

# **DISCLOSURE**

## **FOR CHANGING COURT ORDERS ABOUT CHILDREN**

### **YOU CAN USE THIS PACKET IF ALL THIS IS TRUE:**

- You or the other party asked the court to change family court orders about your children.
- The judge scheduled a court date.

### **FOLLOW ALL THE INSTRUCTIONS ON YOUR “PRETRIAL ORDERS” OR “PREHEARING ORDERS” FROM THE JUDGE**

This packet includes forms that might be listed on those Orders. Those Orders tell you which of these forms to use in your case, which to file with the Clerk of Court, what to give to the other party, and what to give to the Judge’s Assistant. Those Orders also tell you your deadlines for each of these things.

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

*When you file this with this court, do not file any of the enclosures or attachments.  
Those just go to the other party.*

Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Representing Self

COCONINO COUNTY SUPERIOR COURT

Petitioner's Name on the Petition for divorce, legal separation, or parenting time: \_\_\_\_\_ Case Number: DO \_\_\_\_\_

**DISCLOSURE STATEMENT**

Respondent's Name: \_\_\_\_\_

**For Changing Court Orders About  
Children**

**WITNESSES:**

*If a witness isn't listed here, they won't be allowed at the court date.*

I plan to bring these witnesses to the court date:

I reserve my right to call myself and witnesses from the other party's witness list as witnesses.

**Witness Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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

This witness's testimony will be [ ] only in a deposition or [ ] in person in court.

Detailed summary of what they'll say in court:

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

**Witness Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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

This witness's testimony will be  only in a deposition or  in person in court.

Detailed summary of what they'll say in court:

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**Expert Witness Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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

What makes them an expert: \_\_\_\_\_

This witness's testimony will be  only in a deposition or  in person in court.

Detailed summary of what they'll say in court:

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Have they prepared a report about what they'll say?  Yes  No

Name of person who has the report: \_\_\_\_\_

Address of person who has the report: \_\_\_\_\_

**Expert Witness Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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

What makes them an expert: \_\_\_\_\_

This witness's testimony will be  only in a deposition or  in person in court.

Detailed summary of what they'll say in court:

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Have they prepared a report about what they'll say?  Yes  No

Name of person who has the report: \_\_\_\_\_

Address of person who has the report: \_\_\_\_\_



**Sending To the Other Party:** I'm sending the other party a copy of each exhibit listed above along with this Disclosure Statement. I'm also sending the other party all of the items listed in the box below for my case type.

For Changing Legal-Decision Making, Parenting Time, and/or the Children's Residence	For Changing Child Support Only
<ul style="list-style-type: none"> <li>• A copy of any past or current protective order, and the petition that asked for it, involving me or the other party or one of our household members.</li> <li>• For any treatment I or the other party received for psychiatric or psychological issues, anger management, substance abuse, or domestic violence in the five years before the Petition was filed: the name and address of each treatment provider and the time period of the treatment.</li> <li>• The date, description, location, and documentation of any criminal charge against or conviction of me, the other party, or one of our household members in the ten years before the Petition was filed.</li> <li>• The date, description, location, and documentation of any Child Protective Services investigation or proceeding involving me or the other party or one of our household members in the ten years before the Petition was filed.</li> <li>• A copy of my most recently filed federal and state income tax returns, with all schedules.</li> <li>• A copy of my four most recent consecutive wage statements from all employment.</li> <li>• A copy of my most recent federal tax W-2, 1099, and K-1 forms.</li> <li>• A statement from my employer of the cost of medical and dental insurance coverage for our children.</li> </ul>	<ul style="list-style-type: none"> <li>• A copy of my most recently filed federal and state income tax returns, with all schedules.</li> <li>• A copy of my four most recent consecutive wage statements from all employment.</li> <li>• A copy of my most recent federal tax W-2, 1099, and K-1 forms.</li> <li>• A statement from my employer of the cost of medical and dental insurance coverage for our children.</li> </ul>

**DOMESTIC VIOLENCE, SUBSTANCE ABUSE, SEX OFFENDER/MURDER CONVICTION:**

- I want the court to deny legal decision-making about the children to the other party because:
  - The other party has committed an act of domestic violence against me, and I have not committed an act of domestic violence.
  - The other party has abused drugs or alcohol or been convicted of a drug offense under the Arizona Revised Statutes, Title 13, Chapter 34, or sections 28-1381, 28-1382, or 28-1383 within the 12 months before the petition or request for legal decision-making was filed.
  - The other party is a registered sex offender or has been convicted of murder in the first degree and the victim of the murder was the children's other parent. I also want the court to deny the other party unsupervised parenting time with the children.

I've listed any witnesses or exhibits I plan to bring to the court date about these topics in the Witnesses and Exhibits sections above.

My Signature: \_\_\_\_\_

**Fill Out This Form Together:** Fill this out with the other party, unless there is domestic violence. If the other party won't fill this out with you, or if there's domestic violence, fill this out on your own to the best of your knowledge and leave the parts about the other party blank.

If you need more room, attach more paper.

Petitioner's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Representing Self \_\_\_\_\_

Respondent's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Representing Self \_\_\_\_\_

COCONINO COUNTY SUPERIOR COURT

Petitioner's Name on the Petition for divorce,  
legal separation, or parenting time:  
\_\_\_\_\_

Case Number: DO \_\_\_\_\_

**PRE-TRIAL STATEMENT**

**For Changing Court Orders About Legal  
Decision-Making or Parenting Time**

Respondent's Name:  
\_\_\_\_\_

Joint (we filled this out together)  
 Separate (I filled this out on my own and I am  
the  Petitioner  Respondent)

**MINOR CHILDREN:**

Name	Birthdate
_____	_____
_____	_____
_____	_____

**WITNESSES:**

I plan to bring these witnesses to the court date:

I reserve my right to call myself and witnesses from the other party's witness list as witnesses.

**Witness Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

This witness's testimony will be  only in a deposition or  in person in court.

Detailed summary of what they'll say in court:

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**Witness Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

This witness's testimony will be  only in a deposition or  in person in court.

Detailed summary of what they'll say in court:

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**Expert Witness Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

What makes them an expert: \_\_\_\_\_

This witness's testimony will be  only in a deposition or  in person in court.

Detailed summary of what they'll say in court:

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Have they prepared a report about what they'll say?  yes  no

Name of person who has the report: \_\_\_\_\_

Address of person who has the report: \_\_\_\_\_

**Expert Witness Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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

**What makes them an expert:** \_\_\_\_\_

This witness's testimony will be  only in a deposition or  in person in court.

Detailed summary of what they'll say in court:

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Have they prepared a report about what they'll say?  yes  no

Name of person who has the report: \_\_\_\_\_

Address of person who has the report: \_\_\_\_\_

**Objections To Witnesses:**

Petitioner objects to these witnesses listed by Respondent:

Witness Name	Why I Object
_____	_____
_____	_____
_____	_____

Respondent objects to these witnesses listed by Petitioner:

Witness Name	Why I Object
_____	_____
_____	_____
_____	_____

**Length Of Trial:**

How many total witnesses are listed by Petitioner and Respondent? \_\_\_\_\_. If needed based on that number of witnesses, the court should allow more than the time currently scheduled for trial.

**EXHIBITS:**

I plan to bring these exhibits to the court date:

My most current Affidavit of Financial Information and Parent's Worksheet for Child Support Amount.

Description of each additional exhibit:

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**Objections To Exhibits:**

Exhibit Description	Petitioner or Respondent Objects to This Exhibit		Specific Reasons for the Objection
	Pet.	Resp.	
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
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**DISCOVERY AND DISCLOSURE:**

Each person signing this document has completed all pre-trial discovery and disclosure and delivered to the other party all exhibits and reports of expert witnesses who have been listed as witnesses.

**SETTLEMENT:**

*“Settlement” means that the parties come to agree on all the terms of the case without a trial.*

We have discussed settlement in good faith, or:  
 We have not discussed settlement because:

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**STIPULATIONS OR AGREEMENTS:**

*Fill in the blanks only for the topics to be discussed at your court date:*

		As Listed in the Following Document	Dated
We Agree on Petitioner Wants Respondent Wants	<b>Legal                      Decision-                      Making                      About the                      Children</b>	_____ _____ _____	_____ _____ _____
We Agree on Petitioner Wants Respondent Wants	<b>Children’s                      Primary                      Residence</b>	_____ _____ _____	_____ _____ _____
We Agree on Petitioner Wants Respondent Wants	<b>Parenting                      Time</b>	_____ _____ _____	_____ _____ _____
We Agree on Petitioner Wants Respondent Wants	<b>Child                      Support*</b>	_____ _____ _____	_____ _____ _____

\*including Children’s Insurance and Health Expenses, and Tax Exemptions

**CONTESTED AND UNCONTESTED FACTS:**

*“Contested Fact” means that the parties disagree whether something happened in a certain way or whether it’s true. “Uncontested Fact” means that the parties agree that something happened or that it’s true.*

*Fill in the blanks only for the topics to be discussed at your court date:*

	Detailed and Concise Statement of Contested Facts	Uncontested Facts
<b>Legal Decision-Making                      About the Children</b>	_____ _____ _____ _____	_____ _____ _____ _____
<b>Children’s Primary                      Residence</b>	_____ _____ _____ _____	_____ _____ _____ _____

Detailed and Concise Statement  
of Contested Facts

Uncontested Facts

**Parenting Time**

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**Child Support\***

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\*including Children’s Insurance and Health Expenses, and Tax Exemptions

**Other Issues:** We stand as follows on any terms of this case not listed above:

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**PROPOSED PARENTING PLAN:**

**Order This Parenting Time Plan:**

The children will be in Father’s care at these times:

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At the start of Father’s time with the children,  Mother will drop them off or  Father will pick them up at this time: \_\_\_\_\_ at this location: \_\_\_\_\_

The children will be in Mother’s care at these times:

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At the start of Mother’s time with the children,  Father will drop them off or  Mother will pick them up at this time: \_\_\_\_\_ at this location: \_\_\_\_\_

While we understand the court may enforce this drop-off and pick-up schedule, we will be reasonably flexible about it.

Other scheduling arrangements:

During Summer school breaks, parenting time will be:

- the same as always
- with  Petitioner or  Respondent
- at both households according to this schedule:

We each are entitled to an annual \_\_\_\_\_-week vacation with the children. We will work out the details of the vacation at least \_\_\_\_\_ days in advance.

Neither party will travel with the children outside Arizona for longer than \_\_\_\_\_ days without notifying the other party ahead of time.

We will inform each other of plans to travel out of the area with the children and of addresses and phone numbers where we and children can be reached during travel.

Holidays:

	Even Years		Odd Years	
	Petitioner	Respondent	Petitioner	Respondent
Spring Vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother's Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father's Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 <sup>th</sup> of July	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall Break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Halloween	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thanksgiving Weekend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hanukkah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter Break: Week 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter Break: Week 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Birthdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Each party will have the children on that party's birthday.

On three-day weekends, which include Martin Luther King Day, President's Day, Memorial Day, Labor Day, and Columbus Day, the children will remain in the care of the party who has them for the weekend.

Holiday times will begin and end as follows: \_\_\_\_\_

Phone access:

Each parent may contact the children by phone during the children's normal waking hours.

Other: \_\_\_\_\_

Religion:

Each parent may take the children to a place of worship of that parent's choice while the children are in that parent's care.

The children may be instructed in the following faith: \_\_\_\_\_

Religious arrangements do not apply to this Plan.

Communicating with each other: We will communicate with each other about the children  by phone  by email  by text  in person at least every \_\_\_\_\_ days.

We may change the parenting plan by written agreement only, except in an emergency.

Reviewing the plan: We will review this Plan every \_\_\_\_\_ months and ask the court for any necessary or desired changes.

Other: \_\_\_\_\_

**Order Supervised Parenting Time:**

Unsupervised parenting time would endanger the children’s physical, mental, moral, or emotional health because:

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

Parenting time may take place only in the presence of another person, named as follows:

Other restrictions on parenting time:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The cost of supervised parenting time, if any, will be paid  by the parent being supervised or  by the custodial parent or  equally by both parties.

**Order No Parenting Time:**

Even supervised parenting time with the other parent would endanger the children’s physical, mental, moral, or emotional health because:

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

Date: \_\_\_\_\_

Petitioner’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Respondent’s Signature: \_\_\_\_\_

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 ..... \$ \_\_\_\_\_

<b>Total C: Total Of Expenses From Other Relationships ..... \$ _____</b>
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**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: \$ \_\_\_\_\_**

<b>Total D: Total Of Housing, Utilities, Food, Clothing, Transportation, and Miscellaneous Expenses ..... \$ _____</b>
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**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

<b>Total E: Total Of Minimum Monthly Payments for Other Debts .....</b>	<b>\$ _____</b>
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**Total of All Monthly Expenses** (Add together Totals A, B, C, D, and E, and enter the total here)..... **\$ \_\_\_\_\_**

**INSTRUCTIONS: PARENT'S WORKSHEET FOR CHILD SUPPORT AMOUNT**

Call 928-679-7544 to have a Court Attorney fill this out for you.

OR

Fill out the Parent's Worksheet online at:

<http://www.superiorcourt.maricopa.gov/ezcourtforms2/>.

