Person Filing: (1) _____
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(2)

PARENT'S WORKSHEET FOR CHILD SUPPORT

(3) Petitioner: _____ **(4)** Case No. _____

(3) Respondent: _____ **(4)** ATLAS: _____

(5) Total Number of Children: _____

(6) Parent with Primary Physical Custody:
Father ☐ Mother ☐

(7) Parent who is filing this form: Father ☐ Mother ☐

(8) Gross Income figures for the OTHER PARENT are:

☐ **ACTUAL,** with proof, such as a recent W2 or pay stub attached, or other party's signed statement.

☐ **ESTIMATED,** based on facts or knowledge of pay before promotion or of others in similar job.

☐ **ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 5e).

	FATHER		MOTHER
Gross Income (Pre-Tax Income. Before deductions.)	$ _____	(9)	$ _____
Spousal Maintenance Paid	$ - _____	(10)	$ - _____
Spousal Maintenance Received	$ + _____	(11)	$ + _____
Child Support Paid/Contributed	$ - _____	(12)	$ - _____
Other Support of Children Paid	$ - _____	(13)	$ - _____
Adjusted Gross Income	$ _____	(14)	$ _____

Combined Adjusted Gross Income (15) $ _____

Basic Child Support Obligation (16) $ _____

Plus Costs for:

Medical/Dental/Vision Insurance	$ _____	(17)	$ _____
Childcare	$ _____	(18)	$ _____
Education Expenses	$ _____	(19)	$ _____
Extraordinary/Special Needs Child Expenses	$ _____	(20)	$ _____

No. of Children Age 12 or Over _____ Adjustment _____% (21) $ _____

Total Adjustments for Costs (22) $ _____

Total Child Support Obligation $ _____ (23) $ _____

DRS12f- 070615

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PWC

Case No._____

	FATHER		MOTHER
Each Parent's % of Combined Income	_____ **%**	(24)	_____ **%**
Each Parent's Share of Tot. Support Obligation	**$** _____	(25)	**$** _____
Adjustment for Non Custodial Parent's Costs Associated with Parenting Time			
Using Table A ☐ **Table B** ☐	**$** _____	(26)	**$** _____
No. of Days _____ **=** _____**% Adjustment** (from table) **x** Line **(16) $**_____ (Basic Child Support Obligation)	**$** _____	(27)	**$** _____
Less Noncustodial Parent's Costs for:			
Medical/Dental/Vision Insurance*	**$** _____	(28)	**$** _____
Childcare*	**$** _____	(29)	**$** _____
Education Expenses*	**$** _____	(30)	**$** _____
Extraordinary/Special Needs Child Expenses*	**$** _____	(31)	**$** _____
***Subtract here ONLY if ADDED-IN items 17-20 above			
Adjustments Subtotal	**$** _____	(32)	**$** _____
Preliminary Child Support Amount	**$** _____	(33)	**$** _____
Self Support Reserve Test for Parent Who Will Pay			
Amount from Line (14) _____ (Adj. Gross Inc.)			
Minus Reserve Amount **- $1,115.00**			
Total **=**	**$** _____	(34)	**$** _____
Child Support to be Paid by: Father ☐ **Mother** ☐	**$**	(35)	**$**
Share of Travel Expenses Related to Parenting Time*	_____ **%**	(36)	_____ **%**
***Only** for expenses related to travel over 100 miles, one way.			
Share of Medical/Dental/Vision Costs Not Paid by Insurance	_____ **%**	(37)	_____ **%**

I declare under penalty of perjury that the foregoing is true and correct.

Executed on:_____ _____

Date **Signature of Parent**

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