

Name of Person Filing: _____
 Street Address: _____
 City, State, Zip Code: _____
 Telephone Number: _____
 Email Address: _____
 ATLAS Number (if applicable) _____
 Representing Self (No Attorney) or Represented by Attorney
 If Attorney, Bar Number: _____

**SUPERIOR COURT OF ARIZONA
 PINAL COUNTY**

_____ CASE NUMBER: DO2
 Petitioner

vs. AFFIDAVIT OF DIRECT PAYMENT

_____ HONORABLE: _____
 Respondent

I _____ received a total of \$ _____
 from _____ for child support payments for the months
 of _____

OR

I _____ would like to waive all arrears owed to my
 case against _____

_____ Date _____ Signature _____

State of Arizona)
)
 County of _____)
 (Arizona County)

Subscribed and sworn (or affirmed) before me this _____ day _____, 20____
 (Day) (Month) (Year)
 by _____
 (Name of Signer)

_____ Seal (Affix notary seal here) Notary Public (Notary's Signature) _____