

**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.

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

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).

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 words “LIVING TOGETHER” in the *Amount Paid* column for the appropriate month(s).

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

	)	
	)	Case No. _____
<b>Petitioner,</b>	)	
	)	<b>AFFIDAVIT OF DIRECT PAYMENTS</b>
vs.	)	
	)	
<b>Respondent.</b>	)	
	)	
	)	

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

\_\_\_\_\_  
 Obligee's Signature