







Order that **past child support** be paid by  **Party A**  **Party B** in an amount determined by using a retroactive application of the Arizona Child Support Guidelines taking into account any amount of **temporary or voluntary / direct support** that has been paid. Support to be paid as defined above.

**B. MEDICAL, DENTAL, VISION CARE INSURANCE AND HEALTH RELATED EXPENSES FOR THE MINOR CHILD(REN).** Order that:

- Party A** should be responsible for providing  medical  dental  vision care insurance.
- Party B** should be responsible for providing  medical  dental  vision care insurance.
- Party A and Party B will share all reasonable **unreimbursed medical, dental, vision care, and health-related expenses** incurred for the minor child(ren) in proportion to their respective incomes.

**C.** Order payment of costs and attorney fees, if appropriate.

**D.** Order such other relief as deemed necessary and appropriate by the Court.

**DO NOT SIGN UNTIL DIRECTED TO DO SO BY A NOTARY PUBLIC OR A CLERK OF THE SUPERIOR COURT.**

**UNDER OATH OR AFFIRMATION.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to or Affirmed before me this \_\_\_\_\_ (date)

by \_\_\_\_\_.

(Notary seal)

\_\_\_\_\_  
Deputy Clerk or Notary Public