

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_

For Clerk's Use Only

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

## SUPERIOR COURT OF ARIZONA IN YUMA COUNTY

Petitioner \_\_\_\_\_ Case No. \_\_\_\_\_

ATLAS No. \_\_\_\_\_

Respondent \_\_\_\_\_ **AFFIDAVIT OF DIRECT PAYMENTS**

	YEAR	YEAR	YEAR	YEAR
(Insert year)				
January	\$	\$	\$	\$
February	\$	\$	\$	\$
March	\$	\$	\$	\$
April	\$	\$	\$	\$
May	\$	\$	\$	\$
June	\$	\$	\$	\$
July	\$	\$	\$	\$
August	\$	\$	\$	\$
September	\$	\$	\$	\$
October	\$	\$	\$	\$
November	\$	\$	\$	\$
December	\$	\$	\$	\$

By signing this document I state under penalty of perjury that I made the following payments directly to the person ordered to receive the payments or I received the following payments directly from the person ordered to make the payments. These payments were not made through the Support Payment Clearinghouse or the Clerk of the Court.

### SIGNATURES

\_\_\_\_\_  
Signature of Person Receiving Payments

and/or \_\_\_\_\_  
Signature of Person Making Payments

\_\_\_\_\_  
Printed Name of Person Receiving Payments

\_\_\_\_\_  
Printed Name of Person Making Payments

STATE OF \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this:

Subscribed and sworn to or affirmed before me this:

\_\_\_\_\_(date)

\_\_\_\_\_(date)

By \_\_\_\_\_.

By \_\_\_\_\_.

\_\_\_\_\_  
Deputy Clerk or Notary Public

\_\_\_\_\_  
Deputy Clerk or Notary Public

(notary seal)

(notary seal)