NAME

ADDRESS

CITY, STATE, ZIP CODE

PHONE

EMAIL

ROLE

superior court of arizona

county of <INSERT>

|  |  |  |
| --- | --- | --- |
| In re the Matter of: Petitioner,and Respondent,   | Case No. <INSERT>

|  |
| --- |
|  **RULE 63 MOTION FOR ASSESSMENT OF <NAME>**  |

(Assigned to Honorable < INSERT>) |

 Pursuant to Arizona Rules of Family Law Procedure, Rule 63, I am requesting that the Court order an evaluation of the other party and state in support as follows:

MY NAME:

THE OTHER PARTY’S NAME:

CHILD(REN)’S NAME(S):

CHILD(REN)’S AGE(S):

WHAT I AM REQUESTING:

WHY I AM MAKING THIS REQUEST:

WHAT WILL HAPPEN IF IT IS NOT GRANTED:

WHO WILL BE THE PROVIDER:

PROVIDER’S CONTACT INFO:

HOW WILL THE PROVIDER’S FEES BE PAID/DIVIDED:

Dated:

By: */s/*

SENT TO

HOW

WHEN

By: */s/*