

## ARIZONA DEPARTMENT OF ECONOMIC SECURITY

<b>CASE:</b>	<b>Division of Child Support Services</b>	PREPARED BY:	UNIT/OFFICE#
<b>CASE REVIEW WORKSHEET</b>			
<b>CP NAME:</b>	<b>NCP NAME:</b>	<b>PROGRAM CODE:</b>	Non IV-D Case: Y <input type="checkbox"/> N <input type="checkbox"/>
Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/>	Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/>		Non IV-D P/H: Y <input type="checkbox"/> N <input type="checkbox"/>
Non IV-D #:			

### ALL CHILDREN LISTED ON THE COURT ORDER

CHILD 1 (NAME):	BIRTHDATE:	EMAN DATE:	IN <input type="checkbox"/> BC <input type="checkbox"/> CNOG <input type="checkbox"/>	TANF:
			1st Eff Date:	_____
CHILD 2 (NAME):	BIRTHDATE:	EMAN DATE:	IN <input type="checkbox"/> BC <input type="checkbox"/> CNOG <input type="checkbox"/>	_____
			1st Eff Date:	_____
CHILD 3 (NAME):	BIRTHDATE:	EMAN DATE:	IN <input type="checkbox"/> BC <input type="checkbox"/> CNOG <input type="checkbox"/>	_____
			1st Eff Date:	_____
CHILD 4 (NAME):	BIRTHDATE:	EMAN DATE:	IN <input type="checkbox"/> BC <input type="checkbox"/> CNOG <input type="checkbox"/>	_____
			1st Eff Date:	_____
CHILD 5 (NAME):	BIRTHDATE:	EMAN DATE:	IN <input type="checkbox"/> BC <input type="checkbox"/> CNOG <input type="checkbox"/>	_____
			1st Eff Date:	_____

### CHRONOLOGICAL LIST OF ORDERS

A) ORDER TYPE B) CO SIGN DATE C) ORDER NUMBER	A) PAY BEGIN B) CO EFF DT C) COURT ID D) IWO CALC PYMT	A) CHILD SUPPORT B) CASH CHILD CARE C) SPOUSAL MAINT D) CASH MEDICAL	ORDERED (Judgments/POA/Variable order) (Including amounts, dates, types of support, comments, etc.)
	A)	Per child: Y <input type="checkbox"/> N <input type="checkbox"/> A)	Per child equal or unequal amounts:
A)	B)	B)	
B)	C)	Accrual: From:                      To: C)	
C)	D)	Accrual: D) Eff. Date:	MED:            NCP: Y <input type="checkbox"/> N <input type="checkbox"/> CP: Y <input type="checkbox"/> N <input type="checkbox"/> Percentage: NCP: _____%      CP: _____%
	A)	Per child: Y <input type="checkbox"/> N <input type="checkbox"/> A)	Per child equal or unequal amounts:
A)	B)	B)	
B)	C)	Accrual: From:                      To: C)	
C)	D)	Accrual: D) Eff. Date:	MED:            NCP: Y <input type="checkbox"/> N <input type="checkbox"/> CP: Y <input type="checkbox"/> N <input type="checkbox"/> Percentage: NCP: _____%      CP: _____%
	A)	Per child: Y <input type="checkbox"/> N <input type="checkbox"/> A)	Per child equal or unequal amounts:
A)	B)	B)	
B)	C)	Accrual: From:                      To: C)	
C)	D)	Accrual: D) Eff. Date:	MED:            NCP: Y <input type="checkbox"/> N <input type="checkbox"/> CP: Y <input type="checkbox"/> N <input type="checkbox"/> Percentage: NCP: _____%      CP: _____%

## CHRONOLOGICAL LIST OF ADDITIONAL ORDERS

	A)	Per child: Y <input type="checkbox"/> N <input type="checkbox"/> A)	Per child equal or unequal amounts:
A)	B)	B)	
B)	C)	Accrual: From:                      To: C)	
C)	D)	Accrual: D) Eff. Date:	MED:        NCP: Y <input type="checkbox"/> N <input type="checkbox"/> CP: Y <input type="checkbox"/> N <input type="checkbox"/> Percentage: NCP: _____%      CP: _____%
	A)	Per child: Y <input type="checkbox"/> N <input type="checkbox"/> A)	Per child equal or unequal amounts:
A)	B)	B)	
B)	C)	Accrual: From:                      To: C)	
C)	D)	Accrual: D) Eff. Date:	MED:        NCP: Y <input type="checkbox"/> N <input type="checkbox"/> CP: Y <input type="checkbox"/> N <input type="checkbox"/> Percentage: NCP: _____%      CP: _____%
	A)	Per child: Y <input type="checkbox"/> N <input type="checkbox"/> A)	Per child equal or unequal amounts:
A)	B)	B)	
B)	C)	Accrual: From:                      To: C)	
C)	D)	Accrual: D) Eff. Date:	MED:        NCP: Y <input type="checkbox"/> N <input type="checkbox"/> CP: Y <input type="checkbox"/> N <input type="checkbox"/> Percentage: NCP: _____%      CP: _____%
	A)	Per child: Y <input type="checkbox"/> N <input type="checkbox"/> A)	Per child equal or unequal amounts:
A)	B)	B)	
B)	C)	Accrual: From:                      To: C)	
C)	D)	Accrual: D) Eff. Date:	MED:        NCP: Y <input type="checkbox"/> N <input type="checkbox"/> CP: Y <input type="checkbox"/> N <input type="checkbox"/> Percentage: NCP: _____%      CP: _____%