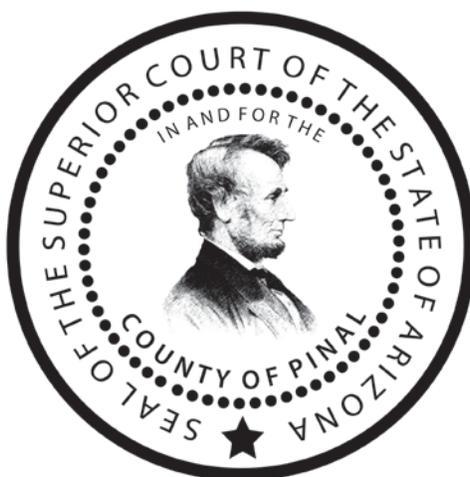


# PETITION TO STOP INCOME WITHHOLDING ORDER



## PINAL COUNTY

WHEN ALL PARTIES WILL NOT SIGN  
AN AGREEMENT TO TERMINATE

### INSTRUCTIONS AND FORMS

Provided as a Public Service by  
Amanda Stanford  
Clerk of the Superior Court

**PETITION TO STOP  
INCOME WITHHOLDING ORDER**

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This packet contains court forms and instructions to file a ***“Petition to Stop Income Withholding Order.”***

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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.

# PETITION TO STOP INCOME WITHHOLDING ORDER

## CHECKLIST

### *You May Use These Forms If . . .*

- ✓ An **Income Withholding Order** has been issued *by a court in Pinal County* against one of the parties to pay Child Support and/or Spousal Maintenance,

**AND**

- ✓ **BOTH** of the following conditions apply:

1. The person making payments does not owe any more money under this Order or the obligation to pay will end within 90 days of filing this "**Petition**";
2. There is no money owed for back child support or spousal maintenance ("arrear"),

**AND**

- ✓ Current payments should stop because: all children named in this Order are 18 and not attending high school, and/or all spousal maintenance /support is paid or other condition for stopping child support and/or spousal maintenance has occurred, such as:
- ✓ Child Legal Decision-Making has been changed by order of the Court (if **Order** is not from this county, copy of **Legal Decision-Making Order** is attached);
- ✓ Child adopted by someone else, and all past-due amounts have been paid, (copy of **Adoption Order** attached);
- ✓ Child deceased, and all past-due amounts have been paid;
- ✓ The (support) case has been dismissed (if **Order** is not from this county, copy of **Order Dismissing Case** is attached);
- ✓ Person receiving payments is deceased (death certificate or other proof such as obituary attached), **AND**
- ✓ The parties are not willing to sign an **AGREEMENT TO STOP** the Order(s).

**DO NOT USE FORMS** in this packet if *any money is still owed for current or past due child support or spousal maintenance (alimony)*.

If money is still owed but the **amount** should be *changed*, refer to the packets: "**Modify the Income Withholding Order**" or "**Modify the Support Order**" to determine if they apply to your situation.

**NOTE:** If your "**Income Withholding Order**" was issued after January 1, 2005, there *may* be an **automatic stop date** on the Order. If there is and that date is correct, **you do not need** to file anything to stop the Order, though you may want to make sure the payroll department of whomever has been making payments is **aware** of the termination date.

**READ ME:** Consulting a lawyer before filing documents with the court may help prevent unexpected results.

## INSTRUCTIONS

### **Petition and Forms to Stop Income Withholding Order** (For All Forms: Use Black Ink. Type or Print in Large Clear Letters.)

**TO COMPLETE THESE FORMS YOU WILL NEED the date(s)** the current **Income Withholding Order** and the **Support Order(s)** were signed. You can find the date(s) on the original **Income Withholding Order** in the court file.

#### PETITION TO STOP INCOME WITHHOLDING ORDER

**Match each numbered item in the instructions with the same numbered item on the form.**

Enter the following information:

1. (At top left) print the name and other information requested for the person submitting this form. If you are representing yourself in this matter, check the box before "Self."
2. The names of the persons shown as the petitioner/plaintiff and respondent/defendant on the original Income Withholding Order.
3. The case number that appears on the Income Withholding Order.
4. The name of the person making this request, and
  - a. The name of the person ordered to pay, and
  - b. The name of the person receiving the support payments according to the Court Order.
5. The date of the current **Income Withholding Order**, the one you want to stop, was signed, along with the title/name and location of the Court that issued the Order.

**NOTE:** If the Superior Court of Arizona *in Pinal County* issued your Support order(s), the Court will determine whether it is appropriate for the Court Order to include language terminating the Support Order(s) as well as the Income Withholding Order.

6. The date the current **Child Support Order (if any)**, that you want to stop, was signed (This will be near the Judicial Officer's signature on the Order), along with the title/name and location of the Court that issued the Order.
7. The date the current **Spousal Maintenance Order (if any)**, that you want to stop, was signed (This will be near the Judicial Officer's signature on the Order), along with the title/name and location of the Court that issued the Order
8. **(a)** Check all boxes that explain why the **Income Withholding Order** *and* any **Support Orders** (Child Support and/or Spousal Maintenance) should be stopped. Check the first box **(a)**, if child support was being paid in this case but it should stop due to any of the five reasons listed below that explain why the person ordered to pay does not owe current or future child support payments. **THEN** read each of the next five statements and check the box for each one that applies.
8. **(b) Request to Hold Payments.** Check this box to request that no further payments be sent to the other party until a decision is made by the Court on your request to stop the assignment. *IF* this request is granted, understand that **its effect is not immediate**, and payments will continue to be sent out by the Clearinghouse until it can be put into effect.

**SIGNATURE.** Sign where indicated. Print your name on the line below and enter the date of your signature (Month/Date/Year). Signing this Petition is a statement to the Court that the information you have provided is true and correct, under penalty of perjury.

**ORDER STOPPING AN ORDER OF ASSIGNMENT**

(and any Pinal County Support Order(s))

Match the numbered instructions below with the matching numbers on the form

1. Fill in the name of the person shown as the petitioner on the original “*Income Withholding Order.*”
2. Fill in the name of the person shown as the respondent on the original “*Income Withholding Order.*”
3. Fill in the case number that appears on the original “*Income Withholding Order.*”
4. Fill in the ATLAS Number (if any) that appears on the original “*Income Withholding Order.*”
5. Fill in the name and social security number of the person obligated to make payments.

**STOP. Judicial Officers or staff will complete the rest of this page. Proceed to next form.**

**CURRENT EMPLOYER INFORMATION SHEET**

Fill in the information requested on this short form, which asks only for:

- Case Number
- ATLAS Number (if one has been assigned to this case)
- Name of the employer or other payor of funds for person who has been making payments
- Name and payroll address, fax and phone numbers for the payor’s current employer or other payor of funds for person named in the Income Withholding Order)
- Name and payroll address, fax and phone numbers for the payor’s previous employer or other payor of funds for person named in the 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.

**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 Request to Modify Child Support and Parent’s Worksheet.

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

## PROCEDURES

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

**STEP 1:**      **MAKE TWO COPIES\*** (or 3, if the State DES/ Dept of Child Support Enforcement are involved) of the:  
                  ◆ **Petition to Stop 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) Original Petition to Stop Income Withholding Order</li><li>(2) Current Employer Information Sheet</li><li>(3) Original Income Withholding Order + <b>2 copies</b></li></ul> <p style="text-align: center;"><b>AND</b></p> <p>2 Self Addressed, Stamped envelopes: One addressed to you; One addressed to the Other Party</p> <hr/> <p><b>SET 2 – COPY for the Other Party</b></p> <ul style="list-style-type: none"><li>(1) Petition to Stop Income Withholding Order</li><li>(2) Instructions and forms for Request for Hearing and Notice of Hearing</li></ul>	<p><b>SET 3 – COPY for You</b></p> <ul style="list-style-type: none"><li>(1) Petition to Stop 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 Stop Income Withholding Order</li></ul>
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**STEP 3:**      **FILE THE PAPERS WITH THE CLERK OF THE COURT.**

**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 Petition 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> to view the most current fees.

If you cannot pay these fees and if 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 copies
- 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 Petition to Stop Income Withholding Order 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, they have **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 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.coscopinalcountyaz.gov/forms.html>

(1) Person Filing: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Daytime / Evening Phone: \_\_\_\_\_  
 In this case I am:  Petitioner or  Respondent  
 Attorney for :  Petitioner or  Petitioner  
 If Attorney, Name: \_\_\_\_\_ Bar No. \_\_\_\_\_

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA IN \_\_\_\_\_ COUNTY**

(2) \_\_\_\_\_  
 Petitioner (in original case)

(3) Case No. \_\_\_\_\_

(2) \_\_\_\_\_  
 Respondent (in original case)

(4) ATLAS No. \_\_\_\_\_

**PETITION TO STOP (TERMINATE) INCOME WITHHOLDING ORDER (Order of Assignment) A.R.S. §25-504**

**Note: If any current or past due child support or spousal maintenance is still owed under the terms of the current support order(s), STOP! You have the wrong form. Review the forms to MODIFY the Income Withholding Order (Order of Assignment) to see if appropriate for your situation.**

I, (5) \_\_\_\_\_, ask the court to terminate the **Income Withholding Order** (Order requiring an employer or other payor to withhold money for child support or spousal maintenance) in which:

(a) \_\_\_\_\_ is the person ordered to make payments, and  
 (b) \_\_\_\_\_ is the person entitled to receive payments.

"Income Withholding Order" issued: (6) \_\_\_\_\_ (Month/Day/Year)  
 The **Income Withholding Order** was issued by: \_\_\_\_\_ (Name of Court)  
 Located in this County: \_\_\_\_\_ (Name of County)  
 Located in this State: \_\_\_\_\_ (Name of State)

I also ask the Court to terminate any underlying \_\_\_\_\_ County child support and/or spousal maintenance (Support Orders).

Child Support Order issued: (7) \_\_\_\_\_ (Month/Day/Year)  
 The Support Order was issued by: \_\_\_\_\_ (Name of Court)  
 Located in this County: \_\_\_\_\_ (Name of County)  
 Located in this State: \_\_\_\_\_ (Name of State)

Spousal Maintenance Order issued: (8) \_\_\_\_\_ (Month/Day/Year)  
 The Support Order was issued by: \_\_\_\_\_ (Name of Court)  
 Located in this County: \_\_\_\_\_ (Name of County)  
 Located in this State: \_\_\_\_\_ (Name of State)

Case No. \_\_\_\_\_

The **Income Withholding Order** should be stopped **because**:

(9) Check the appropriate box to explain why the Order should be terminated:

- (a) All past due child support has been paid and the person making payments is no longer obligated to pay current child support because all children named in the Child Support Order are emancipated. Although the obligation to pay support may continue, a child is emancipated:
1. On the child's 18<sup>th</sup> birthday. (However if a child is still attending high school or a certified equivalency program, support will continue but only until the child graduates or reaches 19 years of age.)
  2. On the date of the child's marriage.
  3. When the child is adopted.
  4. When the child dies.
- All past due spousal maintenance has been paid or satisfied and the person making payments is no longer required to pay spousal maintenance.
- Legal decision making (child custody) has been changed by Order of this Court.
- We are remarried to each other. A copy of our marriage license is attached.
- The case has been dismissed. Order of Dismissal is attached if not from this Court.
- Other condition for ending payments listed in the underlying support order has occurred. Describe:

---

(9)(b)  I ask the Court to order the Support Payment Clearinghouse to hold any payments received pursuant to the Income Withholding Order until further order of the Court. I understand that if this request is granted, additional payments may be sent to the other party before the Support Payment Clearinghouse receives the order from the Court.

**OATH OR AFFIRMATION**

**I swear or affirm that the information on this document is true and correct under penalty of perjury.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**NOTICE TO OTHER PARTY:** If you do not agree with this Petition, you have 20 days in which to ask for a hearing. IF service of process is made outside the State of Arizona, the parent receiving service has 30 days in which to ask for a hearing. Upon proof of service and if no hearing is requested within the time allowed, the court will review the Petition to Stop (Terminate) Income Withholding Order (Order of Assignment) and will enter an appropriate order. The forms necessary to request a hearing are available from the Office of the Clerk of Superior Court.

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

\_\_\_\_\_  
 Name of Petitioner

CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
 Name of Respondent

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

**SENSITIVE DATA SHEET  
 (CONFIDENTIAL RECORD)**

**Fill out. File with Clerk of Court. Social Security Numbers should appear on this form only and should be omitted from other court forms. Access Confidential pursuant to A.R.F.L.P. 43(G)(1).**

A.	Personal Information:	Petitioner	Respondent
	Name	_____	_____
	Gender	<input type="checkbox"/> Male or <input type="checkbox"/> Female	<input type="checkbox"/> Male or <input type="checkbox"/> Female
	Date of Birth (Month/Day/Year)	_____	_____
	Social Security Number	_____	_____
	Driver's License Number	_____	_____

**WARNING: DO NOT INCLUDE MAILING ADDRESS ON THIS FORM IF REQUESTING ADDRESS PROTECTION**

Mailing Address	_____	_____
City, State, Zip Code	_____	_____
Contact Phone	_____	_____
Email Address	_____	_____
Current Employer Name	_____	_____
Employer Address	_____	_____
Employer City, State, Zip Code	_____	_____
Employer Telephone Number	_____	_____
Employer Fax Number	_____	_____

<b>B. Child(ren) Information:</b>			
<b>Child Name</b>	<b>Gender</b>	<b>Child Social Security Number</b>	<b>Child Date of Birth</b>

Clerk of Court  
 Issued:

\*For Court Use Only. NOT Public Record. **Do NOT Provide A Copy Of This Document To The Other Party.**

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

**SUPERIOR COURT OF ARIZONA  
PINAL COUNTY**

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

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

**ORDER STOPPING AN  
ORDER OF ASSIGNMENT**  
(A.R.S. § 25-504)

IV-D  NON IV-D

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

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

**TO THE EMPLOYER(S) OR OTHER PAYOR(S) OF:**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

**IT IS ORDERED** STOPPING THE ORDER OF ASSIGNMENT DATED \_\_\_\_\_, WITH THE SAME CASE NUMBER AS SHOWN ABOVE. THE EMPLOYER(S) OR OTHER PAYOR(S) IS/ARE ORDERED TO STOP WITHHOLDING MONIES PURSUANT TO THE ORDER OF ASSIGNMENT IMMEDIATELY UPON RECEIPT OF THIS ORDER.

**IT IS FURTHER ORDERED:**

- ANY AMOUNTS HELD IN SUSPENSE SHALL BE DISTRIBUTED AS FOLLOWS:
  - REFUNDED TO THE OBLIGEE (RECEIVING PARTY).
  - REFUNDED TO THE OBLIGOR (PAYING PARTY), ONLY AFTER ANY ARREARS, IF ANY ARE PAID TO THE OBLIGEE (RECEIVING PARTY) AND AFTER PAYMENT OF ANY OUTSTANDING CLEARINGHOUSE FEES, **OR**
  - OTHER: \_\_\_\_\_

**IT IS FURTHER ORDERED:**

- DECLARING ALL CHILD SUPPORT AND/OR SPOUSAL MAINTENANCE ORDERS FULLY PAID AND SATISFIED, INCLUDING ALL PAST DUE SUPPORT, ARREARAGE JUDGMENTS AND INTEREST.
- THE CLERK OF COURT/CLEARINGHOUSE SHALL REFLECT THE AGREEMENT OF THE PARTIES THAT THERE ARE NO ARREARS.

DATED: \_\_\_\_\_

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

## **INSTRUCTIONS**

### **Request for Hearing**

(On a Petition to Stop Income Withholding Order)

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

- A Petition to Stop 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 Stop Income Withholding Order.
- (4)** Fill in the name of the person shown as the respondent on the Petition to Stop Income Withholding Order.
- (5)** Fill in the case number that appears on the Petition to Stop 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: \_\_\_\_\_

ATLAS NUMBER: \_\_\_\_\_

**REQUEST FOR HEARING**

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

IV-D  NON IV-D

(4) \_\_\_\_\_

Name of Respondent (in original case)

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

A Petition to Stop 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 Stop Income Withholding Order)

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

- A Petition to Stop 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 Stop Income Withholding Order.
- (4) Fill in the name of the person shown as the respondent on the Petition to Stop Income Withholding Order.
- (5) Fill in the case number and ATLAS number that appears on the Petition to Stop 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: \_\_\_\_\_

ATLAS NUMBER: \_\_\_\_\_

**NOTICE OF HEARING**

(Petition to Stop 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 Stop 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 Loop Circle Bldg A, Florence, Arizona 85132.**

<p><b>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 REQUEST TO STOP THE ORDER OF ASSISGNMENT/INCOME WITHHOLDING ORDER AND ANY ORAL TESTIMONY.</b></p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

\_\_\_\_\_  
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**

\_\_\_\_\_  
 Name of Petitioner CASE NUMBER: DO2  
**FAMILY COURT  
 ACCEPTANCE OF SERVICE  
 A.R.F.L.P. RULE 40**

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

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

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

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

- 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

**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 CHILD SUPPORT ("Standard Mod")**

- Petition to Modify Child Support – Std. Process
- Affidavit of Financial Information
- Order to Appear

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

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

**CHILD SUPPORT**

(to establish when paternity already *legally* established)

- Petition
- Order to Appear
- Child Support Worksheet

**MODIFY SPOUSAL MAINTENANCE OR SPOUSAL  
AND CHILD SUPPORT ("Standard Mod")**

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

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

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

**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)

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

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**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)