

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**

AFFIDAVIT OF INCOME

_____ **Date**

_____ **Supporting Party**

State of Arizona)
)
County of _____)

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20 _____

by _____
Name of Signer

Affix notary seal here

_____ **Notary Public**