

**AMANDA STANFORD, CLERK OF THE SUPERIOR COURT  
PINAL COUNTY, STATE OF ARIZONA  
Child Support/Spousal Support Payment History Request Form**

The Pinal County Clerk of the Superior Court's Child Support Financial Team is responsible for maintaining system and records integrity with all court orders including, but not limited to; all orders of the court pertaining to monthly obligations, judgments, fees and interest.

Among the services provided to the constituency by the Clerk's Child Support Financial Team are payment history requests. The non-custodial parent (NCP), custodial parent (CP), an attorney for either party or State IV-D agency, may at any time request a payment history by the Child Support Financial Team. A payment history will reflect all payments posted to your case.

If you have a child support case with the Arizona Department of Economic Security Division of Child Support Enforcement and you have a caseworker assigned to your case and you have or are currently receiving state assistance such as ACCESS, TANF or Food Stamps your case is an IV-D case. You may request a payment history at **no charge** through the Pinal County Attorney Child Support Enforcement Division at 520-866-6615.

If child support or spousal support is ordered through divorce, Legal Decision-Making or paternity case and is **not** being enforced by the County Attorney Support Enforcement Division your case is a Non IV-D case and you may submit your payment history request to Pinal County Clerk of the Superior Court Child Support/Spousal Support department at the address listed below.

There is a charge to Request a Payment History. Please visit our Fees page for details:  
<http://coscpinalcountyaz.gov/fees.html>

All requests should be mailed to:

Amanda Stanford, Superior Court Clerk  
Child Support Financial Team  
P.O. Box 628  
Florence, AZ 85132

- Please include your payment with your Payment History Request Form
- Please make checks or money order payable to: Clerk of the Superior Court
- Please include a self-addressed stamped envelope for the return of your payment history.

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Payment History Request Form**

***Requester's Information:***

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Social Security No: \_\_\_\_\_  
Your Relationship to Case: \_\_\_\_\_

***Case Information:***

Non-Custodial Parent: \_\_\_\_\_  
*(Person paying support)*  
Custodial Parent: \_\_\_\_\_  
*(Person receiving support)*  
Case Number: **DO** \_\_\_\_\_ -or- **SE** \_\_\_\_\_  
*(must provide)*  
Atlas Number **-OR-** \_\_\_\_\_

- My payment is enclosed.  
 I have enclosed a self-addressed stamped envelope.

Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_