

Name of Person Filing Document: (A) _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Daytime Phone Number: _____
 Evening Phone Number: _____
 ATLAS Number (if applicable): _____
 Attorney Bar Number (if applicable): _____
 Representing: Self Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA MOHAVE COUNTY

 Name of Petitioner (in original case) (B) Case Number _____ (C)

AND

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

 Name of Respondent (in original case) (B)

1. I, the Petitioner, or Respondent asks 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(s) 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)_____%

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

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.

OATH OR AFFIRMATION

STATE OF ARIZONA)
County of Mohave)ss.

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

Signature

Date

Sworn to or affirmed before me this date of _____

By _____

My Commission Expires

Deputy Clerk or Notary Public

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 office of the Clerk of Superior Court for a charge or download them for free from the internet 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.