



**OFFICE OF THE CLERK OF THE SUPERIOR COURT  
AMANDA STANFORD**

CLERK OF THE SUPERIOR COURT, PINAL COUNTY JURY COMMISSIONER/PROBATE REGISTRAR  
**CHILD SUPPORT ARREARAGE CALCULATION REQUEST**

PO BOX 2730  
FLORENCE, ARIZONA 85132

TELEPHONE: 520-509-3555  
FAX: 520-866-5320

**ARREARAGE CALCULATION REQUEST - \$56.00**

(Includes audit determination letter, print out of payment history)

**CERTIFIED ARREARAGE CALCULATION REQUEST - \$84.00**

(Includes audit determination letter, print out of certified payment history)

I would like my request to be:

Mailed to the address below for an **additional postage and handling fee of \$7.00.**

E-mailed to me at \_\_\_\_\_

**(Non-certified copies only)**

I will pick up my request. I understand I will be notified by phone when my request is available for pickup.

DATE OF REQUEST: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_ ATLAS NUMBER: \_\_\_\_\_

CASE NAME: \_\_\_\_\_ & \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

(PLEASE PRINT)

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE OF REQUEST: \_\_\_\_\_

MAILED:  EMAILED:  HAND DELIVERED DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

Payment:  Support Arrear calc fee  Support Pay History fee  Certification  Postage and Handling