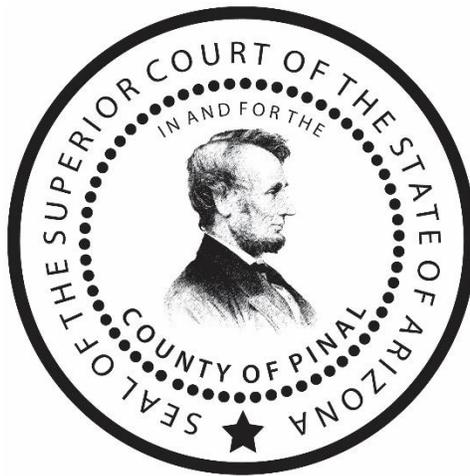


# PETITION TO MODIFY INCOME WITHHOLDING ORDER



## PINAL COUNTY

**WHEN CURRENT CHILD SUPPORT IS NO LONGER OWED BUT  
THERE IS STILL ARREARAGES (BACK CHILD SUPPORT) OWING**

### INSTRUCTIONS AND FORMS

Provided as a Public Service by  
**AMANDA STANFORD**  
Clerk of the Superior Court

## PETITION TO MODIFY (CHANGE) INCOME WITHHOLDING ORDER

This packet contains court forms and instructions to file a “Petition to Modify Income Withholding Order.” The documents needed are listed below.

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You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents. It is strongly recommended that you contact an attorney to assist you in completing these forms if you have any questions. You should contact an attorney that handles Domestic Relations to find out what to do.

## INSTRUCTIONS

### **How to fill out the Petition to Modify an “Income Withholding Order”**

This Request can be completed by the person paying support (the Obligor) **OR** the person receiving support (the Obligee).

Complete this form if an “**Income Withholding Order**” has been ordered in Pinal County, **AND** you wish to modify the order because the person paying support no longer owes:

- ✓ Current Child Support *or*
- ✓ Child support arrearages (back child support) and interest *or*
- ✓ Current spousal support *or*
- ✓ Spousal Support arrearages (back alimony) and interest

To complete this form, you will need the date the “Income Withholding Order” was signed. If you do not know this date, you can find it on the original “Income Withholding Order” maintained in the court file.

#### **How to Complete this Form: Type or print neatly using black ink.**

Follow the instructions given below. Match each numbered step in the instructions with the item on the attached form that have the same number:

#### **PETITION TO MODIFY INCOME WITHHOLDING ORDER:**

1. Type or print the name, address and telephone number of the person filing the form. An attorney who is filing the Request must also list the name of the person represented and the attorney’s State Bar Number. Enter the ATLAS number, if known.
2. Fill in the name of the county where you will be filing your paperwork. (This may already be printed on the form.
3. Type or print the name of the person shown as the petitioner on the original “***Income Withholding Order.***”
4. Type or print the name of the person shown as the respondent on the original “***Income Withholding Order.***”
5. Type or print the case number that appears on the original “***Income Withholding Order.***”
6. Type or print your name here.
7. Type or print the name of the person ordered to make payments.
8. Type or print the name of the person receiving payments.
9. Be sure to type or print on the blank lines the information of the last “Income Withholding Order” that was signed.  
If appropriate, complete any additional blanks and attach documentation as needed.

10. Complete this section if you want to change or adjust the ***“Income Withholding Order.”*** Mark the box or boxes that best explains why you think the order should be changed or adjusted.
11. Type or print the current amount of the Income Withholding Order and the new amount the Income Withholding Order should be changed to.
12. Complete this section if the presumptive termination date is wrong.
13. Date and sign your name before a Notary Public or Deputy Clerk. By signing your name, you are stating under oath that the contents of this request are true and correct to the best of your knowledge.

**INCOME WITHHOLDING ORDER:**

Fill in the name of the person shown as the Petitioner on the ***“Petition to Modify.”*** Fill in the name of the person shown as the Respondent on the ***“Petition to Modify.”***

- 1 & 2. Fill in the case number and ATLAS number that appears on the original “Income Withholding Order.”
3. Fill in the name and social security number of the person obligated to make support payments.

**STOP.** The Judicial officer or staff will complete the rest of this page.

**CURRENT EMPLOYER INFORMATION SHEET:** Fill in the information request on this form

- \* Case Number
- \* ATLAS Number
- \* Name of Employer and payroll address, phone and fax numbers or other payor of funds for person who has been making payments.

**INSTRUCTIONS AND FORMS FOR REQUEST FOR HEARING AND NOTICE OF HEARING:**

Do not complete any section of these forms. These forms are to be served on the other party along with a copy of the Petition to Modify Income Withholding Order.

**ACCEPTANCE OF SERVICE FORM:**

Complete the name of the Petitioner, the name of the Respondent and case number. Do not continue further. The rest must be completed by the other party who accepts service.

**WHEN YOU HAVE COMPLETED THESE FORMS, GO TO THE “PROCEDURES”  
AND  
FOLLOW THE STEPS LISTED THERE.**

## PROCEDURES

### What to Do After You Have Completed the Petition and Forms to Modify an “Income Withholding Order”

**STEP 1:**     **MAKE TWO COPIES\*** (or 3, if the State DES/ Dept of Child Support Enforcement is involved) of the:

**Petition to Modify Income Withholding Order**

**STEP 2:**     Separate your papers into three sets\* (4, if DES or Dept of Child Support Enforcement is involved)

|  |   |
|--|---|
| <p><b>Set 1 – ORIGINALS to file with the Clerk of Superior Court:</b></p> <ul style="list-style-type: none"><li>(1) Petition to Modify Income Withholding Order</li><li>(2) Current Employer Information Sheet</li><li>(3) Original Income Withholding Order</li></ul> <p><b>AND</b><br/>2 Self Addressed, Stamped envelopes:<br/>One addressed to you;<br/>One addressed to the Other Party</p> | <p><b>Set 2 – COPY for the Other Party</b></p> <ul style="list-style-type: none"><li>(1) Petition to Modify Income Withholding Order</li><li>(2) Instructions and forms for Request for Hearing and Notice of Hearing</li></ul> <hr/> <p><b>Set 3 – COPY for You</b></p> <ul style="list-style-type: none"><li>(1) Petition to Modify Assignment/Income Withholding Order</li></ul> <hr/> <p><b>Set 4 – COPY for State (*if required)</b></p> <ul style="list-style-type: none"><li>(1) Petition to Modify Income Withholding Order</li><li>(2) Acceptance of Service</li></ul> |
|--|---|

**STEP 3:**     **FILE THE PAPERS WITH THE CLERK OF THE COURT.** We have four office locations where you can file your papers:

**Visit our website for office locations or feel free to give us a call.**

**Contact information for all Offices**

Toll Free: 888.431.1311 • Local: 520.509.3555 or 311 • Fax: 520.866.5320

[www.coscpinalcountyaz.gov/office.html](http://www.coscpinalcountyaz.gov/office.html)

**FILING FEE:** There is a filing fee for filing this Application and there may be other charges associated with this process. Inquire with the Clerk’s office regarding the filing fee amount. The fee is payable to the Clerk of the Superior Court by money order, personal check with proper identification, Cash, Visa, Master card, debit or credit.

Go online to <http://www.coscpinalcountyaz.gov/fees.html> for current fees.

If you cannot pay these fees and you qualify, you may request the fee(s) be deferred or waived. The Clerk of the Superior Court has the necessary forms to ask for a deferral or waiver. With the Application for Deferral, you must provide proof of income (copy of your last 2 most recent paystubs).

Hand the originals and all set of copies to the clerk at the filing counter and along with your method of payment. The Clerk will keep the original, stamp the extra copies to show that the original document was filed with the Court. The clerk will return the stamped copies to you. The stamped copies are called “conformed” copies.

**STEP 4: MAKE SURE YOU GET BACK FROM THE DEPUTY CLERK THE FOLLOWING:**

- Your conformed copy
- The other party’s stamped copy
- The copy for DES / Dept of Child Support Enforcement (if required)

**STEP 5: SERVE THE PAPERS ON THE OTHER PARTY(IES).** The copy of the Request to Modify and Parent’s Worksheet may be delivered by the Sheriff’s Office, a licensed process server, commercial delivery service or mail by which you can obtain an original or copy of the other party’s signature confirming delivery, or by an notarized *Acceptance of Service*, signed by the other party(ies). Whatever method you choose, the original proof of service must be filed with the Clerk of the Court.

**Service on the State of Arizona:** If the Attorney General’s Child Support Services Section has been involved with your case, you **MUST** also serve the Attorney General’s office. The Attorney General’s office will **ACCEPT** service. You must deliver an Acceptance of Service form to the Child Support Services Section of the Attorney General’s office:

*Attorney General’s Office/IV-D Attorneys*  
555 W Main Ave  
Casa Grande, AZ 85122

After the Attorney General’s Office signs the Acceptance of Service, you **MUST** file the original signed Acceptance of Service with the Clerk of the Court.

**STEP 6: WAIT.** If the other party is served in the State of Arizona, the person has **20 days** from the date of service to file a Request for Hearing. If the party is served outside of Arizona has **30 days** from the date of service to file a Request for Hearing.

If a Request for Hearing is filed and a hearing is set, you will receive written notice of the date, time and location to appear for Court. **OR**

After the time has lapsed and no party requests a hearing, the Judge may grant your request and sign the Assignment/Income Withholding Order. **OR**

The Judge may schedule a hearing to obtain further information and all parties will receive written notice of the date, time and location to appear for Court.

**For more information review the Rules of Family Law Procedures.**

Forms can be found at: <http://www.coscpinalcountyaz.gov/forms.html>

(1)

Name of Person Filing: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

ATLAS Number (if applicable) \_\_\_\_\_

Representing Self (No Attorney) or  Represented by Attorney

If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA**  
**(2) PINAL COUNTY**

Regarding the Matter of

(3) \_\_\_\_\_  
Name of Petitioner (in original case)

CASE NUMBER: (5)S1100 \_\_\_\_\_

**PETITION TO MODIFY**  
**INCOME WITHHOLDING ORDER**  
A.R.S. § 25-504

(4) \_\_\_\_\_  
Name of Respondent (in original case)

HONORABLE: \_\_\_\_\_

An Income Withholding Order is a court order that requires an employer to withhold money from the Person ordered to pay child support and /or spousal maintenance (alimony)

(6) I \_\_\_\_\_, ask the court to modify the **Income Withholding Order** (Order requiring an employer or other party to withhold funds for child support or spousal maintenance) in which:

(7) \_\_\_\_\_ Is the person ordered to make payments, and

(8) \_\_\_\_\_ Is the person entitled to receive payments.

Issued this date: (9) \_\_\_\_\_ (month / day / year)

Issued by this Court: (9) \_\_\_\_\_ (Name of Court)

Located in this County: (9) \_\_\_\_\_ (Name of County)

Located in this State: (9) \_\_\_\_\_ (Name of State)

Because: (Check the appropriate box(s))

(10)  The **amount** shown on the **Income Withholding Order is wrong because:**  
The amount was changed by the Court Order issued on this date: \_\_\_\_\_  
in this county: \_\_\_\_\_, **OR**

- The person making payments **no longer owes** (Check all that apply)
- Current Child Support
  - Child Support arrearages (back child support) and interest
  - Current Spousal Support
  - Spousal Support arrearages (back alimony) and interest **OR**

Financial situation have changed:

Reason(s) (List and attach any supporting documents).

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(11) For the reason listed, **I REQUEST THAT** the amount in the Income Withholding Order should be changed from the current amount of: \$ \_\_\_\_\_ Current Child Support / Spousal

\$ \_\_\_\_\_ Arrearages

to the **New Amount** of: \$ \_\_\_\_\_ Current Support or Arrearages

(12) The current Income Withholding Order should be modified because the presumptive termination date (the day the order will end) is wrong. The termination date should be changed from the date listed on the current Income Withholding Order: \_\_\_\_\_ (month / day / year)  
To the new date of: \_\_\_\_\_ (month / day / year)

Reason(s) why the presumptive date is wrong (list and attach any supporting documents)

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(13)

**OATH OR AFFIRMATION**

I swear or affirm that the information on this document is true and correct to the best of my knowledge

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

**State of Arizona** )

)

**County of** \_\_\_\_\_ )

SUBSCRIBED AND SWORN TO before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

by \_\_\_\_\_  
**Name of Signer**

\_\_\_\_\_  
**Commission Expires**

\_\_\_\_\_  
**Notary Public**

**NOTICE TO THE PARTY SERVED WITH THIS PETITION.** If you do not agree with the Petition, you have twenty, (20) days, or thirty (30) days if service is made outside the state of Arizona, in which to respond by completing the attached petition for hearing. If requested, a hearing will be set.

If you do not request a hearing in writing within the time allowed, the Court will review the Petition to Modify Income Withholding Order and grant the request, if appropriate.

## INCOME WITHHOLDING FOR SUPPORT - Instructions

The Income Withholding for Support (IWO) is the OMB-approved form used for income withholding in:

- tribal, intrastate, and interstate cases enforced under Title IV-D of the Social Security Act
- all child support orders initially issued in the state on or after January 1, 1994, and
- all child support orders initially issued (or modified) in the state before January 1, 1994 if arrearages occur.

This form is the standard format prescribed by the Secretary in accordance with section 466(b)(6)(a)(ii) of the Social Security Act. **Except as noted, the following information is required and must be included.**

### Please note:

- For the purpose of this IWO form and these instructions, “state” is defined as a state or territory.
- Dos and don'ts on using this form are found at [www.acf.hhs.gov/css/resource/using-the-income-withholding-for-support-form-dos-and-donts](http://www.acf.hhs.gov/css/resource/using-the-income-withholding-for-support-form-dos-and-donts).

### COMPLETED BY SENDER:

- 1a. **Income Withholding Order/Notice for Support (IWO).** Check the box if this is an initial IWO.
- 1b. **Amended IWO.** Check the box to indicate that this form amends a previous IWO. Any changes to an IWO must be done through an amended IWO.
- 1c. **One-Time Order/Notice For Lump Sum Payment.** Check the box when this IWO is to attach a one-time collection of a lump sum payment after receiving notification from an employer/income withholder or other source. When this box is checked, enter the amount in field 14, Lump Sum Payment, in the *Amounts to Withhold* section. Additional IWOs must be issued to collect subsequent lump sum payments.
- 1d. **Termination of IWO.** Check the box to stop income withholding on a child support order. Complete all applicable identifying information to aid the employer/income withholder in terminating the correct IWO.
- 1e. **Date.** Date this form is completed and/or signed.
- 1f. **Child Support Enforcement (CSE) Agency, Court, Attorney, Private Individual/Entity (Check One).** Check the appropriate box to indicate which entity is sending the IWO. If this IWO is **not** completed by a state or tribal CSE agency, the sender should contact the CSE agency (see [www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-requirements](http://www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-requirements)) to determine if the CSE agency needs a copy of this form to facilitate payment processing.

### NOTE TO EMPLOYER/INCOME WITHHOLDER:

This IWO must be regular on its face. The IWO must be rejected and returned to sender under the following circumstances:

- IWO instructs the employer/income withholder to send a payment to an entity other than a state disbursement unit (for example, payable to the custodial party, court, or attorney). Each state is required to operate a state disbursement unit (SDU), which is a centralized facility for collection and disbursement of child support payments. Exception: If this IWO is issued by a court, attorney, or private individual/entity and the initial child support order was entered before January 1, 1994 or the order was issued by a tribal CSE agency, the employer/income withholder must follow the payment instructions on the form.
- Form does not contain all information necessary for the employer to comply with the withholding.
- Form is altered or contains invalid information.

- Amount to withhold is not a dollar amount.
- Sender has not used the OMB-approved form for the IWO.
- A copy of the underlying order is required and not included.

If you receive this document from an attorney or private individual/entity, a copy of the underlying support order containing a provision authorizing income withholding must be attached.

### COMPLETED BY SENDER:

- 1g. **State/Tribe/Territory.** Name of state or tribe sending this form. This must be a governmental entity of the state or a tribal organization authorized by a tribal government to operate a CSE program. If you are a tribe submitting this form on behalf of another tribe, complete field 1i.
- 1h. **Remittance ID (include w/payment).** Identifier that employers/income withholders must include when sending payments for this IWO. The Remittance ID is entered as the case identifier on the electronic funds transfer/electronic data interchange (EFT/EDI) record.

### NOTE TO EMPLOYER/INCOME WITHHOLDER:

The employer/income withholder must use the Remittance ID when remitting payments so the SDU or tribe can identify and apply the payment correctly. The Remittance ID is entered as the case identifier on the EFT/EDI record.

### COMPLETED BY SENDER:

- 1i. **City/County/Dist./Tribe. Optional** field for the name of the city, county, or district sending this form. If entered, this must be a government entity of the state or the name of the tribe authorized by a tribal government to operate a CSE program for which this form is being sent. If a tribe is submitting this form on behalf of another tribe, enter the name of that tribe.
- 1j. **Order ID.** Unique identifier associated with a specific child support obligation. It could be a court case number, docket number, or other identifier designated by the sender.
- 1k. **Private Individual/Entity.** Name of the private individual/entity or non-IV-D tribal CSE organization sending this form.
- 1l. **Case ID.** Unique identifier assigned to a state or tribal CSE case. In a state IV-D case as defined at 45 Code of Federal Regulations (CFR) 305.1, this is the identifier reported to the Federal Case Registry (FCR). One IWO must be issued for each IV-D case and must use the unique CSE Agency Case ID. For tribes, this would be either the FCR identifier or other applicable identifier.

Fields 2 and 3 refer to the employee/obligor's employer/income withholder and specific case information.

- 2a. **Employer/Income Withholder's Name.** Name of employer or income withholder.
- 2b. **Employer/Income Withholder's Address.** Employer/income withholder's mailing address including street/PO box, city, state, and zip code. (This may differ from the employee/obligor's work site.) If the employer/income withholder is a federal government agency, the IWO should be sent to the address listed under Federal Agency Income Withholding Contacts and Program Information at [www.acf.hhs.gov/css/resource/federal-agency-iwo-and-medical-contact-information](http://www.acf.hhs.gov/css/resource/federal-agency-iwo-and-medical-contact-information).
- 2c. **Employer/Income Withholder's FEIN.** Employer/income withholder's nine-digit Federal Employer Identification Number (if available).

- 3a. **Employee/Obligor's Name.** Employee/obligor's last name and first name. A middle name is **optional**.
- 3b. **Employee/Obligor's Social Security Number.** Employee/obligor's Social Security number or other taxpayer identification number.
- 3c. **Employee/Obligor's Date of Birth.** Employee/obligor's date of birth is **optional**.
- 3d. **Custodial Party/Obligee's Name.** Custodial party/obligee's last name and first name. A middle name is **optional**. Enter one custodial party/obligee's name on each IWO form. Multiple custodial parties/obligees are not to be entered on a single IWO. Issue one IWO per state IV-D case as defined at 45 CFR 305.1.
- 3e. **Child(ren)'s Name(s).** Child(ren)'s last name(s) and first name(s). A middle name(s) is **optional**. (Note: If there are more than six children for this IWO, list additional children's names and birth dates in the **Supplemental Information** section). Enter the child(ren) associated with the custodial party/obligee and employee/obligor only. Child(ren) of multiple custodial parties/obligees is not to be entered on an IWO.
- 3f. **Child(ren)'s Birth Date(s).** Date of birth for each child named.
- 3g. **Blank box.** Space for court stamps, bar codes, or other information.

**ORDER INFORMATION** – Field 4 identifies which state or tribe issued the order. Fields 5 through 12 identify the dollar amounts for specific kinds of support (taken directly from the support order) and the total amount to withhold for specific time periods.

- 4. **State/Tribe.** Name of the state or tribe that issued the support order.
- 5a-b. **Current Child Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.
- 6a-b. **Past-due Child Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.
- 6c. **Arrears Greater Than 12 Weeks?** The appropriate box (Yes/No) must be checked indicating whether arrears are greater than 12 weeks.
- 7a-b. **Current Cash Medical Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.
- 8a-b. **Past-due Cash Medical Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.
- 9a-b. **Current Spousal Support.** (Alimony) Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.
- 10a-b. **Past-due Spousal Support.** (Alimony) Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.
- 11a-c. **Other.** Miscellaneous obligations dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order. **Must specify** a description of the obligation (for example, court fees).
- 12a-b. **Total Amount to Withhold.** The total amount of the deductions **per** the corresponding time period. Fields 5a, 6a, 7a, 8a, 9a, 10a, and 11a should total the amount in 12a.

## NOTE TO EMPLOYER/INCOME WITHHOLDER:

An acceptable method of determining the amount to be paid on a weekly or biweekly basis is to multiply the monthly amount due by 12 and divide that result by the number of pay periods in a year. Additional information about this topic is available in [Action Transmittal 16-04](https://www.acf.hhs.gov/css/resource/correctly-withholding-child-support-from-weekly-and-biweekly-pay-cycles), Correctly Withholding Child Support from Weekly and Biweekly Pay Cycles (<https://www.acf.hhs.gov/css/resource/correctly-withholding-child-support-from-weekly-and-biweekly-pay-cycles>).

## COMPLETED BY SENDER:

**AMOUNTS TO WITHHOLD** - Fields 13a through 13d specify the dollar amount to be withheld for this IWO if the employer/income withholder's pay cycle does not correspond with field 12b.

- 13a. **Per Weekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid weekly.
- 13b. **Per Semimonthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid twice a month.
- 13c. **Per Biweekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid every two weeks.
- 13d. **Per Monthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid once a month.
- 14. **Lump Sum Payment.** Dollar amount withheld when the IWO is used to attach a lump sum payment. This field should be used when field 1c is checked.
- 15. **Document Tracking ID.** **Optional** unique identifier for this form assigned by the sender.

**Please Note:** Employer's Name, FEIN, Employee/Obligor's Name and SSN, Case ID, and Order ID must appear in the header on page two and subsequent pages.

**REMITTANCE INFORMATION** - Payments are forwarded to the SDU in each state, unless the initial child support order was entered by a state before January 1, 1994 and never modified, accrued arrears, or was enforced by a child support agency or by a tribal CSE agency. If the order was issued by a tribal CSE agency, the employer/income withholder must follow the remittance instructions on the form.

- 16. **State/Tribe.** Name of the state or tribe sending this document.
- 17. **Days.** Number of days after the effective date noted in field 18 in which withholding must begin according to the state or tribal laws/procedures for the employee/obligor's principal place of employment.
- 18. **Date.** Effective date of this IWO.
- 19. **Business Days.** Number of business days within which an employer/income withholder must remit amounts withheld pursuant to the state or tribal laws/procedures of the principal place of employment.
- 20. **Percentage of Disposable Income.** The percentage of disposable income that may be withheld from the employee/obligor's paycheck. It is the sender's responsibility to determine the percentage an employer/income withholder is required to withhold.

## NOTE TO EMPLOYER/INCOME WITHHOLDER:

The employer/income withholder may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act [15 USC §1673(b)]; or 2) the amounts allowed by the jurisdiction of the employee/obligor's principal place of employment (i.e., the amounts allowed by state law if the employee/obligor's principal place of employment is in a state; or the amounts allowed by tribal law if the employee/obligor's principal place of employment is under tribal jurisdiction). State-specific withholding limitations, time requirements, and any allowable employer fees are available at [www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements](http://www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements). For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at [www.acf.hhs.gov/sites/default/files/programs/css/tribal\\_agency\\_contacts\\_printable\\_pdf.pdf](http://www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf) or [https://www.bia.gov/tribalmmap/DataDotGovSamples/tld\\_map.html](https://www.bia.gov/tribalmmap/DataDotGovSamples/tld_map.html).

A federal government agency may withhold from a variety of incomes and forms of payment, including voluntary separation incentive payments (buy-out payments), incentive pay, and cash awards. For a more complete list, see 5 CFR 581.103.

## COMPLETED BY SENDER:

21. **State/Tribe.** Name of the state or tribe sending this document.
22. **Locator Code.** Geographic Locator Codes are standard codes for states, counties, and cities issued by the National Institute of Standards and Technology. These were formerly known as Federal Information Processing Standards (FIPS) codes.
23. **SDU/Tribal Order Payee.** Name of SDU (or payee specified in the underlying tribal support order) to which payments must be sent.
24. **SDU/Tribal Payee Address.** Address of the SDU (or payee specified in the underlying tribal support order) to which payments must be sent.

## COMPLETED BY EMPLOYER/INCOME WITHHOLDER:

25. **Return to Sender Checkbox.** The employer/income withholder should check this box and return the IWO to the sender if this IWO is not payable to an SDU or Tribal Payee or this IWO is not regular on its face as indicated on page 1 of these instructions.

## COMPLETED BY SENDER IF REQUIRED BY STATE OR TRIBAL LAW:

26. **Signature of Judge/Issuing Official.** Signature of the official authorizing this IWO.
27. **Print Name of Judge/Issuing Official.** Name of the official authorizing this IWO.
28. **Title of Judge/Issuing Official.** Title of the official authorizing this IWO.
29. **Date of Signature.** Date the judge/issuing official signs this IWO.
30. **Copy of IWO checkbox.** Check this box for all intergovernmental IWOs. If checked, the employer/income withholder is required to provide a copy of the IWO to the employee/obligor.

## ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

The following fields refer to federal, state, or tribal laws that apply to issuing an IWO to an employer/income withholder. State- or tribal-specific information may be included only in the fields below.

## COMPLETED BY SENDER:

31. **Liability.** Additional information on the penalty and/or citation of the penalty for an employer/income withholder who fails to comply with the IWO. The state or tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.
32. **Anti-discrimination.** Additional information on the penalty and/or citation of the penalty for an employer/income withholder who discharges, refuses to employ, or disciplines an employee/obligor as a result of the IWO. The state or tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.
33. **Supplemental Information.** Any state-specific information needed, such as maximum withholding percentage for nonemployees/independent contractors, fees the employer/income withholder may charge the obligor for income withholding, or children's names and DOBs if there are more than six children on this IWO. Additional information must be consistent with the requirements of the form and the instructions.

## COMPLETED BY EMPLOYER/INCOME WITHHOLDER:

### ***NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS***

The employer must complete this section when the employee/obligor's employment is terminated, income withholding ceases, or if the employee/obligor has never worked for the employer.

- 34a-b. **Employment/Income Status Checkbox.** Check the employment/income status of the employee/obligor.
35. **Termination Date.** If applicable, date employee/obligor was terminated.
36. **Last Known Telephone Number.** Last known (home/cell/other) telephone number of the employee/obligor.
37. **Last Known Address.** Last known home/mailing address of the employee/obligor.
38. **Final Payment Date.** Date employer sent final payment to SDU/Tribal Payee.
39. **Final Payment Amount.** Amount of final payment sent to SDU/Tribal Payee.
40. **New Employer's Name.** Name of employee's/obligor's new employer (if known).
41. **New Employer's Address.** Address of employee's/obligor's new employer (if known).

## COMPLETED BY SENDER:

### ***CONTACT INFORMATION***

42. **Issuer Name (Employer/Income Withholder Contact).** Name of the contact person that the employer/income withholder can call for information regarding this IWO.
43. **Issuer Telephone Number.** Telephone number of the contact person.
44. **Issuer Fax Number.** **Optional** fax number of the contact person.
45. **Issuer Email/Website.** **Optional** email or website of the contact person.
46. **Issuer Address (Termination/Income Status and Correspondence Address).** Address to

which the employer should return the Employment Termination or Income Status notice. It is also the address that the employer should use to correspond with the issuing entity.

47. **Issuer Name (Employee/Obligor Contact).** Name of the contact person that the employee/obligor can call for information.
48. **Issuer Telephone Number.** Telephone number of the contact person.
49. **Issuer Fax Number. Optional** fax number of the contact person.
50. **Issuer Email/Website. Optional** email or website of the contact person.

**Encryption Requirements:**

When communicating the Income Withholding for Support (IWO) through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

**The Paperwork Reduction Act of 1995**

This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average 5 minutes per response for Non-IV-D CPs; 2 minutes per response for employers; 3 seconds for e-IWO employers, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**INCOME WITHHOLDING FOR SUPPORT**

**INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)  
AMENDED IWO  
ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT  
TERMINATION OF IWO**

Date: \_\_\_\_\_

Child Support Enforcement (CSE) Agency      Court      Attorney      Private Individual/Entity (Check One)

**NOTE:** This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions [www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions](http://www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions)). If you receive this document from someone other than a state or tribal CSE agency or a court, a copy of the underlying support order must be attached.

State/Tribe/Territory \_\_\_\_\_ Remittance ID (include w/payment) \_\_\_\_\_  
City/County/Dist./Tribe \_\_\_\_\_ Order ID \_\_\_\_\_  
Private Individual/Entity \_\_\_\_\_ Case ID \_\_\_\_\_

|  |  |   |
|--|--|---|
| _____                                      | RE: _____  | _____   |
| Employer/Income Withholder's Name          | Employee/Obligor's Name (Last, First, Middle)        | _____   |
| Employer/Income Withholder's Address       | Employee/Obligor's Social Security Number            | _____   |
| _____                                      | Employee/Obligor's Date of Birth                     | _____   |
| _____                                      | Custodial Party/Obligee's Name (Last, First, Middle) | _____   |
| Employer/Income Withholder's FEIN _____    |  |   |
| Child(ren)'s Name(s) (Last, First, Middle) | Child(ren)'s Birth Date(s)                           | <div style="border: 1px solid black; width: 100%; height: 100%;"></div> |
| _____                                      | _____  |   |
| _____                                      | _____  |   |
| _____                                      | _____  |   |
| _____                                      | _____  |   |

**ORDER INFORMATION:** This document is based on the support order from \_\_\_\_\_ (State/Tribe).

You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ \_\_\_\_\_ Per \_\_\_\_\_ current child support

\$ \_\_\_\_\_ Per \_\_\_\_\_ past-due child support - **Arrears greater than 12 weeks?**  Yes  No

\$ \_\_\_\_\_ Per \_\_\_\_\_ current cash medical support

\$ \_\_\_\_\_ Per \_\_\_\_\_ past-due cash medical support

\$ \_\_\_\_\_ Per \_\_\_\_\_ current spousal support

\$ \_\_\_\_\_ Per \_\_\_\_\_ past-due spousal support

\$ \_\_\_\_\_ Per \_\_\_\_\_ other (must specify) \_\_\_\_\_

for a **Total Amount to Withhold** of \$ \_\_\_\_\_ per \_\_\_\_\_.

**AMOUNTS TO WITHHOLD:** You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ \_\_\_\_\_ per weekly pay period      \$ \_\_\_\_\_ per semimonthly pay period (twice a month)

\$ \_\_\_\_\_ per biweekly pay period (every two weeks)      \$ \_\_\_\_\_ per monthly pay period

\$ \_\_\_\_\_ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

Document Tracking ID \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_  
Employee/Obligor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Case Identifier: \_\_\_\_\_ Order Identifier: \_\_\_\_\_

**REMITTANCE INFORMATION:** If the employee/obligor's principal place of employment is \_\_\_\_\_ (State/Tribe), you must begin withholding no later than the first pay period that occurs \_\_\_\_\_ days after the date of \_\_\_\_\_. Send payment within \_\_\_\_\_ business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold \_\_\_\_\_ of disposable income for all orders. If the obligor is a non-employee, obtain withholding limits from Supplemental Information. If the employee/obligor's principal place of employment is not \_\_\_\_\_ (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment. State-specific withholding limit information is available at [www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements](http://www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements). For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at [www.acf.hhs.gov/sites/default/files/programs/css/tribal\\_agency\\_contacts\\_printable\\_pdf.pdf](http://www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf) or [https://www.bia.gov/tribalmap/DataDotGovSamples/tld\\_map.html](https://www.bia.gov/tribalmap/DataDotGovSamples/tld_map.html). For electronic payment requirements and centralized payment collection and disbursement facility information [State Disbursement Unit (SDU)], see [www.acf.hhs.gov/css/employers/employer-responsibilities/payments](http://www.acf.hhs.gov/css/employers/employer-responsibilities/payments).

Include the Remittance ID with the payment and if necessary this locator code: \_\_\_\_\_.

|  |
|--|
| Remit payment to _____ (SDU/Tribal Order Payee)<br>at _____ (SDU/Tribal Payee Address) |
|--|

**Return to Sender (Completed by Employer/Income Withholder).** Payment must be directed to an SDU in accordance with sections 466(b)(5) and (6) of the Social Security Act or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

|  |
|--|
| If Required by State or Tribal Law:<br>Signature of Judge/Issuing Official: _____<br>Print Name of Judge/Issuing Official: _____<br>Title of Judge/Issuing Official: _____<br>Date of Signature: _____ |
|--|

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

---

### ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at [www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements](http://www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements).

Employers/income withholders may use OCSE's Child Support Portal (<https://ocsp.acf.hhs.gov/csp/>) to provide information about employees who are eligible to receive a lump sum payment, have terminated employment, and to provide contacts, addresses, and other information about their company.

**Priority:** Withholding for support has priority over any other legal process under State law against the same income (section 466(b)(7) of the Social Security Act). If a federal tax levy is in effect, please notify the sender.

**Combining Payments:** When remitting payments to an SDU or tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

**Payments To SDU:** You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a court, attorney, or private individual/entity and the initial order was entered before January 1, 1994 or the order was issued by a tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

Employer's Name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_  
Employee/Obligor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Case Identifier: \_\_\_\_\_ Order Identifier: \_\_\_\_\_

**Reporting the Pay Date:** You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the state (or tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

**Multiple IWOs:** If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the state or tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

**Lump Sum Payments:** You may be required to notify a state or tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments.

**Liability:** If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Anti-discrimination:** You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) [15 USC §1673(b)]; or 2) the amounts allowed by the law of the state of the employee/obligor's principal place of employment, if the place of employment is in a state; or the tribal law of the employee/obligor's principal place of employment if the place of employment is under tribal jurisdiction. Disposable income is the net income after mandatory deductions such as: state, federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% --to 55% and 65% --if the arrears are greater than 12 weeks. If permitted by the state or tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

Depending upon applicable state or tribal law, you may need to consider amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

**Arrears Greater Than 12 Weeks?** If the **Order Information** section does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

**Supplemental Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_  
Employee/Obligor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Case Identifier: \_\_\_\_\_ Order Identifier: \_\_\_\_\_

**NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS:** If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the contact information below:

This person has never worked for this employer nor received periodic income.

This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: \_\_\_\_\_ Last known telephone number: \_\_\_\_\_

Last known address: \_\_\_\_\_  
\_\_\_\_\_

Final payment date to SDU/Tribal Payee: \_\_\_\_\_ Final payment amount: \_\_\_\_\_

New employer's name: \_\_\_\_\_

New employer's address: \_\_\_\_\_  
\_\_\_\_\_

**CONTACT INFORMATION:**

**To Employer/Income Withholder:** If you have questions, contact \_\_\_\_\_ (issuer name)  
by telephone: \_\_\_\_\_, by fax: \_\_\_\_\_, by email or website: \_\_\_\_\_.

Send termination/income status notice and other correspondence to:  
\_\_\_\_\_ (issuer address).

**To Employee/Obligor:** If the employee/obligor has questions, contact \_\_\_\_\_ (issuer name)  
by telephone: \_\_\_\_\_, by fax: \_\_\_\_\_, by email or website: \_\_\_\_\_.

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

**Encryption Requirements:**

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

**The Paperwork Reduction Act of 1995**

This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting for this collection of information is estimated to average two to five minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

## Income Withholding Order Information Page

This order is effective \_\_\_\_\_. All rules on page 2 under REMITTANCE INFORMATION apply after the effective date.

### Presumptive Termination Date:

This order is presumed to terminate on the presumptive termination date \_\_\_\_\_ when the youngest child who is subject to this order is expected to emancipate as defined in A.R.S. §§ 25-320 and 25-501 unless the order contains a payment on arrears. The presumptive termination date of this order may be modified by the court upon changed circumstances.

#### Note to Employers/Other Withholders:

If the most recent Income Withholding Order in the case is for current child support only, you should discontinue withholding monies after the last pay period of the month of the presumptive termination date above. If the Income Withholding Order includes current child support and an arrearage payment, you should continue withholding the entire amount listed on the order until further notice.



CLERK OF THE SUPERIOR COURT – AMANDA STANFORD  
PINAL COUNTY

PO BOX 628  
FLORENCE, ARIZONA 85132

TEL: 520-866-5321  
FAX: 520-866-5377

**EMPLOYMENT INFORMATION FOR INCOME WITHHOLDING ORDER/  
ORDER OF ASSIGNMENT/ORDER TO STOP**

THIS FORM MUST BE COMPLETED FOR:

- AN INCOME WITHHOLDING ORDER/ORDER OF ASSIGNMENT
- ORDER TO STOP AN INCOME WITHHOLDING ORDER/ORDER OF ASSIGNMENT
- NOTIFICATION OF A CHANGE OF EMPLOYER

CASE NUMBER: S1100 ATLAS NUMBER: \_\_\_\_\_

OBLIGOR/PAYEE: \_\_\_\_\_  
(PERSON TO MAKE PAYMENTS)

LIST ONLY THE EMPLOYER'S NAME AND PAYROLL ADDRESS WHERE THE INCOME WITHHOLDING ORDER/ORDER OF ASSIGNMENT OR ORDER TO STOP SHOULD BE MAILED:

CURRENT EMPLOYER NAME: \_\_\_\_\_

PAYROLL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMPLOYER TELEPHONE: \_\_\_\_\_

EMPLOYER FAX: \_\_\_\_\_

**FOR CLERK'S OFFICE OFFICIAL USE ONLY**

MAILED TO NEW EMPLOYER:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
BY

\_\_\_\_\_  
ENTERED INTO AJACS/ATLAS

INFORMATION OBTAINED:

- Court
- Custodial Parent (oblige)
- Non-Custodial Parent (Obligor)
- Other: \_\_\_\_\_

Fax to 520-866-5377 Attn: Child Support Department or mail to P.O. Box 628, Florence, AZ 85132

## **INSTRUCTIONS**

### **Request for Hearing**

(On a Petition to Modify Income Withholding Order)

#### **COMPLETE THESE FORMS IF:**

- ✓ A Petition to Modify Income Withholding Order has been filed, **and**
- ✓ You want to have a hearing to explain your position.

#### **TO REQUEST A HEARING YOU WILL NEED:**

- ✓ To obtain and complete the “Request for Hearing” and “Notice of Hearing” form

#### **FOLLOW THESE INSTRUCTIONS NUMBERED TO MATCH THE IDENTIFYING NUMBERS ON THE FORM. TYPE OR PRINT NEATLY USING BLACK INK.**

- (1) Fill in the name, address, and phone number of the person filing the form. (The spaces marked representing and state bar number is used only if an attorney is preparing this form).
- (2) Fill in the name of the county that appears in this space on the Request for Hearing. (This may already be printed on the form).
- (3) Fill in the name of the person shown as the petitioner on the Petition to Modify Income Withholding Order.
- (4) Fill in the name of the person shown as the respondent on the Petition to Modify Income Withholding Order.
- (5) Fill in the case number that appears on the Petition to Modify Income Withholding Order.
- (6) Date and sign here before a Notary Public or a Deputy Clerk of the Court. By signing, you are stating under oath that the contents of this Request for Hearing are true and correct to the best of your knowledge.

(1)

Name of Person Filing: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

ATLAS Number (if applicable) \_\_\_\_\_

Representing Self (No Attorney) or  Represented by Attorney

If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
(2) IN PINAL COUNTY**

(3) \_\_\_\_\_  
Name of Petitioner (in original case)

(5) CASE NUMBER: S1100  
ATLAS NUMBER: \_\_\_\_\_

**REQUEST FOR HEARING**

(Petition to Modify Order of Assignment/Income Withholding Order)

IV-D     NON IV-D

(4) \_\_\_\_\_  
Name of Respondent (in original case)

HONORABLE: \_\_\_\_\_

A Petition to Modify Order of Assignment/Income Withholding Order has been filed. I request that a hearing be set so that I can explain to the Judge or Commissioner my position.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Requesting Party)

**NOTE: If one of the parties is using the child support services of the Department of Economic Security, a copy of the Notice of Hearing will need to be mailed to the Attorney General's office immediately by the requesting party.**

Attorney General's Office/IV-D Attorneys  
555 W Main Ave  
Casa Grande, AZ 85122

Petitioner/Respondent or attorney

**(6) OATH OR AFFIRMATION AND VERIFICATION:**

I have read this document and the information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

State of Arizona )

)

County of \_\_\_\_\_ )

SUBSCRIBED AND SWORN TO before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

by \_\_\_\_\_  
Name of Signer

\_\_\_\_\_  
Commission Expires

\_\_\_\_\_  
Notary Public

## **INSTRUCTIONS**

### **Notice of Hearing**

(On a Petition to Modify Income Withholding Order)

#### **COMPLETE THIS FORM IF:**

- A Petition to Modify Income Withholding Order has been filed, **and**
- You want to have a hearing to explain your position.

#### **TO REQUEST A HEARING, YOU WILL NEED:**

- Obtain and complete Request for Hearing and Notice of Hearing form

#### **FOLLOW THESE INSTRUCTIONS NUMBERED TO MATCH THE IDENTIFYING NUMBERS ON THE FORM. TYPE OR PRINT NEATLY USING BLACK INK.**

- (1) Fill in the name, address, and phone number of the person filing the form. (The spaces marked representing and state bar number is used only if an attorney is preparing this form).
- (2) Fill in the name of the county that appears in this space on the Request for Hearing. (This may already be printed on the form).
- (3) Fill in the name of the person shown as the petitioner on the Petition to Modify Income Withholding Order.
- (4) Fill in the name of the person shown as the respondent on the Petition to Modify Income Withholding Order.
- (5) Fill in the case number and ATLAS number that appears on the Petition to Modify Income Withholding Order.
- (6) Leave this area blank; it will be completely by personnel at the Office of the Clerk of the Superior Court when you file these documents.
- (7) List the name and current mailing address of the other party to this action. If you are using the child support services of the Department of Economic Security (DES), you **MUST** also mail a copy of this Request for Hearing and Notice of Hearing to the Department of Economic Security.
- (8) Sign and date the form to indicate that you will mail the Notice of Hearing as indicated.

#### **WHEN YOU HAVE COMPLETED THIS FORM:**

Give the form to the Clerk of the Superior Court. The Clerk's office will fill in the date, time and place of the Hearing and have the notice signed.

**IMMEDIATELY AFTER THE COURT SETS THE HEARING & FILLS IN THE INFORMATION IN NUMBER 6:**

You must mail a copy of the Request for Hearing **AND** Notice of Hearing.

(1)

Name of Person Filing: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 ATLAS Number (if applicable) \_\_\_\_\_  
 Representing Self (No Attorney) or  Represented by Attorney  
 If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA**  
**(2) IN PINAL COUNTY**

(3) \_\_\_\_\_  
 Name of Petitioner (in original case)

(5) CASE NUMBER: S1100  
 ATLAS NUMBER: \_\_\_\_\_

**NOTICE OF HEARING**  
 (Petition to Modify Order of Assignment/Income Withholding Order)  
 IV-D     NON IV-D

(4) \_\_\_\_\_  
 Name of Respondent (in original case)

HONORABLE: \_\_\_\_\_

A Request for Hearing on the Petition to Modify Order of Assignment/ Income Withholding Order having been filed:

(6) **IT IS ORDERED** setting a hearing for:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. /p.m.

Before the Honorable \_\_\_\_\_ at the

**Pinal County Superior Court, 971 N. Jason Lopez Circle Bldg. A, Florence, AZ 85132.**

**IF EITHER PARTY FAILS TO APPEAR AT THE HEARING AFTER PROPER NOTICE, THE COURT WILL TAKE EVIDENCE FROM THE PARTY WHO DOES APPEAR AND MAKE A DECISION BASED ON THE INFORMATION PROVIDED IN THE PETITION TO MODIFY THE ORDER OF ASSISGNMENT/INCOME WITHHOLDING ORDER AND ANY ORAL TESTIMONY.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
JUDICIAL OFFICER

**(7)** Upon receipt of the hearing date, I shall immediately mail a copy of this Notice of Hearing to the other party or such person's attorney:

Petitioner/Respondent/Attorney

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**NOTE:** If one of the parties is using the child support services of the Department of Economic Security, I will also immediately mail a copy of the Request for Hearing and this Notice of Hearing to:

Attorney General's Office/IV-D Attorneys  
555 W Main Ave  
Casa Grande, AZ 85122

**(8)** Dated: \_\_\_\_\_ Requesting Party Signature: \_\_\_\_\_

Name of Person Filing: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 ATLAS Number (if applicable) \_\_\_\_\_  
 Representing Self (No Attorney) or  Represented by Attorney  
 If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
 PINAL COUNTY**

\_\_\_\_\_ **CASE NUMBER: S1100** \_\_\_\_\_  
 Name of Petitioner

**FAMILY COURT  
 ACCEPTANCE OF SERVICE  
 A.R.F.L.P. RULE 40**

\_\_\_\_\_ **HONORABLE:** \_\_\_\_\_  
 Name of Respondent

Check the box to indicate each document you received. Do **not** check the box unless you received the document listed beside it. If your case is not one of the types listed, list the type of case and the documents you received from the other party under "Other Type Case" on the next page.

**1. BY SIGNING THIS DOCUMENT, I STATE UNDER OATH OR AFFIRMATION THAT I HAVE RECEIVED AND ACCEPTED THE LEGAL PAPERS INDICATED (CHECKED) BELOW**

- DIVORCE (OR ANNULMENT) WITH CHILDREN**
- Petition
  - Summons
  - Preliminary Injunction
  - Health Insurance Notice
  - Parent Info. Program
  - Notice
  - Notice to Creditors

- LEGAL SEPARATION WITH CHILDREN**
- Petition
  - Summons
  - Preliminary Injunction
  - Health Insurance Notice
  - Parent Info. Program
  - Notice
  - Notice to Creditors
  - Affidavit Regarding Minor Children

- TEMPORARY ORDERS**
- Motion for Temporary Order
  - Order to Appear
  - Temporary Orders
  - Affidavit of Financial Info.
  - Child Support Worksheet
  - Parenting Plan

- Affidavit Regarding Minor Children
- Parenting Plan
- Child Support Worksheet

- Parenting Plan
- Child Support Worksheet

**DIVORCE (OR ANNULMENT) WITHOUT CHILDREN**

- Petition
- Summons
- Preliminary Injunction
- Health Insurance Notice
- Notice to Creditors

**LEGAL SEPARATION WITHOUT CHILDREN**

- Petition
- Summons
- Preliminary Injunction
- Health Insurance Notice
- Notice to Creditors

**PATERNITY (TO ESTABLISH)**

- Petition
- Summons
- Parent Info. Program Notice
- Affidavit Regarding Minor Children
- Parenting Plan
- Child Support Worksheet

**CHILD LEGAL DECISION-MAKING, PARENTING TIME, SUPPORT**

(to establish when paternity already *legally* established)

- Petition
- Summons
- Parent Info. Program Notice
- Affidavit Regarding Minor Children
- Parenting Plan
- Child Support Worksheet

**CHILD SUPPORT**

(to establish when paternity already *legally* established)

- Petition
- Order to Appear
- Child Support Worksheet

**ENFORCEMENT**

- Petition
- Order to Appear

**MODIFY CHILD SUPPORT 15% OR MORE**

(“Simplified Mod”)

- Petition to Modify
- Parents Worksheet for Child Support
- Blank Request for Hearing

**MODIFY SPOUSAL MAINTENANCE OR SPOUSAL AND CHILD SUPPORT**

(“Standard Mod”)

- Petition to Modify Support Order
- Order to Appear
- Affidavit of Financial Information

**MODIFY CHILD SUPPORT (“Standard Mod”)**

- Petition to Modify Child Support – Std. Process

**MODIFY CHILD LEGAL DECISION-MAKING &/OR PARENTING TIME AND SUPPORT**

- Petition to Modify

- Affidavit of Financial Information
- Order to Appear

- Parents' Worksheet for Child Support
- Notice of Filing for Modification of Legal decision-making
- Affidavit Regarding Minor Children

**STOP ORDER OF ASSIGNMENT/  
INCOME WITHHOLDING ORDER**

- Petition to Stop Order of Assignment
- Blank Request for Hearing

**MODIFY (Change) ORDER OF  
ASSIGNMENT/  
INCOME WITHHOLDING ORDER**

- Petition to Modify Order of Assignment
- Blank Request for Hearing

**LIST OTHER CASE TYPE HERE:** (Example: "Annulment")

(Below, list name of each document you received: Example: "Petition for Annulment", "Summons", etc.)

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

2. **ACCEPT AND WAIVE FORMAL SERVICE.** I waive formal service of process by a process server or sheriff. I understand accepting these papers is the same as if I were personally served under Arizona Law [A.R.F.L.P. Rule 40 (F)]
3. **RESPONSE DEADLINE.** I am aware that accepting service of these court papers and signing this paper does not affect my right or obligation to file a written Response or Answer to this action if I do not agree with any relief asked for in the Petition. I understand I must Respond or Answer within **20** days from the day I signed the original of this Acceptance of Service if I accepted service in Arizona, or **30** days if I received the papers somewhere other than in Arizona.
4. **DEFAULT JUDGMENT, ORDER OR DECREE.** I understand that if I do not appear and defend in this action in court, within the time allowed by law, that I may lose my right to be heard in this case. I understand that failure to Respond or Answer could result in the court giving the other party any and all things requested in his or her legal papers, through a Default Judgment, Order or Decree.

**5. RESTORE NAME. (ONLY in Divorce, Legal Separation or Annulment Cases.)**

**My complete married name is:** (Complete ONLY if you want to change your name)

\_\_\_\_\_

**I want my legal name restored to:** (List complete maiden name or legal name before this marriage)

\_\_\_\_\_

**BY SIGNING BELOW, I swear or affirm that I have read and understand the contents of this document and that I have received and accepted the legal documents indicated above.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

**State of Arizona** )

)

**County of** \_\_\_\_\_ )

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(Day) (Month) (Year)

by \_\_\_\_\_  
(Name of Signer)

\_\_\_\_\_  
(Affix notary seal here)

\_\_\_\_\_  
**Notary Public**  
(Notary's Signature)