

Your Name: _____
 Your Address: _____
 City, State, Zip: _____
 In this case I am PAYING RECEIVING money.
 In this case I am representing self have a lawyer
 Lawyer, Name & Bar No.: _____

For Clerk's Use Only

SUPERIOR COURT OF ARIZONA IN MARICOPA 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.

Signature of Person Receiving Payments

and/or

Signature of Person Making Payments

Affirmed before me on:

Affirmed before me on:

Deputy Clerk of Court or Notary Public

Deputy Clerk of Court or Notary Public

My Commission Expires/Seal:

My Commission Expires/Seal: