

(1) Name of Person Filing Document: _____
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**

Case Number. _____ (3)

(Name of Petitioner) (2)

PETITION TO ENFORCE

AND

(Name of Respondent) (2)

- (4) Child Support
 Child Support Arrears
 Spousal Maintenance (alimony)
 Spousal Maintenance Arrears
 Medical Insurance Coverage
 Medical Expense Reimbursement
(Expedited Process)

SECTION A: Complete this section ONLY if you marked boxes above to enforce Child Support and/or Child Support Arrears

On this date (1) _____ the Honorable (2) _____ a Judicial Officer of the Superior Court of Arizona ordered (3) _____ to pay child support as follows (4) _____

I have completed and attached "Attachment A", the "Child Support Arrears Worksheet" which show the total amount of child support past due is (5) \$ _____ for the time period beginning (6) _____ through _____.

SECTION B: Complete this section ONLY if you marked boxes above to enforce Spousal Maintenance (alimony) and/or Spousal Maintenance Arrears

On this date (1) _____ the Honorable (2) _____ a Judicial Officer of the Superior Court of Arizona ordered (3) _____ to pay Spousal maintenance as follows (4) _____

I have completed and attached "**Attachment B**" the "**Spousal Maintenance Arrears Worksheet**", which shows The total amount of **spousal maintenance** past due is (5) \$ _____ for the time period beginning (6) _____ through _____.

SECTION C: Complete this section ONLY if you marked any of the boxes to enforce: Medical Insurance Coverage or Reimbursement of Medical/Dental/Vision Care Expenses.

On this date (1) _____ the Honorable _____ a Judicial Officer of the Superior Court of Arizona, ordered (3) _____ to obtain medical insurance coverage and/or to pay the following percent of uninsured medical, dental or vision expenses as follows (4) _____

The time period for which medical insurance coverage was not provided is from (5) _____ to _____.

I have completed and attached "**Attachment C**", the "**Unreimbursed Medical Expense Worksheet**", a **chronological** (earliest to most recent) **summary** of all bills claimed, insurance payments, personal payments, and the remaining unpaid balance on each bill. The **Worksheet** shows the total amount of **medical, dental or vision care expense reimbursement** that is past due is (6) \$ _____. Documentation of these expenses has been presented to the other party **and reimbursement is more that 30 days past due.**

REQUESTS TO THE COURT

I request that the Court consider any or all of the following actions(s):

- Order the other person to bring to the conference those items set forth in the Order to Appear.
- Enter Judgment for past-due support, un-reimbursed uninsured medical/dental/vision care expenses, clerks fees, service costs, and other court costs against the other party.
- Enter an Order of Assignment to require the other person's employer to take money for the following from the other person's paycheck: current child support, child support arrears, current spousal maintenance, and/or spousal maintenance arrears.
- Order the other person to pay support through the Support Payment Clearinghouse.
- Find the other party in civil contempt of court and order sanctions, that may include but are not limited to, incarceration and the posting of a surety bond.
- Issue a civil or child support arrest warrant if the other party fails to appear, and/or enter a default judgment.
- Order the other party to provide evidence of medical insurance coverage within a fixed period of time.
- Order other relief as deemed just and proper by the court.

