



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

CLERK OF THE SUPERIOR COURT, PINAL COUNTY JURY COMMISSIONER/PROBATE REGISTRAR
CHILD SUPPORT PAYMENT HISTORY REQUEST

PO BOX 2730
FLORENCE, ARIZONA 85132

TELEPHONE: 520-866-5321
FAX: 520-866-5377

PAYMENT HISTORY REQUEST - \$30.00

(Includes print out of payment history)

CERTIFIED PAYMENT HISTORY REQUEST - \$60.00

(Includes print out of payment history and certification)

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 Pay History fee Certification Postage and Handling