

Person Filing: (1) \_\_\_\_\_  
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<sup>(2)</sup>  
CHILD SUPPORT WORKSHEET**

(3) Petitioner/Party A: \_\_\_\_\_ (4) Case No. \_\_\_\_\_

(3) Respondent/Party B: \_\_\_\_\_ (4) ATLAS: \_\_\_\_\_

(5) Total Number of Children: \_\_\_\_\_

(6) Parent with Primary Physical Custody:

Party A ☐ Party B ☐

(7) Parent who is filing this form: Father ☐ Mother ☐

(8) Gross Income figures for the OTHER PARENT are:

☐ **ACTUAL**, with proof, such as a recent W2 or pay stub attached, or other party's signed statement.

☐ **ESTIMATED**, based on facts or knowledge of pay before promotion or of others in similar job.

☐ **ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 5e).

	<u><b>PARTY A</b></u>	<u><b>PARTY B</b></u>
<b>Gross Income</b> (Pre-Tax Income. Before deductions.)	\$ _____ (9)	\$ _____
Spousal Maintenance Paid	\$ - (10)	\$ -
Spousal Maintenance Received	\$ + (11)	\$ +
Child Support Paid/Contributed	\$ - (12)	\$ -
Other Support of Children Paid	\$ - (13)	\$ -
<b>Adjusted Gross Income</b>	\$ _____ (14)	\$ _____
Combined Adjusted Gross Income	(15) \$ _____	
<b>Basic Child Support Obligation</b>	(16) \$ _____	
<b>Plus Costs for:</b>		
Medical/Dental/Vision Insurance	\$ _____ (17)	\$ _____
Childcare	\$ _____ (18)	\$ _____
Education Expenses	\$ _____ (19)	\$ _____
Extraordinary/Special Needs Child Expenses	\$ _____ (20)	\$ _____
No. of Children Age 12 or Over _____ Adjustment _____ %	(21) \$ _____	
Total Adjustments for Costs	(22) \$ _____	
Total Child Support Obligation	\$ _____ (23)	\$ _____

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

	PARTY A		PARTY B	
Each Parent's % of Combined Income	_____	% (24)	_____	%
Each Parent's Share of Tot. Support Obligation	\$ _____	(25)	\$ _____	
<b>Adjustment for Non Custodial Parent's Costs Associated with Parenting Time</b>				
Using Table A <input type="checkbox"/> Table B <input type="checkbox"/>	\$ _____	(26)	\$ _____	
No. of Days _____ = _____% Adjustment (from table)				
x Line (16) \$ _____ (Basic Child Support Obligation)	\$ _____	(27)	\$ _____	
<b>Less Noncustodial Parent's Costs for:</b>				
Medical/Dental/Vision Insurance*	\$ _____	(28)	\$ _____	
Childcare*	\$ _____	(29)	\$ _____	
Education Expenses*	\$ _____	(30)	\$ _____	
Extraordinary/Special Needs Child Expenses*	\$ _____	(31)	\$ _____	
*Subtract here <u>ONLY</u> if ADDED-IN items 17-20 above				
Adjustments Subtotal	\$ _____	(32)	\$ _____	
Preliminary Child Support Amount	\$ _____	(33)	\$ _____	
<b>Self Support Reserve Test for Parent Who Will Pay</b>				
Amount from Line (14) _____ (Adj. Gross Inc.)				
Minus Reserve Amount - \$1,456.00				
Total	=	\$ _____	(34)	\$ _____
Child Support to be Paid by: Party A <input type="checkbox"/> Party B <input type="checkbox"/>	\$	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	(35)	\$ <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>
Share of Travel Expenses Related to Parenting Time*	_____	% (36)	_____	%
*Only for expenses related to travel over 100 miles, one way.				
Share of Medical/Dental/Vision Costs Not Paid by Insurance	_____	% (37)	_____	%

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent