Person Filing: _____
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 COCHISE COUNTY

_____ **Case No.** _____
Petitioner

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.

SIGNATURES

_____ _____
Signature of Person Receiving Payments and/or Signature of Person Making Payments

_____ _____
Printed Name of Person Receiving Payments **Printed Name of Person Making Payments**

STATE OF _____ STATE OF _____

COUNTY OF _____ COUNTY OF _____

Subscribed and sworn to or affirmed before me this: Subscribed and sworn to or affirmed before me this:

_____(date) _____(date)

By _____. By _____.

_____ _____
Deputy Clerk or Notary Public Deputy Clerk or Notary Public

(notary seal) (notary seal)