

Name of Person Filing: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 ATLAS Number (if applicable): _____
 Attorney Bar Number (if applicable): _____
 Representing Self (Without an Attorney) or Petitioner or Respondent

**SUPERIOR COURT OF ARIZONA
 PINAL COUNTY**

_____) DO _____
 Name of Petitioner)
)
)
)
 _____) **RESPONSE TO CHILD SUPPORT**
 Name of Respondent **INFORMATION FORM**

STATEMENTS TO THE COURT, UNDER OATH:

1. INFORMATION ABOUT MY SPOUSE, the Petitioner:

Name: _____
 Address: _____
 Social security number: _____ Date of Birth: _____
 Job Title: _____
 Employer's Name: _____
 Employer's Address: _____

2. INFORMATION ABOUT ME, the Respondent:

Name: _____
 Address: _____
 Social security number: _____ Date of Birth: _____
 Job Title: _____
 Employer's Name: _____
 Employer's Address: _____

3. INFORMATION ABOUT MARRIAGE:

Date of Marriage: _____

4. INFORMATION ABOUT YOUR CHILD(REN): The following child(ren) is/are under 18 and were born to or adopted by my spouse and me during our marriage or paternity has been established.

| NAME | SOCIAL SECURITY NUMBER | DATE OF BIRTH |
|---|---------------------------------|---------------|
| _____ | _____ | _____ |
| Currently Resides with: <input type="checkbox"/> Mother | <input type="checkbox"/> Father | |
| Current Address: _____ | | |

NAME **SOCIAL SECURITY NUMBER** **DATE OF BIRTH**

Currently Resides with: Mother Father

Current Address: _____

NAME **SOCIAL SECURITY NUMBER** **DATE OF BIRTH**

Currently Resides with: Mother Father

Current Address: _____

NAME **SOCIAL SECURITY NUMBER** **DATE OF BIRTH**

Currently Resides with: Mother Father

Current Address: _____

5. ACCESS

About how many days each week does the other parent see the children? _____ days
About how much time each day _____ hours

6. MEDICAL INSURANCE

Who provides medical insurance for the children? Mother or Father
How much does that parent pay each month for the children's medical insurance? \$ _____
If you are not sure how much it costs to insure the children, state how much that parent pays and for how many people: \$ _____ Number of people _____

7. DAY CARE

Do the child(ren) require day care? Yes No
If the child(ren) require day care, who pays it? Mother or Father
How much does it cost each month on average over the entire year? \$ _____

8. INFORMATION ABOUT SPOUSAL MAINTENANCE/SUPPORT

- A. Does Mother regularly pay court-ordered spousal maintenance/support (alimony)?
 Yes No
- If so, how much each month? \$ _____
- B. Does Father regularly pay court-ordered spousal maintenance/support?
 Yes No
- If so, how much each month? \$ _____

9. INFORMATION ABOUT INCOME

- A. What is Mother's gross (total) monthly income (before deductions and taxes)? \$ _____

B. What is Father's gross (total) monthly income (before deductions and taxes)? \$ _____

10. INFORMATION ABOUT OTHER CHILDREN.

A. Does Mother pay court-ordered child support for any other children? Yes No
 If so, how much each month? \$ _____

B. Does Father pay court-ordered child support for any other children? Yes No
 If so, how much each month? \$ _____

C. Does Mother support any other natural or adopted children who also live with Mother? Yes No
 If so, how many and what are their names, ages and dates of birth? _____

D. Does Father support any other natural or adopted children who also live with Father? Yes No
 If so, how many and what are their names, ages and dates of birth? _____

11. OTHER CHILD SUPPORT ORDERS

Are there any other child support orders in effect for any of the children in described in #10 above?
 Yes No
If so, list the name of the child affected, the name of the issuing court(s) and case number(s):

12. PREGNANCY

Wife is not pregnant, or
 Wife is pregnant. The baby is due on _____ (date), (and, check one box below)
 The Petitioner and Respondent are the parents of the child, or
 Petitioner is not the parent of the child, or
 Respondent is not the parent of the child

13. SUMMARY OF WHAT I SAY ABOUT OUR CHILDREN THAT IS DIFFERENT FROM WHAT MY SPOUSE ASKED FOR IN THE CHILD SUPPORT INFORMATION FORM:

Address Information. It is very important for you (Petitioner and Respondent) to keep the court informed of your most current address. This means that if the address information on this form is incorrect or if you change address, you must contact the Clerk of the Court and give them your new or current address. Change of Address forms can be obtained at all of the courthouse locations.

OATH AND VERIFICATION OF RESPONDENT

STATE OF ARIZONA)
PINAL COUNTY)ss.

I, the Respondent, being duly sworn and under oath, state that I have read this Response. All the statements in the Response are true, correct and complete to the best of my knowledge and belief.

SIGNED: _____
Respondent's Signature

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____,

My Commission Expires:

By _____
Deputy Clerk/Notary Public