Name of Person Filing: Mailing Address (if not protected): City, State, Zip Code: Phone Number: Email Address: AZCARES Number (if applicable): State Bar Number (if applicable): Representing: Self Petitioner			
SUPERIOR COURT OF ARIZONA MOHAVE COUNTY			
Petitioner	Case Number		
AND	EXPEDITED PROCESS REQUEST TO ENFORCE: Child Support Child Support Arrears		
Respondent	 ☐ Spousal Maintenance ☐ Spousal Maintenance Arrears ☐ Medical Insurance Coverage ☐ Uninsured Medical/Dental/Vision Expenses ☐ Parenting Time 		
	IF YOU HAVE MARKED ONE OR MORE BOXES ER TO ENFORCEMENT OF SUPPORT		
On this date, the F Superior Court of Arizona, ordered spousal maintenance, uninsured medical / coverage as follows:	Honorable, a Judicial Officer of the to pay child support, dental /vision expenses, and / or to obtain medical insurance		
The total amount of child support or spo period beginning	usal maintenance past due is \$, for the time, through		
	sion care expense reimbursement that is past due is of these expenses has been presented to the other party and due.		
I request that the Court consider	any or all of the following action(s):		
Order the other party to bring to the	conference those items set forth in the Order to Annear		

• Enter judgment for past-due support, unreimbursed uninsured medical/dental/vision care expenses,

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clerk's fees, service costs, other court costs against the other party.

- Enter an "Order of Assignment" for payments on current child support, child support arrears, current spousal maintenance, and/or spousal maintenance arrears against the other party.
- Order the other party to pay support through the Support Payment Clearinghouse.
- Find the other party in civil contempt of court and order sanctions which may include, but are not limited to, incarceration and the posting of a surety bond.
- Issue a child support arrest warrant if the other party fails to appear and/or enter a default judgment.
- Order the other party to provide evidence of medical insurance coverage within a fixed period of time.
- Order reimbursement of uninsured medical / dental / vision expenses.
- Order other relief as deemed just and proper by the court.

SECTION B: COMPLETE ONLY IF YOU HAVE MARKED THE BOX FOR ENFORCEMENT OF PARENTING TIME

On this dateOfficer of the Superior Court of Atime:	the Honorable Arizona, signed an Order establishing the fol	<u>,</u> a Judicial lowing schedule for parenting
The other party, following manner:	, failed to comply with the	e parenting time order in the

I request that the court consider any or all of the following action(s):

- Compel compliance with the parenting time order.
- Find the other party in civil contempt of court and order sanctions, which may include, but are not limited to, incarceration.
- Order either or both parties to mediation, counseling, or supervised parenting time pursuant to A.R.S. §25-410.
- Issue a civil arrest warrant or enter an order for the requested relief should the other party fail to appear at the conference.

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• Enter an order for other relief as deemed just and proper by the court.

EXPEDITED PROCESS REQUEST TO ENFORCE

	OATH AND VERIFICATION
l have ı	read the foregoing document and the facts therein are true and correct to the best of my knowledge
	Signature of party filing E OF ARIZONA) TY OF MOHAVE)ss.
Subscr	ibed and sworn or affirmed and acknowledged before me this date:
by	.
My con	nmission expires:

IMPORTANT INFORMATION FOR PETITIONER AND RESPONDENT

IT IS THE RESPONSIBILITY OF THE PETITIONER AND RESPONDENT TO KEEP THE COURT ADVISED OF THEIR <u>CORRECT AND CURRENT ADDRESS</u>.