Perso	on Filing:			
	ess (if not protected):			
City, S	State, Zip Code:			
Telep	hone:			
	I Address:			
	AS Number:			FOR CLERK'S USE ONLY
	er's Bar Number: esenting			
			JRT OF ARIZONA PA COUNTY	
			,) Case #:	
	Petitio	oner,	<u></u>	
		,	OBLIGOR'S FINAN	CIAL AFFIDAVIT
VS.			(Person Ordered t	_
• •)	···· ··· /
	Resp	ondent.	,)	
1.	NAME:			
٠.	Last		First	M.I.
~				
2.	ADDRESS:		S	
		;	Street Address	
	City		State	Zip Code
3.	TELEPHONE NUMBERS: Hor	ne: (<u>)</u>		
	Work: ()	Mess	sage: ()	
4.	DATE OF BIRTH:	/ Day	/ Year	
5.	NAME OF PRESENT SPOUSE:	·	_	
6.	NAME AND AGE(S) OF MINOI PREVIOUS RELATIONSHIP, LI		COMMON TO YOU AND YOUR J:	RPRESENT SPOUSE OR
	NAME	AGE	NAME	AGE
		T	T	
		+	+	

7.	NAME OF EMPLOYER:			
	ADDRESS OF EMPLOYER:		Street Address	
8.	IF UNEMPLOYED NOW, WHY?	City	State	Zip Code
	YOUR USUAL OCCUPATION?			
	WHEN LAST EMPLOYED:			

9. LIST ALL INCOME YOU RECEIVE FROM ANY SOURCE:

INCOME	DOLLAR AMOUNT
Gross monthly pay (wages, salary, tips, commission, etc.)	\$
Rents (amount after expenses deducted)	\$
Pensions and retirement income	\$
Social Security income	\$
Dividends and interest income	\$
Disability and unemployment pay	\$
Current child support and spousal maintenance received	\$
Welfare and Aid to Dependent Children	\$
Trust funds	\$
Income from any other source	\$
TOTAL MONTHLY INCOME	\$

10. LIST ALL BANKS, SAVINGS AND LOAN, CREDIT UNIONS, OR OTHER FINANCIAL INSTITUTIONS IN WHICH YOU HOLD ACCOUNTS AND/OR SHARES:

INSTITUTION	ADDRESS	DOLLAR AMOUNT
		\$
		\$
		\$

Case No.		
Case No.		

INSTITUTION	ADDRESS	DOLLAR AMOUNT
		\$
		\$
		\$

11. LIST THE NAMES OF ANY INDIVIDUALS OTHER THAN THOSE NAMED IN THE PRESENT ACTION, WHOM YOU ARE UNDER COURT ORDER TO SUPPORT, AS WELL AS THE AMOUNT OF THE ORDER:

NAME	AMT. OF ORDER
	\$
	\$
	\$
	\$
	\$

12. LIST ALL PROPERTY, INCLUDING YOUR HOME AND ALL MOTOR VEHICLES, ITS VALUE ANY LIENS OR INDEBTEDNESS, AND WHO INDEBTEDNESS IS OWED:

DESCRIPTION OF PROPERTY	VALUE	INDEBTEDNESS OF LIEN	TO WHOM OWED
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

Case	Nο		

13.	LIST ALL MONTHLY	EXPENSES WHICH YOU	ARE RESPONSIBLE TO PAY	AT THE PRESENT TIME:
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MORTGAGE/RENT	GAS & ELECTRIC	TELEPHONE	WATER
\$	\$	\$	\$
FOOD \$	MEDICAL & DENTAL INSURANCE \$	TRANSPORTATION (Gas, Bus Fare, Not car payment) \$	OTHER \$

14. LIST ALL INSTALLMENT CONTRACTS AND REVOLVING CREDIT PAYMENTS THAT YOU HAVE NOT INCLUDED IN ITEM 14:

TO WHOM OWED	MONTHLY AMOUNT	BALANCE DUE
	\$	\$
	¢	¢
	φ •	Φ
	\$	\$
	\$	\$
	\$	\$

15.	TOTA	I MONTHI	Y FXPFNSFS	(TOTAL	ITEMS 11	AND 151

UNDER OATH OR BY AFFIRMATION

I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

Date			Petitioner's Signature
			-
Sworn to or Affirmed before me this		by	
	(Date)	_ ′	Printed Name
	,		
My Commission Expires: (or			
		_	
Seal below)			Deputy Clerk or Notary Public