

**INSTRUCTIONS FOR COMPLETING
AFFIDAVIT OF DIRECT CHILD SUPPORT PAYMENTS**

The attached form must be filled out to the best of your knowledge. To assist you, the following instructions have been provided:

Definitions:

- *Obligor: The person owing the duty of support.
- *Obligee: The person to whom the duty of support is owed.

1. The columns headed **Amount Paid** shows the TOTAL amount you received in child support for that month from the Obligor by direct payments.
2. The form must be completed beginning with the month and year in which the child support was ordered and continued monthly through the current month and year.
3. Options: For any month(s) in which you wish to give the Obligor credit because the child(ren) had been residing or visiting with the Obligor, insert the word "*VISIT*" in the **Amount Paid** column for the appropriate month(s).
4. Options: For any month(s) which you and the Obligor resided in the same household together and the Obligor was contributing his/her share financially to the household and the child(ren), insert the letters "*LT*" for *Living Together* in the **Amount Paid** column for the appropriate month(s).

<i>MONTH</i>	<i>AMOUNT PAID</i>
JANUARY	100.00
FEBRUARY	0.00
MARCH	100.00
APRIL	0.00
MAY	50.00
JUNE	VISIT
JULY	0.00
AUGUST	0.00
SEPTEMBER	LT
OCTOBER	LT
NOVEMBER	0.00
DECEMBER	100.00

In this sample, the Obligor paid \$100.00 during the months of January, March, and December; the Obligor paid \$50.00 during the month of May; and failed to pay anything in February, April, July, August, and November. For the month of June, the Obligee opted to give the Obligor credit for having the child(ren). For the months of September and October, Obligee and Obligor resided together and Obligor contributed financially to the household and the child(ren).

Name of Party Filing:
Your Address:
Your City, State, Zip Code:
Your Telephone Number:
Representing (if applicable):
State Bar Number (if applicable):
ATLAS Number:

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF MARICOPA

Petitioner,)
vs.) Case No. _____
Respondent.)
AFFIDAVIT OF DIRECT PAYMENTS

COMES NOW _____ and swears that the
(Obligee's Name)
attached foregoing account of direct payments made by _____
(Obligor's Name)
and received by _____ is true and correct to the
(Obligee's Name)
best of his/her knowledge.

Dated this _____ day of _____, 19_____.

Obligee's Signature

SUBSCRIBED and SWORN to me this _____ day of _____, 19____.

Notary Public or Deputy Clerk

My commission expires:

Name of Party Filing:
Your Address:
Your City, State, Zip Code:
Your Telephone Number:
Representing (if applicable):
State Bar Number (if applicable):
ATLAS Number:

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
 IN AND FOR THE COUNTY OF MARICOPA**

)
)
Petitioner,)
)
vs.)
)
Respondent.)
)
)

Case No. _____

AFFIDAVIT OF DIRECT PAYMENTS

YEAR _____	YEAR _____	YEAR _____	YEAR _____
AMOUNT PAID	AMOUNT PAID	AMOUNT PAID	AMOUNT PAID
JAN _____	JAN _____	JAN _____	JAN _____
FEB _____	FEB _____	FEB _____	FEB _____
MAR _____	MAR _____	MAR _____	MAR _____
APR _____	APR _____	APR _____	APR _____
MAY _____	MAY _____	MAY _____	MAY _____
JUN _____	JUN _____	JUN _____	JUN _____
JUL _____	JUL _____	JUL _____	JUL _____
AUG _____	AUG _____	AUG _____	AUG _____
SEP _____	SEP _____	SEP _____	SEP _____
OCT _____	OCT _____	OCT _____	OCT _____
NOV _____	NOV _____	NOV _____	NOV _____
DEC _____	DEC _____	DEC _____	DEC _____

Obligee's Signature