

CONTEMPT ACTION REVIEW WORKSHEET

AZCARES: _____ SP Name: _____ Date: _____

Case Mgr.: _____ Date SR last contacted: _____ Date SP last contacted: _____

1. Is this an arrears only case? Yes No SP Balance: _____

2. Amount of Current Support Order, if applicable: _____ POA: _____

3. Date last payment received: _____ Source: _____

4. Date of last hearing, if applicable: _____

5. Has an Affidavit of Non-Compliance been filed? Yes No

6. Select Yes (Y) or No (N) for all that apply to SP. Select Unknown (UNK) if the situation is not known.

Y N UNK * Must advise attorney how evidence was obtained (OnBase/Document Library (documents uploaded) or by SP/SP interview)

Currently receiving SSD or SSI benefits Pending Social Security Application

Receiving SNAP (Food Stamps) Receiving AHCCCS Receiving TANF

Open bankruptcy Date/folder CAP1/CAP2 uploaded _____

Tribal member living on the reservation

Recently released from prison (in the last 6-8 months)

Pending criminal charges or active arrest warrant (other than child support)

Currently on probation

Obligor has children subject to the order in his/her household

Obligor has sole custody of children not subject to the order in his/her household

*Industrial injury: _____

*Medical conditions: _____

*Recent hospitalization: _____

*Mental illness/Severely Mentally Ill (SMI) Diagnosis: _____

*Veteran/Discharge from military (PTSD or other issues): _____

Chronic substance abuse: _____

Currently unemployed

Last payments received were from UIB (Unemployment)

Reported income on GUIDE (BG01)

Reported employer on State/National New Hire

*Residence Homeless Rent Own Other

Driver's license or driver's license is currently suspended (See Driver's License S/R SOP)

Date/folder MVR/MVD documents uploaded: _____

Lacks transportation (vehicle/access to public transportation)

Language barrier: Non-English Speaker

Education Level: GED/HSD SomeCollege Degree Vocational

Other: _____

Multiple child support orders that collectively exceed ability to pay

Evidence of SP's Ability to Pay Documented (eg: Assets, Employment and Wage, Local Job Market, Financial Affidavit, AJC, Social Media, Admin Subpoena)

Credit Bureau Report Date Uploaded/Folder Name: _____

Date of AG Referral (Verbal, E2528): _____ Date Uploaded: _____