

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
ATLAS Number: _____
Lawyer's Bar Number: _____



ARIZONA SUPERIOR COURT, PIMA COUNTY

Name of Petitioner

Case Number: _____

Name of Respondent

**Default Information for
Spousal Maintenance
A.R.F.L.P. Rule 44 (Form 6)**

I hereby state the following, under penalty of perjury:

A. To qualify for spousal maintenance under A.R.S. § 25-319, I provide the following information (check all that apply):

- I lack sufficient property, including property I will be receiving in the dissolution, to provide for my reasonable needs.
- I am unable to be self-sufficient through appropriate employment.
- I am unable to earn enough money to support myself.
- I am the custodian of a child whose age or condition is such that I should not be required to seek employment outside the home.
- I contributed to the educational opportunities of my spouse.
- My marriage has lasted _____ years.
- I am _____ years old.
- There have been excessive or abnormal expenditures, destruction, concealment or

fraudulent disposition of community, joint tenancy and other property held in common.

- There are actual damages and judgments from conduct resulting in criminal conviction of either you or your spouse in which the other spouse or child was the victim.

B. If the court finds you qualify for spousal maintenance, it will need the following information in determining the appropriate amount and duration. To assist the court, please answer the following:

1. If you have been employed during the marriage, state how and when you have been employed.

- I have not been employed during the marriage.

2. Do you have a physical or emotional condition that limits your ability to work? Describe:

- I do not have a physical or emotional condition that limits my ability to work.

3. Describe any contributions you have made to your spouse's earning ability or how you reduced your income or career opportunities to benefit your spouse.

- Does not apply

4. If your request for spousal maintenance is granted, will you and the other party be able to contribute to the educational expenses of your children? Describe.

- Does not apply

5. Why are the financial resources available to you, including property awarded in the decree, not adequate to meet your needs?

6. Do you think additional education or training would enable you to find employment sufficient to meet your needs? _____. Is this education or training readily available? _____. How long do you think it will take to complete this education or training?

7. How much will it cost you per month to obtain health insurance after the divorce? _____. How much will the other party save per month if the insurance changes from a family plan to employee only health insurance? _____.

8. What is your spouse's present occupation and monthly income? (If you do not have documentation of your spouse's income, describe how you came to your estimate.)

9. I request \$ _____ per month for spousal maintenance for _____ years.

10. Can the other party's needs be met if you receive this requested spousal maintenance?

Complete the financial statement on the following page.

I declare under penalty of perjury that the foregoing and the following financial statement is true and correct.

Date: _____

Signature: _____

NECESSARY MONTHLY EXPENSES (For yourself and minor children who reside with you)

House (mortgage/rent) \$ _____
 Repair/Upkeep \$ _____
 Utilities
 Electricity \$ _____
 Gas \$ _____
 Water & Sewer \$ _____
 Phone \$ _____
 Garbage \$ _____
 Food & Household
 Supplies \$ _____
 Work/School Lunch \$ _____
 Medical, dental,
 drugs, supplies \$ _____
 Insurance not deducted
 from pay \$ _____
 Clothing \$ _____
 Laundry/Dry Cleaning \$ _____
 Childcare/Sitter \$ _____
 Support paid for spouse
 and/or minor children
 of prior relationship \$ _____
 Car Repair/Maintenance \$ _____
 Car Insurance \$ _____
 Gas/Oil \$ _____
 Vehicle License \$ _____
 Public Transportation \$ _____

Other _____ \$ _____
 _____ \$ _____

Total Monthly Expenses \$ _____

MONTHLY PAYMENTS/DEBTS

Creditor	Balance	Payment
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Total Monthly Payments \$ _____

Total Expenses, Payments \$ _____

INCOME

GROSS PAYCHECK \$ _____

weekly twice mo.*

monthly every 2 weeks

*For example, the 1st and 15th

Less: Federal Taxes \$ _____

Less: State Taxes \$ _____

SS & Medicare \$ _____

Insurance \$ _____

Savings, etc. \$ _____

Other _____ \$ _____

Other _____ \$ _____

Total Deductions \$ _____

Net Paycheck \$ _____

OTHER GROSS MONTHLY INCOME

Pension/Retirement \$ _____

Social Security/SSI
 \$ _____

Dividends/Interest \$ _____

GA/TANF \$ _____

Other _____ \$ _____

Total other gross income
 \$ _____

TOTAL GROSS MONTHLY INCOME \$ _____