(1) Name of Person Filing: _____
Person filing is the: ☐ **Petitioner** ☐ **Respondent**
Mailing Address (if not protected): _____
City, State, Zip Code: _____
Phone Number: _____
☐ **Representing Self, Without an Attorney**
(If Attorney) State Bar Number: _____
Attorney E-Mail Address: _____

For Clerk Use Only

SUPERIOR COURT OF ARIZONA, COUNTY OF (2) COCONINO

(3)_____
Petitioner

(4)_____
Respondent

(5) Case No. _____

(6) ATLAS No._____

CHILD SUPPORT ORDER

THE COURT FINDS that:

1. (7) _____ and (8) _____ owe a duty to support the following children:

Name	Date of Birth
(9) _____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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 Child Support Worksheet, attached and incorporated herein by reference.

3. **Child Support.** (10) _____is obligated to pay child support to _____ pursuant to the Arizona Child Support Guidelines in the amount of $_____ per month without deviation.

☐ (11) Application of the **c**hild 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 is $_____ per month to be paid by _____.

Explain reason for deviation:
_____
_____
_____

4. ☐ (12) **Past Support.** _____ owes _____ past support in the amount of $_____ for the time period starting _____ and ending _____.

   ☐ No evidence was presented in support of any past child support.

5. ☐ (13) **Arrears.** _____owes child support arrearages to _____ in the total amount of $_____for the time period of _____ through _____.

   ☐ No evidence was presented in support of any child support arrearage.

6. ☐ (14) **Past Care Expenses.** It is appropriate to award _____ a judgment for past care expenses, including all pregnancy, childbirth, and past medical care for a child, in the total sum of $_____.

   ☐ The evidence does not support a judgment for pregnancy, childbirth, or past care expenses.

IT IS ORDERED that:

A. ☐ (15) **Child Support.** _____shall pay child support to _____ in the sum of $_____per month, payable on the 1st day of each month commencing _____by wage assignment.

B. ☐ (16) **Past Support.** _____is granted a past support judgment against _____ in the sum of $_____ as and for past support for the period of _____ through _____ together with interest at the legal rate of 10% per annum until paid in full. _____ shall pay, in addition to his/her current child support payment, the amount of $_____ per month towards this judgment, payable on the first (1st) day of each month starting _____ until paid in full.

   ☐ No judgment for past support is entered.

C. ☐ (17) **Arrearage Judgment.** _____is granted judgment against _____ in the sum of $_____as and for child support arrearages for the period of _____through _____ together with interest at the legal rate of 10% per annum until paid in full. _____shall also pay, in addition to his/her current child support payment, the amount of $_____per month towards this judgment, payable on the first (1st) day of each month starting _____ until paid in full.

☐ No judgment for child support arrears is entered.

D. ☐ (18) **Past Care Expenses.** _____is granted judgment against _____ in the total amount of $_____ as and for past care and support, together with interest at the legal rate until paid in full. _____ shall pay the additional sum of $_____ per month towards this judgment, payable on the 1st day of each month starting_____ until paid in full.

☐ No judgment for past care and support is entered.

E. **Payments.** All payments, plus the statutory handling fee, shall be made through the Support Payment Clearinghouse pursuant to an Order of Assignment signed this date. Any time the full amount of support ordered is not withheld, 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 the **obligor's name, ATLAS number, and Social Security 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 shall submit the names and addresses of their employers or other payors within 10 days. The parties shall submit address changes within 10 days of the change.

F. **Medical, Dental, and Vision Insurance, Non-Covered Expenses, and Cash Medical Support.**

1. **Insurance: (A.R.S. § 25-320(J))**

(19) a. ☐ Petitioner will provide: ☐ medical ☐ dental ☐ vision insurance for the children that is accessible and available at a reasonable cost.

☐ Respondent will provide: ☐ medical ☐ dental ☐ vision insurance for the children that is accessible and available at a reasonable cost.

☐ Neither parent has the ability to obtain medical insurance for the minor child(ren) that is accessible and available at a reasonable cost.

b. 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 parent 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.

c. An insurance card must be provided to the other parent. Notification must also be provided to the other parent if coverage is no longer being provided for the children.

2. **Non-Covered Expenses:**

(20) 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), including co-payments in excess of the cash medical support amount.

3. **Cash Medical Support Order When Obligor is Ordered to Obtain Medical Insurance: (A.R.S. § 25-320(K))**

☐ (21) This a Title IV-D child support matter in which DCSE is involved.

[**Note:** The parent receiving support payments (Obligee) shall not be ordered to pay cash medical support.]

(22) a. ☐ Petitioner ☐ Respondent is ordered to obtain private insurance within 90 days. If the parent paying support to the other parent (Obligor) does not obtain private insurance within 90 days, the Obligor shall pay $_____ per month for cash medical support beginning _____.

b. On verification that the Obligor has obtained private insurance, the cash medical support order terminates by operation of law on the first day of the month after the policy's effective date or on the date the court, or the department, is notified that insurance has been obtained, whichever is later. If the private insurance terminates, the cash medical support order automatically resumes by operation of law on the first day of the month following the termination date of the policy.

4. **Notification to the Division of Child Support Enforcement (DCSE): Title IV-D Child Support Cases**

If DCSE is involved in this case and private medical insurance has been ordered to be provided, the name of the insurance plan and the policy and /or group number(s) must be sent within 90 days to: The Division of Child Support Enforcement, Attention: MSE Unit Site Code 966C-8, P.O. Box 40458, Phoenix AZ 85067. If this information is not provided, DCSE may send a medical support order to your employer. This could result in being charged twice for insurance or being charged for cash medical support when insurance is already being provided.

An insurance card must be provided to the other parent. Notification must also be provided to the other parent and DCSE, at the address above, if coverage is no longer being provided for the children.

G. **Travel Expenses**.

☐ (23) The costs of travel related to parenting time over 100 miles away shall be shared as follows:

Father_____% Mother_____%

H. (24) **Other Findings and Orders.**

_____

_____

_____

I. The parties shall exchange financial information such as copies of tax returns, earnings statements, a Parent's Worksheet for Child Support Amount, residential addresses and the names and addresses of their employers every 24 months.

J. (25) The court allocates the federal tax exemptions for the dependent children as follows:

Child's Name	**Date of Birth**	**Parent Entitled to Deduction for Each Calendar Year**				
		2011	2012	2013	2014	2015

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

The obligor may claim the allocated tax exemptions if all child 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 parent's income tax return. See IRS Form 8332 for more detailed information. http://www.irs.gov/pub/irs-pdf/f8332.pdf

IMPORTANT INFORMATION:

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

Although the obligation to pay support may continue, a child is emancipated:

- On the date of the child's marriage.
- On the child's 18th birthday and graduation from high school or age 19 (whichever comes first).
- When the child is adopted.
- When the child dies.

STIPULATION

(26) **SIGNATURE BY PETITIONER AND RESPONDENT:**
By signing this document, we state to the Court, under penalty of perjury, that we have read and agree to this Order and that all the information contained in it is true, correct and complete to the best of our knowledge and belief.

_____		_____	
Petitioner	Date	Respondent	Date

_____
Judicial Officer Date