

## Enforcement Referral Checklist

ATLAS \_\_\_\_\_ NCP \_\_\_\_\_ CP \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_ OPID/UNIT \_\_\_\_\_ PHONE \_\_\_\_\_ Interpreter Y N

<p><b>Jurisdiction</b></p> <p><input type="checkbox"/> If order was from out of State, has it been registered in AZ for enforcement? Y N</p> <p><input type="checkbox"/> Have you checked court docket for any pending actions or additional orders? Y N</p> <p><input type="checkbox"/> Have debts been verified? Y N</p> <p><input type="checkbox"/> Was there a prior Non IV-D case? Y N</p>	<p><b>Required Documents – Non Pleadings</b></p> <p><input type="checkbox"/> BG01</p> <p><input type="checkbox"/> AZTECS Cap 1 and 2</p> <p><input type="checkbox"/> Soc Sec Derivative benefits info</p> <p><b>Referral Documents As Needed</b> (Check if included)</p> <p><input type="checkbox"/> Sensitive Data Cover Sheet</p> <p><input type="checkbox"/> State's Entry of Appearance</p>
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<p><b>Required Referral Documents for Contempt</b></p> <p><input type="checkbox"/> Request to Enforce Support Order</p> <p><input type="checkbox"/> Order to Appear for NCP</p> <p><input type="checkbox"/> Approved Arrears Calculation</p> <p><input type="checkbox"/> Blank Financial Affidavit</p> <p><input type="checkbox"/> F0354 Important Notice Regarding Support</p>	<p><input type="checkbox"/> Service Documents</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PRAD</li> <li><input type="checkbox"/> Process Server Sheet</li> <li><input type="checkbox"/> Acceptance of Service</li> <li><input type="checkbox"/> Photos – If appropriate</li> </ul>
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**Does OnBase file contain any of the following:**

Previous court orders and minute entries **ORDER** Date \_\_\_\_\_/Page \_\_\_\_\_

Enforcement Checklist/Sweep Sheets **CASE LOG** Date \_\_\_\_\_/Page \_\_\_\_\_

Recent Employment Verification **INC/EXP** Date \_\_\_\_\_/Page \_\_\_\_\_

Credit Bureau Report **LOCATE** Date \_\_\_\_\_/Page \_\_\_\_\_

Affidavit of Direct Pay **AFF** Date \_\_\_\_\_/Page \_\_\_\_\_

CP Waiver: **AFF** Date \_\_\_\_\_/Page \_\_\_\_\_

CP Enforcement Questionnaire **APP** Date \_\_\_\_\_/Page \_\_\_\_\_

Completed current AFI(s): **AFF/CS127** Date \_\_\_\_\_/Page \_\_\_\_\_

Non ATLAS payment histories **DEBT** Date \_\_\_\_\_/Page \_\_\_\_\_

Comments:

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APP ( )	APQ ( )	Returned ( )
<p><input type="checkbox"/> ABE – Mistake in Pleadings</p> <p><input type="checkbox"/> ABF – Pleading/Document Missing</p> <p><input type="checkbox"/> ABG – Arrears Calc Inaccurate/Incomplete</p> <p><input type="checkbox"/> ABH – Missing or Incomplete Paternity Affidavit</p> <p><input type="checkbox"/> ABI – Missing or Important Documents Needed</p>	<p><input type="checkbox"/> ABJ – Judgment and/or Order Missing</p> <p><input type="checkbox"/> ABK – Missing or Incomplete Factual Info</p> <p><input type="checkbox"/> ABL – Premature or Wrong Action</p> <p><input type="checkbox"/> ABM – Unable to determine how Parties ID'd</p> <p><input type="checkbox"/> ABN – Other</p>	

Attorney Signature: \_\_\_\_\_ Date: \_\_\_\_\_