

## INSTRUCTIONS FOR COMPLETING REQUEST TO ENFORCE SUPPORT

“**Obligor**” is the person ordered to make support payments.

“**Obligee**” is the person or agency entitled to receive support.

“**Support**” means child support and/or spousal support (maintenance) unless specifically stated otherwise.

### COMPLETE THIS FORM TO REQUEST ENFORCEMENT OF CHILD SUPPORT OR SPOUSAL SUPPORT (MAINTENANCE) IF:

- You have an Arizona order that requires the payment of child support or spousal support, and
- The party obligated to pay support has failed to make the payments due you.

**Note: These forms cannot be used if your support order was not entered by an Arizona court. Out of state orders may be enforced in Arizona provided you follow the procedures required to enforce foreign orders. In such cases, you may wish to contact an attorney regarding enforcement.**

### TO COMPLETE AND FILE THIS REQUEST TO ENFORCE YOU WILL NEED:

- Information from the order(s) you wish to have enforced.
- A certified copy of the order you wish to have enforced if that order was issued by the Superior Court of Arizona in a county other than the one where you will file this request. Attach the copy to the Request when you file it.  
**Note: The order you attach must be the most recent order for support.**
- Certified copies of your current payment history from the Clerk of the Court during the time specified in Item 12. If payments were made in other states during that time, those payment histories will also be necessary. Take the payment histories with you when you go to court for your hearing.

### FOLLOW THESE INSTRUCTIONS NUMBERED TO MATCH THE IDENTIFYING NUMBERS ON THE FORM. TYPE OR PRINT NEATLY USING BLACK INK.

- 1) Fill in the name, address, and telephone number as the person who is requesting enforcement of the order that established the support obligation. (An attorney must also list the name of the person represented and the attorney’s State Bar Number.)
- 2) Cochise County has already been printed on this form.
- 3) Fill in the name of the person who is shown as the petitioner on the court order that established the support obligation.
- 4) Fill in the name of the person who is shown as the respondent on the document you used for Item 3.
- 5) If the order you are asking to have enforced was issued in the same county in which you are filing this request, fill in the case number of that order. Otherwise, leave the space blank.

- 6) Mark the “Child Support” box if you are seeking to enforce a child support order; mark the “Spousal Support” box if you are seeking to enforce the terms of a spousal maintenance or spousal support order. If you want both types of orders enforced, mark both boxes.
- 1) Fill in the date of the order you want to have enforced.
- 8) Fill in the name of the Obligor, the person who owes you support.
- 9) Fill in the name of the judicial officer who signed the order of support.
- 10) Fill in the amount of support to be paid and when it was to be paid. (EXAMPLE: Child support of \$250 per month due on the 1<sup>st</sup> day of each month and spousal support of \$100 per month due on the 1<sup>st</sup> day of each month.)
- 11) Fill in the total amount of support that is past due and owed to you. This amount can be determined by first calculating the total amount that should have been paid during the time period stated in Item 12. (EXAMPLE: 9 months X \$350 per month = \$3,150.00). Next, calculate the total amount of support you received during this time period. Now, subtract the total amount paid from the total amount due. This is the principal amount of the arrearage; it does not include the amount of interest to which you are entitled.
- 12) Fill in the time period over which you claim the past-due support was not paid.
- 13) Check the box for 15 days only if you want the hearing set quickly AND you believe you can have the Order to Appear served on the other party at least 3 days (not including weekends or holidays) before the hearing date. Otherwise, check the box for 45 days.
- 14) If you wish the court to take any action other than that which is requested in lines 4(A) through 4(F), state on this line what action you want the court to take.
- 15) Sign your name on the signature line before a Notary Public or Clerk of Court to affirm that the information on the form is true and correct to the best of your knowledge and belief.

The Notary Public or Clerk of the Court will complete the remaining information on this page.

**WHEN YOU HAVE COMPLETED THIS FORM:**

- Complete an Order to Appear (Enforcement of Support)
- File the original of each document with the Clerk of the Superior Court. (There will be a fee for filing this form. There may be additional fees including an appearance fee if this is your first appearance in this case. If you cannot pay these fees, they can be waived or deferred. The Clerk of the Superior court has the necessary forms to ask for waiver or deferral.)
- Serve a copy of the Request to Enforce Support and Order to Appear (Enforcement of Support) on the Obligor.

(1) Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Representing: [ ] Self or [ ] Attorney  
State Bar Number (if applicable) \_\_\_\_\_

**ARIZONA SUPERIOR COURT, COUNTY OF COCHISE (2)**

(3) \_\_\_\_\_  
Petitioner/Plaintiff

(5) Case No. \_\_\_\_\_

ATLAS No. \_\_\_\_\_

(4) \_\_\_\_\_  
Respondent/Defendant

**EXPEDITED PROCESS  
REQUEST TO ENFORCE SUPPORT:**

(6) [ ] Child Support  
[ ] Spousal Support

**THIS FORM IS NOT TO BE USED TO ASK FOR A CHANGE IN THE AMOUNT OF YOUR EXISTING SUPPORT ORDER. IT CAN ONLY BE USED TO ASK FOR ENFORCEMENT OF THE EXISTING ORDER.**

1. On (7) \_\_\_\_\_, (8) \_\_\_\_\_ was ordered by  
(Date) (Obligor)

(9) \_\_\_\_\_ of this court to pay support as follows:  
(Judicial Officer)

(10) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The total amount of support past due is (11)\$ \_\_\_\_\_ for the time period (12) \_\_\_\_\_  
to: \_\_\_\_\_.

3. I request that a hearing be set within (check one box):

(13) [ ] fifteen (15) days  
[ ] forty-five (45) days

4. I request that the Court take any or all of the following actions:

A. Order the Obligor to bring to court at the time of the hearing all those items set forth on the Order to Appear.

- B. Enter judgment for past-due support, court costs, and interest.
- C. Enter an assignment for payments on current support, past-due support, clerk's fees, and interest.
- D. Order the Obligor to pay support through the clearinghouse.
- E. Find the other party in contempt of court, which includes, but is not limited to, incarceration.
- F. Issue an arrest warrant if the other party fails to appear and/or enter a default judgment.

G. Other:

(14)

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H. Such other relief as deemed just and proper by the court.

I have read the foregoing document and the facts therein are true and correct to the best of my knowledge.

(15)

Date

\_\_\_\_\_  
Requesting Party's Signature

State of Arizona            )  
  )ss.  
County of \_\_\_\_\_)

Subscribed and sworn or affirmed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

My Commission Expires: \_\_\_\_\_

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

## **INSTRUCTIONS FOR ORDER TO APPEAR (Enforcement of Support)**

“**Obligor**” is the person ordered to make support payments.

“**Obligee**” is the person or agency entitled to receive support.

### **COMPLETE THIS FORM IF:**

- You completed a Request to Enforce Support

### **YOU WILL ALSO NEED:**

- A copy of the Request to Enforce Support
- A blank copy of an Affidavit of Financial Information

## **FOLLOW THESE INSTRUCTIONS NUMBERED TO MATCH THE IDENTIFYING NUMBERS ON THE FORM. TYPE OR PRINT NEATLY USING BLACK INK.**

- 1) Fill in the name, address, and telephone number of the person filing the form. (An attorney must also list the name of the person represented and the attorney’s State Bar Number.)
- 2) Cochise County has already been printed on this form.
- 3) Fill in the name of the person who is shown as the petitioner on the Request to Enforce.
- 4) Fill in the name of the person who is shown as the respondent on the Request to Enforce.
- 5) Fill in the case number of the Request to Enforce, if there is one.
- 6) Fill in the name and address of the Obligor.
- 7) Leave blank: The Court will provide this information.
- 8) Leave blank: The judicial officer will sign and date the Order.

### **WHEN YOU HAVE COMPLETED THIS FORM:**

- File the Request to Enforce Support and this Order to Appear (Enforcement of Support) with the Clerk of the Superior Court
- The procedure for setting a hearing date is that the clerk will deliver the file to the assigned court division to receive a hearing date.
- When you have a hearing date and the Order to Appear is signed, serve a copy of the Request to Enforce Support, Affidavit of Financial Information, and the Order to Appear (Enforcement of Support) on the Obligor.

(1) Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Representing: [ ] Self or [ ] Attorney  
State Bar Number (if applicable) \_\_\_\_\_

**ARIZONA SUPERIOR COURT, COUNTY OF COCHISE (2)**

(3) \_\_\_\_\_ (5) Case No. \_\_\_\_\_  
Petitioner/Plaintiff

ATLAS No. \_\_\_\_\_

(4) \_\_\_\_\_  
Respondent/Defendant

**ORDER TO APPEAR  
(Enforcement of Support)**

TO: (6) \_\_\_\_\_  
(Obligor)

Address: \_\_\_\_\_  
\_\_\_\_\_

A Request to Enforce Support having been filed:

**IT IS ORDERED** that you appear for hearing at the time and place shown below:

(7) \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.  
(Date and Time of Hearing)

PLACE OF HEARING:

\_\_\_\_\_  
\_\_\_\_\_

so the court can decide whether to enter an order for the relief asked for in the Request to Enforce Support.

**IT IS FURTHER ORDERED** that you bring to the hearing all of the following:

1. An Affidavit of Financial Information.
2. Copies of your Federal and State income tax returns (personal, partnership, and corporate), as well as schedules, attachments, W-2s and 1099s for the past 3 years.

3. Copies of your pay stubs or statement of earnings for the last 6 months.
4. The most recent statements reflecting the amount of payments of any benefits such as social security, SSI, AFDC, unemployment compensation, workmen's compensation, trust income, retirement benefits and the like.
5. Statements for the last 6 months on accounts with:
  - A. Banks, savings and loans, and investment companies.
  - B. Credit card companies, such as VISA, American Express, Sears, Broadway, etc.
6. Proof of the cost of medical insurance actually paid by you for the benefit of the minor children. Such verification may include a letter from your employer or insurer or other appropriate proof.
7. Proof of the availability of medical insurance coverage, the cost of available coverage, persons for whom you are providing medical insurance, the actual cost, the insurance carrier and the policy number.
8. Payment records or check stubs reflecting your payment of support for children other than the children for whom support is sought in this proceeding, for the past 12 months.
9. Proof of direct payments of support for which you are requesting credit.

**WARNING: FAILURE TO APPEAR AT THIS HEARING MAY CAUSE A CIVIL WARRANT TO BE ISSUED FOR YOUR ARREST.**

(8) Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

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JUDGE/COURT COMMISSIONER