

(1) Person Filing: _____
 Address (if not protected): _____
 City, State, Zip Code: _____
 Telephone Number: _____
 Email Address: _____
 Representing Self or Attorney for _____
 (If Attorney) State Bar Number: _____

For Clerk's Use
Only

SUPERIOR COURT OF ARIZONA
IN (2) _____ COUNTY

(3) _____
Petitioner

Case Number: (4) _____

ATLAS Number:
 (5) _____

CHILD SUPPORT ORDER
A.R.S. §§ 25-320 and 25-503

Respondent

THE COURT FINDS:

1. _____, Petitioner, and _____,
 Respondent, owe a duty to support the following child(ren).

Child's Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If you and the other parent ARE NOT stipulating to the contents of the Child Support Order, LEAVE THE REST OF THE FORM BLANK. The judge or commissioner will complete the rest of the information and sign the order.

If you and the other parent ARE stipulating to the contents of the Child Support Order, continue to complete the form using the following instructions.

2. CHILD SUPPORT GUIDELINES: The required financial factors and any discretionary adjustments pursuant to the Arizona Child Support Guidelines are as set forth in the Parent’s Worksheet for Child Support Amount, attached and incorporated herein by reference.

3. CHILD SUPPORT:

- a. **Petitioner** **Respondent** is obligated to pay child support to **Petitioner** **Respondent** in the amount of \$_____ per month to pursuant to the Arizona Child Support Guidelines **without deviation**.

- b. **Petitioner** **Respondent** is obligated to pay child support to **Petitioner** **Respondent** in the amount of \$_____ per month pursuant to the Arizona Child Support Guidelines without deviation. This amount is an appropriate amount to award for child support in this case except that the court finds it more appropriate and just to make a **rounding adjustment** to the exact guideline amount for ease of calculation to \$_____ per month.

- c. **Petitioner** **Respondent** is obligated to pay child support to **Petitioner** **Respondent** in the amount of \$_____ per month pursuant to the Arizona Child Support Guidelines. Application of the child support guidelines in this case is inappropriate or unjust. The court has considered the best interests of the child in determining that a **deviation** is appropriate. After deviation, the child support order is \$_____ per month.

- d. **Petitioner** **Respondent** is obligated to pay child support to **Petitioner** **Respondent** in the amount of \$_____ per month pursuant to the Arizona Child Support Guidelines. Application of the child support guidelines in this case is inappropriate or unjust. The court has considered the best interests of the child in determining that a deviation is appropriate. After deviation, the child support order is \$_____ per

month. Further, the parties have entered into a **written agreement** or their agreement is on the record and is free of duress and coercion with knowledge of the amount of child support that would have been ordered under the guidelines but for the agreement.

Reason(s) for deviation:

4. SUPPORT ARREARS:

- a. **Petitioner** **Respondent** owes child support arrearages to **Petitioner** **Respondent** in the total amount of \$_____ for the time period of _____ through _____ plus accrued interest on prior child support arrearages due of \$_____ calculated through the date of _____.
- b. The court finds **no child support arrearages due** and owing.
- c. **No evidence** was presented in support of child support arrearages.

5. PAST SUPPORT:

- a. It is appropriate to award **Petitioner** **Respondent** an additional judgment for past support in the amount of \$_____ for the **period between the filing of this current petition** and the date current child support is ordered to begin.
- b. It is appropriate to award **Petitioner** **Respondent** an additional judgment in the amount of \$_____ for past support owed from the **date of separation, but not more than three years** before the date of filing the current petition.

- c. **Temporary support or voluntary / direct support payments** in the amount of \$_____ were paid during the period above; therefore, the past support amount is adjusted to \$_____.
- d. The court finds **no past support amount due** and owing.
- e. **No evidence** was presented in support of past child support.
- f. The court finds **no temporary support or voluntary / direct support** payments were paid.
- g. **No evidence** was presented in support temporary support or voluntary / direct support payments.

IT IS ORDERED THAT:

A. CHILD SUPPORT JUDGMENT:

Petitioner **Respondent** shall pay child support to **Petitioner** **Respondent** in the amount of \$_____ per month. This monthly amount, payable by income withholding order, shall be paid on the 1st day of each month beginning _____.

B. SUPPORT ARREARAGES JUDGMENT:

Petitioner **Respondent** is granted judgment against **Petitioner** **Respondent** in the amount of \$_____ as and for child support arrearages for the period of _____ through _____ together with interest on said amount at the legal rate of 10% per annum until paid in full, plus additional accrued interest on prior child support judgments of \$_____ calculated through the date of _____.

Petitioner **Respondent** shall pay, in addition to **Petitioner's** **Respondent's** current support payment, the sum of \$_____ per month toward this judgment, payable on the first day of each month, beginning _____ until paid in full.

C. PAST SUPPORT JUDGMENT:

Petitioner **Respondent** is granted judgment against **Petitioner** **Respondent** in the additional amount of \$_____.

Case Number: _____

Petitioner **Respondent** shall pay the additional amount of \$ _____ per month toward this judgment, payable on the first day of each month beginning _____ until paid in full.

D. PAYMENTS AND CLEARINGHOUSE: All payments, plus the statutory handling fee, shall be made through the Support Payment Clearinghouse pursuant to an Income Withholding Order signed this date. Any time the full amount of support ordered is not withheld, the person obligated to pay (the obligor) remains responsible for the full monthly amount ordered. Payments not made directly through the Support Payment Clearinghouse shall be considered *gifts* unless otherwise ordered. All payments shall be made payable to and mailed directly to:

Support Payment Clearinghouse
P.O. Box 52107
Phoenix, AZ 85072-2107

Payments must include **Petitioner's** **Respondent's** name, and ATLAS number. Pursuant to A.R.S. § 25-322, the parties shall submit current address information in writing to the Clerk of the Superior Court and the Support Payment Clearinghouse immediately. The obligor (party being ordered to pay) shall submit the names and addresses of his or her employers or other payors within 10 days. Both parties shall submit address changes within 10 days of the change.

E. TOTAL MONTHLY PAYMENTS:

Petitioner **Respondent** shall make total monthly payments to **Petitioner** **Respondent** in the amount of \$ _____ per month, payable on the first day of each month, beginning _____ as follows:

Monthly Payments:	Current child support payment as ordered above:	\$ _____
	Past-due child support payment	\$ _____
	Current cash medical support payment	\$ _____
	Past-due cash medical support payment	\$ _____
	Current spousal maintenance payment	\$ _____
	Past-due spousal maintenance payment	\$ _____
	Clearinghouse handling fee**	\$ 8.00
	TOTAL MONTHLY PAYMENT:	\$ _____

** Obligor shall pay by Income Withholding Order a monthly handling fee which is set by rule, and which is subject to change

(A.R.S. § 25-510 D). The fee is \$8.00 per month effective April 1, 2020.

F. MEDICAL, DENTAL, VISION CARE INSURANCE FOR MINOR CHILDREN:

1. **Petitioner** is responsible for providing **medical** **dental** **vision care** insurance for the minor child(ren) and shall continue to pay premiums for any medical, dental and vision policies covering the child(ren) that are currently included in the incorporated Parent's Worksheet for Child Support.
 Respondent is responsible for providing **medical** **dental** **vision care** insurance for the minor child(ren) and shall continue to pay premiums for any medical, dental and vision policies covering the child(ren) that are currently included in the incorporated Parent's Worksheet for Child Support.
2. **Petitioner** **Respondent** shall be individually responsible for providing medical insurance for the minor child(ren) of the parties as soon as it becomes accessible and available at a reasonable cost, as neither party currently has the ability to obtain such medical insurance.

Medical, dental, and vision insurance, payments and expenses are based on the information in the Parent's Worksheet for Child Support Amount attached hereto and incorporated by reference.

The party ordered to pay must keep the other party informed of the insurance company name, address, and telephone number, and must give the other party the documents necessary to submit insurance claims. An insurance card must be provided to the other party. Notification must also be provided to the other party if coverage is no longer being provided for the child(ren).

G. NON-COVERED MEDICAL EXPENSES:

Petitioner is ordered to pay ____% and **Respondent** is ordered to pay _____% of all reasonable uncovered and/or uninsured medical, dental, vision, prescription, and other health care charges for the minor child(ren).

- A request for payment or reimbursement of uninsured medical, dental and/or vision costs must be provided to the other party **within 180 days** after the date the services occur.
- The party responsible for payment or reimbursement must pay their share, as ordered by the Court, or make acceptable payment arrangements with the provider or person entitled to reimbursement **within 45 days** after receipt of the request.

H. TRAVEL EXPENSES: The costs of travel related to parenting time over 100 miles one way shall be shared as follows: **Petitioner** _____% **Respondent** _____%

I. INFORMATION EXCHANGE: The parties shall exchange financial information such as copies of tax returns, financial affidavits, and earnings statements **every twenty-four months**. At the time the parties exchange financial information, they shall also exchange residential addresses and the names and addresses of their employers unless the Court has ordered otherwise.

J. TAX EXEMPTIONS: The court allocates the following federal tax exemption(s) for the dependent child(ren):

Child's Name	Date of Birth (Month, Day, Year)	Parent Entitled to Deduction		For Calendar Year
		Petitioner	Respondent	
_____	_____	[]	[]	_____
_____	_____	[]	[]	_____
_____	_____	[]	[]	_____
_____	_____	[]	[]	_____
_____	_____	[]	[]	_____
_____	_____	[]	[]	_____

For years following those listed above while this Child Support Order remains in effect, the parties shall repeat the pattern above of claiming deductions for each child.

1. [] **Petitioner** [] **Respondent may claim** the allocated tax exemptions only if all support and arrears ordered for the year have been paid by December 31 of that year. An Internal Revenue Service form 8332 may need to be signed and filed with a party's income tax return. *See IRS Form 8332 for more detailed information.*
2. [] **Petitioner** [] **Respondent may unconditionally claim** the tax exemption allocated to [] **Petitioner** [] **Respondent** for income tax purposes. An Internal Revenue Service Form 8332 may need to be signed and filed with a party's income tax return. *See IRS Form 8332 for more detailed information.*

Even though the court’s judgment contains orders regarding medical insurance and the allocation of the right to claim the child as a dependent for the purposes of federal taxes, these orders are not binding on the IRS. Under the Affordable Care Act, the party who claims a child as a dependent on a federal tax return has the obligation to ensure that the child is covered by medical insurance and may be penalized by the IRS for failing to do so. This penalty may be imposed even if it is the other party’s responsibility to carry medical insurance on the child under a decree, judgment, or court order.

K. MODIFICATION: If this is a modification of child support, all other prior orders of this court not modified remain in full force and effect.

L. EMANCIPATION: A child is emancipated:

- On the child’s 18th birthday. (However, if a child is still attending high school or a certified high school equivalency program, support will continue but only until the child graduations or reaches 19 years of age.)
- On the date of the child’s marriage.
- When the child is adopted.
- When the child dies.

M. OTHER FINDINGS AND ORDERS:

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

Case Number: _____

Date

Judicial Officer

Printed Name of Judicial Officer

O. STIPULATION. Signature by both Parties (if applicable):

By signing this document, we state to the Court under penalty of perjury that we read and agree to this Court Order, and that all the information contained in it is true, correct, and complete to the best of our knowledge and belief.

Date

Signature of Petitioner

Date

Signature of Respondent

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

Date

Signature of Petitioner's Attorney

Date

Signature of Respondent's Attorney