INSTRUCTIONS FOR COMPLETING AFFIDAVIT OF DIRECT PAYMENTS AND ORDER TO CORRECT SUPPORT CLEARINGHOUSE RECORDS

COMPLETE THIS FORM IF:

You have been ordered to make child support and/or spousal maintenance payments to the Arizona Support Clearinghouse and payments were made directly to the person entitled to receive payments or you are the person entitled to receive child support and/or spousal maintenance payments, and you received payments directly from the other party.

WHAT YOU WILL NEED TO COMPLETE THIS PROCESS:

- 1. Your Superior Court/Pima County case number, your ATLAS number and the name of the Judicial Officer assigned to your case. Your ATLAS number and the name of the Judicial Officer assigned to your case may be obtained from the Child Support Division of the Pima County Clerk of the Court.
- 2. The Affidavit of Direct Payment form.
- 3. The Order to Correct Support Clearinghouse Records form.

HOW TO COMPLETE THESE FORMS:

TYPE OR PRINT NEATLY USING BLACK INK.

- 1. Type or print the name, mailing address, daytime telephone number of the person submitting this form.
- 2. Type or print the name of the person shown as the Petitioner and Respondent in the same order as is shown on the last Court Order. (Note: the order that the parties are listed does not change from the original filing, regardless of which party is submitting the form.)
- 3. Type or print the case number, the ATLAS number.
- 4. Check the box to identify if you are the Petitioner or Respondent.
- 5. Check the box to identify if you are the party paying or receiving child support and/or spousal maintenance.
- 6. Check the box to identify if you are making statements under penalty of perjury as to child support and/or spousal maintenance.
- 7. Fill in the year in which direct payments were made and fill in the month and amount which was made each month.
- 8. Sign the form where indicated and have the other party sign the form where indicated. Each party must sign the form before a Notary Public or before a Deputy Clerk of the Court.
- 9. On the Order form, type or print the name of the person shown as the Petitioner and Respondent in the same order asis shown on the last Court Order.
- 10. On the Order form, type or print the case number, your ATLAS number and the name of the Judicial Officer assigned to your case.

WHAT TO DO AFTER YOU HAVE COMPLETED THESE FORMS:

- 1. Complete the forms, following the instructions above. Make a copy for each party's records.
- 2. Take the forms and the copies of these forms to the <u>Child Support Division</u> at the office of the Clerk of the Court for processing. There is no fee for filing these forms.
- 3. The Clerk of the Court will process the Order to the appropriate Judicial Officer for signature. You will receive a copy of the Order in the mail. The process may take up to two weeks to complete.

NOTE: If your case is a IV-D case, you must use the forms provided by the Office of the Arizona Attorney General and/or the Department of Child Support Enforcement. For further information regarding your IV-D case contact 1-800-882-4151. To determine if your case is a IV-D case you may contact the Child Support Division of the Clerk of the Court at 520-740-3250.

| Affidavit of Direct Payments | Date of Revision: 9/6/2022 | Case Number: | |
|------------------------------|----------------------------|--------------|--|
|------------------------------|----------------------------|--------------|--|

| Person Filing: | | | _ | |
|----------------------------------|--|---------------------------|------------------------------|-------------------|
| Address (if not pr | rotected): | | | |
| City, State, Zip C | Code: | | _ | |
| Telephone: | | | _ | |
| Email Address: | | | | |
| ATLAS Number | • | | _ | |
| Lawyer's Bar Nu | ımber: | | _ | |
| | Self, without a Lawy | | | |
| \square Attorney for \square | \square Petitioner OR \square I | Respondent | | |
| ARIZ | ZONA SUPER | IOR COUR | RT, PIMA COU | JNTY |
| | | | Case No. | |
| | Pe | etitioner | ATLAS No | |
| and | | | AFFIDAVIT OF | DIRECT |
| | | | PAYMENTS | |
| | Resp | pondent | | |
| | | | ASSIGNED TO: | |
| I am the ☐ Petitio | ner Respondent in | n the above matte | er. | |
| I am the party who | o □ pays* □ receive | es the child su | pport □ spousal mair | ntenance. |
| | | | | |
| | | | erjury that the followi | |
| made directly to tr | ne person entitled to i | receive \square child s | support \square spousal ma | intenance. |
| payments. | e records of the Supp to acknowledge these payr | | se be corrected to refle | ect the following |
| | YEAR | YEAR | YEAR | YEAR |
| Insert year: | | | | |
| January | | | | |
| February | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| August | | | | |
| September September | | | | |
| October | | | | |
| November | | | | |
| 1010111001 | | | | |
| December | | | | |
| December TOTAL | | | | |

Date of Revision: 9/6/2022

Case Number:___

| Attach additional pages if necessary. Note payment made will first be credited to chi | e: If there is an obligation to pay both ch | ild support and spousal maintenance, any |
|---|---|--|
| payment made will first be electrical to em | ia support and the remainder, it air, wil | r be created to spousar maintenance. |
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| | | |
| Affidavit of Direct Payments | Date of Revision: 9/6/2022 | Case Number: |

| Signature of party receiving payments | Signature of party making payments |
|---------------------------------------|-------------------------------------|
| Affirmed before me on: | Affirmed before me on: |
| | |
| Notary Public/Deputy Clerk of Court | Notary Public/Deputy Clerk of Court |
| My Commission Expires and Seal: | My Commission Expires and Seal: |

| Person Filing: Address (if not protected): City, State, Zip Code: Telephone: Email Address: ATLAS Number: Lawyer's Bar Number: Representing □ Self, without a Lawyer or □ Attorney for □ Petitioner OR □ Respondent | |
|---|---|
| ARIZONA SUPERIOR CO | OURT, PIMA COUNTY |
| Petitioner | Case No. ATLAS No. |
| and Respondent | ORDER TO CORRECT SUPPORT CLEARINGHOUSE RECORDS |
| respondent | ASSIGNED TO: |
| The Court has reviewed the Affidavit of Direct Pay ☐ Petitioner ☐ Responde | • |
| IT IS ORDERED that the Support Clearinghouse sl ☐ child support ☐ spousa as set forth in the Affidavit of Direct Payments. | |
| Dated: | Judicial Officer |
| | |

Date of Revision: 9/6/2022

Case Number:_____