

ENFORCING CHILD SUPPORT OR SPOUSAL MAINTENANCE

YOU CAN USE THIS PACKET IF ALL THIS IS TRUE:

- You have a child support or spousal maintenance order from Coconino County Superior Court.
- You want to enforce that order.

Before signing a court document or getting involved with a court case, it's important to see an attorney to make sure you know your legal rights and responsibilities. The Self-Help Center has information on finding an attorney.

INSTRUCTIONS

STEP 1: IF YOU WANT CHILD SUPPORT ENFORCED AND YOUR CASE IS WITH CHILD SUPPORT ENFORCEMENT: GET AN ARREARS ACCOUNTING

Get an arrears accounting from Child Support Services, 1701 N. 4th St., Flagstaff, 928-527-0924.

STEP 2: FILL OUT THE PETITION FOR ORDER TO APPEAR ON ENFORCEMENT OF CHILD SUPPORT ORDER OR SPOUSAL MAINTENANCE

- (1) Enter your name; mailing address; city, state, and zip code; and phone number.
- (2) Enter Petitioner's name as it appears on the Petition that started this case.
- (3) Enter Respondent's name as it appears on the Petition that started this case.
- (4) Enter the case number as it appears on the Petition that started this case.
- (5) Check the box(es) indicating what kind of order you want enforced.
- (6) Enter the *exact text* of the order to be enforced. Example: "Respondent shall receive \$200 per month in spousal maintenance from the other party beginning the first day of the month after the Decree is signed ". Enter the name of the court document containing the order. Example: "Decree of Dissolution of Marriage with Children". Enter the date the court signed that document. Enter the page number in that document of the order you want enforced.
- (7) Enter how the other party is disobeying the order. Example: "For the last three months, Petitioner has failed to pay spousal maintenance".
- (8) If you want child support enforced and your case is with Child Support Enforcement, check the box.
- (9) Enter the total amount of support and/or maintenance the other party has failed to pay. (If payments are made through the Clearinghouse, you can get a payment history for a fee from the Clerk of Superior Court to help you calculate the total due.)
- (10) Check the box indicating how the other party originally received notice of the order you want enforced. If you check "Other", explain. (If there is no proof that the other party received notice of the order, the court cannot enforce it.)
- (11) Enter any other orders you want the court to issue.
- (12) Enter the number of witnesses you expect to bring to the hearing, aside from yourself and the other party.
- (13) If medical costs reimbursement is part of your enforcement request, for each medical bill, enter the provider's name; bill date; service description; and amount paid, if any, by Petitioner, Respondent, and insurance or other third party.
- (14) Read the Petition and make sure that you understand everything in it and that everything in it is true. Sign in front of a notary. Notaries are at the Self-Help Center in the Courthouse and at most banks or listed in the Yellow Pages. The person signing must bring photo ID. Notaries usually charge a fee.

STEP 3: FILL OUT THE ORDER TO APPEAR

STEP 4: FILE THE FOLLOWING WITH THE COURT

Take or mail the original and two copies of the following to the Clerk's Office in the Coconino County Courthouse at 200 N. San Francisco St., Flagstaff, AZ 86001.

- Petition for Order to Appear on Enforcement of Child Support Order or Spousal Maintenance
- Order to Appear

The Clerk will stamp your copies with the filing date and return them to you for your records. If you file by mail, include a self-addressed, stamped envelope and a note asking the Clerk to return the date-stamped copies to you.

STEP 5: DELIVER A COPY TO THE JUDGE

On the day you file it, hand-deliver a copy of the Petition for Order to Appear to the inbox outside your judge's office. If you file by mail, mail the copy to the judge at <Judge's Name>, 200 N. San Francisco St., Flagstaff, AZ 86001, and include a note saying that this is the judge's copy of the Petition you filed today by mail.

STEP 6: THE COURT WILL MAIL YOU THE SIGNED ORDER TO APPEAR

STEP 7: SERVE THE FOLLOWING ON THE OTHER PARTY

After you receive the signed Order to Appear, follow the INSTRUCTIONS: SERVING COURT PAPERS ON THE OTHER PARTY in this packet to serve a copy of the following on the other party by the deadline. If you fail to complete service on time, you may delay your case or need to start the process all over again.

Deadline:

For enforcement of child support: 10 days before the hearing

For enforcement of spousal support: 20 days before the hearing

- Petition for Order to Appear on Enforcement of Child Support Order or Spousal Maintenance
- Signed Order to Appear
- Blank Affidavit of Financial Information

STEP 8: GO TO THE HEARING

Bring your witnesses, three copies of your evidence, and a copy of every document you filed with the court in this case. Be prepared to tell the judge why you think the court should grant your requests.

Before the court date, watch the courts video *How to Represent Yourself in Court* online at <http://www.youtube.com/watch?v=SfSclA2BkCk> to learn about procedures in court.

Generally, the court allows no more than 30 minutes for this type of hearing, so be prepared.

(1) Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Email: _____
Representing Self _____

COCONINO COUNTY SUPERIOR COURT

(2) _____ (4) Case Number: DO _____
Petitioner

**PETITION FOR ORDER TO APPEAR
ON ENFORCEMENT OF:**

(3) _____ (5) CHILD SUPPORT
Respondent SPOUSAL MAINTENANCE

(6) I ask the court to enforce the following order:
Exact Text of Order:

Name of Court Document Containing the Order: _____

Order Date: _____ Page Number: _____

The order was issued by this court, located at 200 N. San Francisco St., Flagstaff, AZ 86001.

(7) How the Other Party is Disobeying the Order:

(8) I am attaching an arrears accounting from Child Support Enforcement.

(9) All Sums Due: \$_____.

(10) How the Other Party Was Originally Notified of the Order:

I mailed or hand-delivered it to them and filed an Affidavit of Mailing/Hand-Delivery.

They were at the hearing when the court entered it.

A minute entry says the court mailed it to them.

Other: _____

(11) I request the following other orders:

(12) I ask the court to allow more than 30 minutes for the Order to Appear hearing if needed. At the hearing, besides testifying myself and possibly calling the opposing party as a witness, I expect to bring this many witnesses: _____.

I ask the court to issue any other orders the court deems appropriate.

(13) Worksheet for Unreimbursed Health Care and Other Allowed Expenses:

Provider	Bill Date	Service	Paid by Petitioner	Paid by Respondent	Paid by Insurance or Other Third Party

Copy to Judge: I will mail or hand-deliver a copy of this Petition to the judge.

(14) I have read this Petition. It is true and complete to the best of my knowledge.

Signature: _____

State of Arizona)

)

County of _____)

Subscribed and sworn before me this date: _____ by: _____

Seal:

Notary Public: _____

Notary Expiration Date: _____

Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

Petitioner: _____ Case Number: DO_____

ORDER TO APPEAR
POST-JUDGMENT/DECREE

Respondent: _____

READ THIS NOTICE: This is an important Court Order that affects your rights. Read this Order carefully. If you do not understand this Order, contact a lawyer for help.

All parties, whether represented by attorneys or not, must be present. If there is a failure to appear, the court may make such orders as are just, including granting the relief requested by the party who does appear.

FAILURE TO APPEAR AT THE HEARING MAY RESULT IN THE COURT ISSUING A CIVIL ARREST WARRANT, OR WHERE APPLICABLE, A CHILD SUPPORT ARREST WARRANT, FOR YOUR ARREST. IF YOU ARE ARRESTED, YOU MAY BE HELD IN JAIL FOR NO MORE THAN 24 HOURS BEFORE A HEARING IS HELD.

Based on documents filed and pursuant to Arizona Law,

IT IS ORDERED THAT YOU, (*other party's name*): _____
appear at the time and place stated below so the court can determine whether the relief asked for in the
Petition should be granted.

Leave the rest of the form blank. This is for the court to fill in.

INFORMATION ABOUT COURT HEARING TO BE HELD:

NAME OF JUDICIAL OFFICER: _____

DATE AND TIME OF HEARING: _____

DIVISION: _____

(All Divisions are in the Coconino County Courthouse at 200 N. San Francisco St., Flagstaff.)

Name of Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

Petitioner's Name on the Petition that started this case: _____ Case Number: DO_____

AFFIDAVIT OF FINANCIAL INFORMATION

Respondent's Name: _____

I am the Petitioner or Respondent

INSTRUCTIONS:

DON'T LEAVE ANYTHING BLANK: If a question doesn't apply, write "NA" for "not applicable". If you don't know the answer or are guessing, say that.

Round all amounts to the nearest dollar.

If there's not enough room for your answers, attach more paper.

After completing the form, **file the following with the court:**

- Affidavit of Financial Information
- Copies of your two most recent pay stubs
- If you're court-ordered to pay child support or arrears for children of other relationships: Proof of your payments over the last 12 months

And **give copies of the following to the other party:**

- Affidavit of Financial Information and any attachments
- Proof of your year-to-date income from all sources, including your two most recent pay stubs
- Complete copies of your federal income tax returns for the last three years with all schedules and attachments
- Your W-2 and 1099 forms from all sources of income for the last three years
- If you are self-employed, a member of a partnership, or a shareholder of a closely held corporation: Complete copies of the business federal income tax returns for the last three years with all schedules and attachments

Are you sending copies of the items listed above to the other party? Yes No. If No, why not?

OATH:

I've read this Affidavit. The facts and financial information in it are true and correct. I understand that it might be perjury if I list false information. I understand that if I leave anything blank or list wrong information, the judge might order sanctions against me, including fees and expenses under Rule 31, Arizona Rules of Family Law Procedure.

Date: _____ My Signature: _____

GENERAL INFORMATION:

My Name: _____ Birthdate: _____

Current Address: _____

Last date that I and the other party lived together: _____

For married or divorced parties:

Date of Our Marriage: _____

Our divorce is pending or final. If final: Date of Divorce: _____

Children: These are all the children who are under 18 and are my and the other party's biological or adopted children:

Name	Birthdate	Last 4 Digits of Social Security Number

Household: These are all the people who live in my household:

Name	Relationship to Me	Birthdate	Gross Monthly Income

Other People I Support: These are all other people who I support and who are not already listed above:

Name	Relationship to Me	Age	Lives with Me? (Y/N)	I'm Court-Ordered to Support Them? (Y/N)

Attorney's Fees: Attorney's fees I've paid in this case: \$ _____

Where I got the money to pay those fees: _____

Employment:

My job/occupation/profession/title: _____

My current employer's name: _____

Current employer's address: _____

Date current employment began: _____

How often I'm paid: Weekly Every other week Monthly Twice a month
 Other: _____

If I'm not working, it's because: _____

Previous employer's name: _____

Previous employer's address: _____

Previous job/occupation/profession/title: _____

Date previous job began: _____ Date previous job ended: _____

Why I left previous job: _____

Gross monthly pay at previous job: \$ _____

Total gross income from last three years' tax returns:

Year _____ \$ _____ Year _____ \$ _____ Year _____ \$ _____

My total gross income from January 1 of this year to the date of this Affidavit: \$ _____

Education/Training:

	School Name	# of Years There	Last Year There	Degree Earned
High School				
College				
Post-Graduate				
Occupational Training				

INCOME:

Gross Monthly Income:

What to list: List all income you receive from any source, whether private or governmental, taxable or not. List all income payable to you individually and all non-wage income payable jointly to you and your spouse.

Monthly average: Use a monthly average for items that change from month to month.

Monthly total for weekly or biweekly income: Multiply weekly income by 4.33 to get the monthly total. Multiply income received every other week by 2.165 to get the monthly total.

Gross monthly salary/wages \$ _____
Rate of Pay: \$ _____ per [] hour [] week [] month [] year
Expenses my employer pays for:
Include all amounts your employer reimburses you for, including travel for work and to distant job sites, per diem, and living expenses for time spent at another job site.
Automobile provision or allowance..... \$ _____
Auto expenses, such as gas, repairs, and insurance \$ _____
Lodging \$ _____
Other (explain): _____ \$ _____
Commissions/Bonuses \$ _____
Tips \$ _____
Self-employment income \$ _____
Social Security benefits..... \$ _____
Worker's compensation and/or disability income \$ _____
Unemployment compensation \$ _____
Gifts/Prizes..... \$ _____
Spousal support (alimony) payments from a previous marriage \$ _____
Rental income (net after expenses)..... \$ _____
Contributions to household living expenses by others \$ _____
Other (explain): *Include dividends, pensions, interest, trust income, annuities, etc.* _____ \$ _____
_____ \$ _____

Total Gross Monthly Income: \$ _____

Monthly child support I receive for my children from other relationships who live with me:
\$ _____

Self-Employment:

Fill out this section if: Fill out this section only if you are self-employed, a member of a partnership, or a shareholder of a closely held corporation.

Business name: _____
Business address: _____
Business phone number: _____
Type of business entity: _____
State and date of incorporation/formation: _____
Nature of my interest: _____
Nature of business: _____
Percent ownership: _____
Number of shares of stock: _____
Total issued and outstanding shares: _____
Gross sales/revenue over the last 12 months: _____

EXPENSES:

Monthly Expenses for Children We Have in Common:

Fill out this section if: Fill out this section only if you and the other party have biological or adopted children together under age 18 or 18 and still in high school.

What to list: List only expenses that you pay yourself for those children.

Future expenses: If you list an expense you think you'll have in the future but don't have now, put an asterisk () next to the amount.*

Health Insurance:

Total monthly cost \$ _____

Premium cost to insure just me and not the children: \$ _____

Premium cost to insure just the children and not me: \$ _____

You must list these premium costs. You can get them from your Human Resources Department.

Names of all people covered by my insurance:

Name of insurance company and Policy/Group Number:

Do you have health insurance available to you? Yes No

If Yes, are you enrolled in that insurance? Yes No

Dental/Vision Insurance:

Total monthly cost \$ _____

Premium cost to insure just me and not the children: \$ _____

Premium cost to insure just the children and not me: \$ _____

You must list these premium costs. You can get them from your Human Resources Dept.

Names of all people covered by my insurance:

Name of insurance company and Policy/Group Number:

Unreimbursed Medical And Dental Expenses:

This is the cost to you that insurance doesn't reimburse.

Co-payments \$ _____
Drugs and medical supplies \$ _____
Other (explain): _____ \$ _____

Total A: Total Of Health Insurance, Dental/Vision Insurance, And Unreimbursed Medical And Dental Expenses: \$ _____

Employer Pretax Program:

Do you participate in an employer program for pretax payment of child care expenses ("Cafeteria Plan")? Yes No

Child Care Costs:

Total monthly child care costs (*do not include amounts that DES pays*) \$ _____

Names of children receiving child care and cost per child:

Name: _____ \$ _____
Name: _____ \$ _____
Name: _____ \$ _____
Name: _____ \$ _____

Child care providers:

Name	Address

Extraordinary Expenses:

Monthly amount of extraordinary expenses for gifted or handicapped children (explain): _____ \$ _____

Total B: Total Of Child Care Costs and Extraordinary Expenses \$ _____

Monthly Expenses From Other Relationships:

Court-Ordered Support For Children Of Other Relationships:

These are all the children under age 18, or 18 and still in high school, who I support or who live with me and who are not the other party's children:

Name	Relationship to Me

Monthly amount of child support I'm court-ordered to pay for children of other relationships \$ _____

Monthly amount of arrears I'm court-ordered to pay for children of other relationships \$ _____

Monthly amount of that child support and those arrears that I actually paid over the last 12 months: \$ _____

Court-Ordered Spousal Support (Alimony) From Previous Marriages:

Monthly amount of court-ordered spousal support I actually pay to spouses from previous marriages \$ _____

Total C: Total Of Expenses From Other Relationships \$ _____

My Monthly Expenses:

Fill out this section if: Fill out the "My Monthly Expenses" section only if either party asked for any of the following:

- spousal support
- temporary division of bills
- attorney's fees and costs
- deviation from the child support guidelines
- enforcement of previous court orders

What to list: List your own expenses. Do not list expenses for the other party or for children who live with the other party unless you are paying those expenses yourself.

Monthly average: Use a monthly average for items that change from month to month.

Future expenses: If you list an expense you think you'll have in the future but don't have now, put an asterisk () next to the amount.*

Housing:

House payment:
First mortgage \$ _____
Second mortgage..... \$ _____
Homeowners association fee..... \$ _____
Rent \$ _____
Repair and upkeep..... \$ _____
Yard work/Pool/Pest control..... \$ _____
Insurance and taxes not included in house payment..... \$ _____
Other (*explain*): _____ \$ _____

Total Housing Expenses: \$ _____

Utilities:

Water, sewer, and garbage \$ _____
Electricity \$ _____
Gas \$ _____
Telephone..... \$ _____
Mobile phone/pager \$ _____
Internet provider..... \$ _____
Cable/Satellite television \$ _____
Other (*explain*): _____ \$ _____

Total Utilities Expenses: \$ _____

Food:

Food, milk, and household supplies..... \$ _____
School lunches \$ _____
Meals outside the home \$ _____

Total Food Expenses: \$ _____

Clothing:

Clothing for me..... \$ _____
Uniforms or special work clothes \$ _____
Clothing for children living with me \$ _____
Laundry and dry-cleaning \$ _____

Total Clothing Expenses: \$ _____

Transportation:

Car insurance \$ _____
These are all the cars and people covered by that insurance:

Car payment \$ _____
Car repair and maintenance \$ _____
Gas and oil \$ _____
Bus fare/parking fees \$ _____
Other (*explain*): \$ _____

Total Transportation Expenses: \$ _____

Miscellaneous:

School and school supplies \$ _____
School activities or fees \$ _____
Children's extracurricular activities..... \$ _____
Church/contributions..... \$ _____
Newspapers, magazines, and books..... \$ _____
Barber and beauty shop..... \$ _____
Life insurance (beneficiary's name: _____) \$ _____
Disability insurance \$ _____
Recreation/entertainment \$ _____
Children's allowances \$ _____
Union/Professional dues \$ _____
Voluntary retirement contributions and savings deductions..... \$ _____
Family gifts \$ _____
Pet expenses \$ _____
Cigarettes \$ _____
Alcohol..... \$ _____
Extraordinary expenses for you (*list any unusual expenses for yourself that are unique to your family and not listed anywhere else on this form*): \$ _____

Total Miscellaneous Expenses: \$ _____

Total D: Total Of Housing, Utilities, Food, Clothing, Transportation, and Miscellaneous Expenses \$ _____
--

Other Debts:

List all debts and installment payments you currently owe and are paying that are not already listed above.

Creditor Name	Purpose of Debt	Unpaid Balance	Amount of Last Payment	Date of Last Payment	Minimum Monthly Payment

Total E: Total Of Minimum Monthly Payments for Other Debts	\$ _____
---	-----------------

Total of All Monthly Expenses (Add together Totals A, B, C, D, and E, and enter the total here)..... **\$ _____**

INSTRUCTIONS: SERVING FORMS ON THE OTHER PARTY

Where does the other party live?	Serve the forms in one of these ways
In the U.S. and not on an Indian Reservation	① ② ③ or ④
On an Indian Reservation in the U.S.*	① ⑤ or ⑥
I don't know	⑦
Not in the U.S.	see an attorney

*If the other party lives on an Indian Reservation, there might be more options for service. An attorney can advise you.

- ① **Acceptance of Service:** You ask the other party to accept your delivery of the forms voluntarily so you don't have to pay to serve. See the form "Acceptance of Service" in this packet. Don't use Acceptance of Service if there's domestic violence or you think the other party will be violent or uncooperative.

- ② **Process Server:** You pay a process server to serve the forms. See the forms and instructions for "Service by Process Server, Sheriff, or Tribal Law Enforcement" in this packet.

- ③ **Sheriff:** You pay the sheriff to serve the forms. See the forms and instructions for "Service by Process Server, Sheriff, or Tribal Law Enforcement" in this packet.

- ④ **Certified Mail:** You send the forms to the other party through certified mail. See the instructions and forms for "Service by Certified Mail" in this packet.

- ⑤ **Tribally Licensed Process Server:** You pay a tribally licensed process server to serve the forms. See the forms and instructions for "Service by Process Server, Sheriff, or Tribal Law Enforcement" in this packet.

- ⑥ **Service by Tribal Law Enforcement:** You pay tribal law enforcement to serve the forms. See the forms and instructions for "Service by Process Server, Sheriff, or Tribal Law Enforcement" in this packet.

- ⑦ **Service by Publication:** You pay a newspaper to publish a notice about the case. See the forms and instructions for "Service by Publication" in this packet.

**INSTRUCTIONS:
SERVICE BY PROCESS SERVER, SHERIFF, OR
TRIBAL LAW ENFORCEMENT**

1.	Find a process server, sheriff, or tribal law enforcement officer Find a process server or the sheriff in the county where the other party lives. Process servers are in the Yellow Pages. The sheriff is in the government pages of the phonebook. The Coconino County Sheriff's Office is at 911 E. Sawmill Rd., Flagstaff, AZ 86004, 928-774-4523 or (toll-free) 800-338-7888. If the other party lives on an Indian reservation, find a tribally licensed process server in the tribe's phonebook or go through tribal law enforcement.
2.	Call the process server, sheriff, or tribal law enforcement officer Have your Petition in front of you. Ask these questions. <ul style="list-style-type: none">• How much do you charge for service of process?• Do I pay up front, or will you bill me?• Do you file the Affidavit of Service with the court and mail me a copy, or do I need to file it myself? (This is the document showing that the other party was served.) If you have a fee waiver or deferral and are using tribal law enforcement or a sheriff's office in a county other than Coconino, also ask: <ul style="list-style-type: none">• Do you accept fee waivers or deferrals from Coconino County? (They're not required to.) You cannot waive or defer the fee for service by process server.

<p>3.</p>	<p>Fill out the Letter: Service By Process Server, Sheriff, Or Tribal Law Enforcement</p>
<p>4.</p>	<p>Mail or hand-deliver the following to the process server, sheriff, or tribal law enforcement officer</p> <ul style="list-style-type: none"> • Letter: Service by Process Server, Sheriff, or Tribal Law Enforcement • One of the following: <ul style="list-style-type: none"> ○ the fee ○ a certified copy of the court order waiving or deferring fees • One copy of each document you listed in the Letter <p>Keep copies of everything for your records.</p>
<p>5.</p>	<p>Make sure the Affidavit of Service is filed with the court</p>

LETTER: SERVICE BY PROCESS SERVER, SHERIFF, OR TRIBAL LAW ENFORCEMENT

My Name: _____
Mailing Address: _____
City, State, Zip Code: _____
Phone Number: _____

Date: _____

Sheriff of the County of *(if serving by sheriff)*: _____
Process Server's Name *(if serving by process server)*: _____
Tribal Law Enforcement of *(if serving by tribal law enforcement)*: _____
Mailing Address: _____
City, State, Zip Code: _____

Re: Name of Person to Be Served: _____
Court Case Number: _____ DO _____

To whom it may concern:

Please find enclosed a copy of the following documents to be served on the person named above in the court case referenced above:

Details about the Other Party:

During the workday, the other party can usually be found at: Home Work Other

Home Address: _____
City, State, Zip Code: _____

Work Address: _____
City, State, Zip Code: _____

Other Address: _____
City, State, Zip Code: _____
Or other description of location: _____

Physical Description:

Sex	Race	Birth	Height	Weight	Eyes	Hair	SSN

Additional Description:

Description of the Other Party's Vehicle:

Make	Model	Year	Color

Additional Description:

- I enclose \$_____ in payment for service of process.
- I understand I will be billed for service of process.
- I enclose a certified copy of a court order waiving or deferring the fee.

Please note that each document served must be named in the Affidavit of Service.

Thank you for your assistance.

My Signature: _____

INSTRUCTIONS: SERVICE BY CERTIFIED MAIL

1.	Get your copies together You need one copy of each document you filed with the court.
2.	Take them to the post office Ask the post office to mail them “certified mail, restricted delivery to the addressee, with a return receipt”. The post office will send you a “green card” showing they were delivered.
3.	If the other party is incarcerated, also mail a set of copies to them through first-class mail
4.	Fill out and file the Affidavit of Service by Certified Mail with the court Attach the green card to it.

Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Phone Number: _____
Representing Self _____

COCONINO COUNTY SUPERIOR COURT

Petitioner: _____ Case Number: DO _____

**AFFIDAVIT OF SERVICE BY
CERTIFIED MAIL**

Respondent: _____

On this date: _____, I mailed the following legal papers in this case through certified mail, with delivery restricted to the other party:

I mailed the papers to this address: _____

On this date: _____, I received the receipt signed by the other party (attached), showing that the other party received the forms on this date: _____

If the other party is incarcerated, I also mailed a set of copies to them through first-class mail.

My Signature: _____

State of Arizona)

)

County of _____)

Subscribed and sworn before me this date: _____ by: _____

Seal:

Notary Public: _____

Notary Expiration Date: _____

(Attach green card here.)