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Person Filing: _____ **(A)**

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Atlas Number (if applicable) _____

☐ **Representing Self (No Attorney) OR** ☐ **Represented by Attorney**

If Attorney, Bar Number: _____

SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY

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

AND

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

Case Number: _____**(C)**

PETITION TO MODIFY (Change) A CHILD SUPPORT ORDER (Simplified Process)

1. I, the ☐Petitioner or ☐ Respondent ask this Court to modify (change) the Arizona Child Support Order in this case.

2. Date your Order was signed by Judge or Commissioner: _____.

3. Name of Judge or Commissioner: _____.

4. Under the current Child Support Order:
Petitioner is responsible for providing ☐ **medical** ☐ **dental** ☐ **vision care insurance**
Respondent is responsible for providing ☐ **medical** ☐ **dental** ☐ **vision care insurance**
☐ **Neither** party was ordered to provide ☐ **medical** ☐ **dental** ☐ **vision care insurance**

5. The Child Support Order currently in effect requires the ☐Petitioner or the ☐Respondent to make payments of (b) $_____ per _____, payable on the _____ day of the month.

6. Attached is a ***Parent's Worksheet for Child Support***. According to the worksheet calculations the child support amount should be $_____ per month.

7. The following calculations show that the requested change varies from the current ordered child support by 15% or more (unless modifying insurance only). (a)_____ divided by (b)_____ = (c)___0.00%_____%

a = the difference between the amount currently ordered and the amount requested;
b = the amount currently ordered; and,
c = the percentage change

Case No._____

8. Is the Department of Economic Security (DES) or the Division of Child Support Services (DCSS) providing services to at least one of the parties? ☐ Yes ☐ No ☐ Unknown.

9. Other court-ordered payments included in the current Order of Assignment dated _____

Spousal Maintenance/Support $_____ per _____

Payments on Arrears:

Child Support	$_____	per _____
Spousal Maintenance/Support	$_____	per _____
Other	$_____	per _____

10. RELIEF REQUESTED (WHAT I WANT THIS COURT TO DO):

A. I request the child support be ordered in the amount of $_____ per month and that relief requested in the ***Parent's Worksheet*** be ordered.

B. **REGARDING INSURANCE FOR MINOR CHILDREN**, order that:

☐ **Petitioner** is responsible for providing ☐medical ☐ dental ☐ vision care insurance.

☐ **Respondent** is responsible for providing ☐medical ☐ dental ☐ vision care insurance.

The costs of medical/dental/vision care expenses not paid by insurance shall be shared as follows:

Petitioner _____% **Respondent** _____%. Request for payment or reimbursement must be provided to the obligated parent(s) within 180 days after the services occurred. The obligated parent must pay or make payment arrangements within 45 days after receipt of the request.

C. If this matter goes to hearing, I further request that costs and fees incurred in bringing this action be ordered to be paid by the opposing party.

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

Signature: _____ Date: _____

Case No._____

NOTICE TO PARTIES

If you do not agree with the modification/change in child support, you have twenty (20) days to ask for a hearing. If service of process is made outside the State of Arizona, the parent receiving service has 30 days in which to ask for a hearing.

Upon proof of service and if no hearing is requested within the time allowed, the court will review the request and enter an appropriate order modifying the support award. If an error is noted, the amount awarded may be different from the amount requested, but the modification will not be greater than the amount requested.

In the event the court has serious concerns regarding the accuracy of the information, or if a substantial mathematical error is found, the court will set a hearing. No order will be modified without a hearing if a hearing is requested. If you wish to request a hearing, you may obtain the following forms from the Law Library or the court website at:
http://www.mohavecourts.com

- Request for Hearing and Notice of Hearing
- Parent's Worksheet for Child Support Amount

An arrearage calculation may be completed on your case. If it is determined that there is an overpayment or an arrearage owing, the monthly obligation could be adjusted to bring your case current.