PETITION TO STOP INCOME WITHHOLDING ORDER

AND SUPPORT ORDERS DUE TO END

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1

WHEN ALL PARTIES WILL **NOT SIGN AN AGREEMENT** TO TERMINATE

Forms and Instructions

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DRSW1 – 5166 - 102513

Family Court Self Help Workshops

Registration: 8:30 – 9:00 am
All workshops begin promptly at 9:00 am

How to Prepare a Default Decree

First Friday of every month

- **Downtown Phoenix:** 101 W. Jefferson Ave. (East Court Building), Law Library

What to bring: Black Pen

Child Support Modification

1st Friday of every month (two locations)

- **Mesa**: 222 East Javelina Ave., Law Library
- **Phoenix**: 18380 N. 40th Street, Multipurpose Room A

2nd & 4th Friday of every month

- **Downtown Phoenix**: 101 W. Jefferson (East Court Building), Law Library

4th Friday of every month

- **Surprise**: 14264 W. Tierra Buena Lane, Northwest Jury Assembly Room

What to bring: Copy of the Current Child Support Order and a Black Pen

Establishment of Paternity, Legal Decision Making, Parenting Time and Child Support

Third Friday of every month

- **Downtown Phoenix:** 101 W. Jefferson Ave. (East Court Building), Law Library
- **Mesa:** 222 E. Javelina Ave., Law Library

What to bring: Copy of the Child(ren)'s Birth Certificate and a Black Pen

Stop/Change Income Withholding for Child Support and/or Spousal Maintenance

2nd and 4th Friday of every month

- **Downtown Phoenix:** 101 W. Jefferson Ave. (East Court Building), Law Library

What to bring: Copy of the Current Child Support Order and/or Spousal Maintenance Order and a Black Pen

For more information about the workshops, call (602) 372-3100.

SELF-SERVICE CENTER

PETITION TO STOP AN *"INCOME WITHHOLDING ORDER"*

CHECKLIST

You may use these forms if . . .

- ✓ An ***Income Withholding Order*** has been issued *by a court in Maricopa 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 <u>no money owed</u> for back child support or spousal maintenance ("arrears"), **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 custody has been changed by order of the Court (if **Order** is not from this county, copy of **Custody 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 **<u>AGREEMENT</u> TO STOP** the Order(s) (for which there is **no filing fee**).

✕ **DO <u>NOT</u> USE FORMS and instructions in this packet if *any money is still owed* for current or past due child support or spousal maintenance (alimony).**
(Note: If money is still owed but the ***amount*** should be *changed*, refer to the Self-Service Center packets to ***modify*** the **Income Withholding Order *or*** to 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 <u>*may*</u> 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. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website at:
www.superiorcourt.maricopa.gov/SSC

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PETITION TO STOP INCOME WITHHOLDING ORDER

WITHOUT AGREEMENT SIGNED BY ALL PARTIES

FOR PETITIONER OR RESPONDENT

FORMS AND INSTRUCTIONS

This packet contains court forms and instructions to file (fill in reason for forms and instructions). Items in **BOLD** are forms that you will need to file with the Court. Non-bold items are instructions or procedures. Do not copy or file those pages!

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Order	File Number	Title	# pages
1	DRSW1k	Checklist: *You may use these forms if . . .*	1
2	DRSW1t	Table of Contents (this page)	1
3	DRSW11i	INSTRUCTIONS: How to Fill Out All Forms	2
4	DRSW11f	***"Petition to Stop Income Withholding Order"***	2
5	DRSW82f	***"Order Stopping Income Withholding Order"***	1
6	DRS88f	***"Current Employer Information Sheet"***	1
7	DRSW10p	PROCEDURES: What to do After Completing All Forms	2

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INSTRUCTIONS: HOW TO FILL OUT THE PETITION AND FORMS TO STOP AN INCOME WITHHOLDING ORDER

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.

FOR ALL FORMS: USE BLACK INK. TYPE OR PRINT IN LARGE CLEAR LETTERS.

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 ATLAS number (if one has been assigned to your case).

(5) 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.

(6) The date 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 Maricopa 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** .

(7) 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.

(8) 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

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(9) (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.

(9) (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 INCOME WITHHOLDING ORDER (and any Maricopa County Support Order(s))

(1) Match the numbered instructions below with the matching numbers on the form

(2) Fill in the name of the person shown as the petitioner on the original **"Income Withholding Order."**

(3) Fill in the name of the person shown as the respondent on the original **"Income Withholding Order."**

(4) Fill in the case number and 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.

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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)

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

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(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. _____

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

(2)_____
Petitioner (in original case)

(2)_____
Respondent (in original case)

(3) Case No. _____

(4) ATLAS No. _____

PETITION TO STOP INCOME WITHHOLDING ORDER (AND ALL MARICOPA COUNTY SUPPORT ORDERS) **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 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 of funds to withhold funds 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 *Maricopa 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)

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Case No. _____

The **Income Withholding Order** should be stopped and any Maricopa County **Support Order(s)** should be terminated ***because:***

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

☐ **(a)** All past due child support (back child support/arrearages/interest) 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:

1. are **18 and not attending high school** or a certified equivalency program, and / or
2. are **19,** and / or
3. have been **adopted,** and / or
4. are **married,** and / or
5. are **deceased**.

☐ All past due spousal maintenance (alimony arrearages/interest) 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 twenty days (thirty days if you were served outside the state of Arizona) in which to respond by completing a petition for hearing. If requested, a hearing will be set. The forms necessary to request a hearing are available from the Clerk of Superior Court, for purchase from the Self-Service Center, or they may be downloaded for free from the internet at:
http://tinyurl.com/7lsu6bt

If you do not request a hearing in writing within the time allowed, the Court will review the Petition to Stop Order of Assignment (and Maricopa County Support Orders), and will grant the request, if appropriate.

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Name of Person Filing Document: _____

Your Address: _____

Your City, State, Zip Code: _____

Your Telephone Number: _____

ATLAS Number (if applicable): _____

Attorney Bar Number (if applicable): _____

Representing ☐ **Self (Without Attorney) OR Attorney for** ☐ **Petitioner** ☐ **Respondent**

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SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

(1) _____
Petitioner in Original Case

(3) Case No. _____

(2) _____
Respondent in Original Case

(4) ATLAS No. _____

ORDER STOPPING INCOME WITHHOLDING ORDER (AND ALL MARICOPA COUNTY SUPPORT ORDERS)
A.R.S. § 25-504

To the employer(s) or other payor(s) of:

(5) Name: _____ SSN : _____

DO NOT WRITE BELOW THIS LINE. COURT PERSONNEL WILL COMPLETE THE FORM.

IT IS ORDERED stopping the *Income Withholding Order* dated (6)_____ , with the same case number as in (3) above. The employer(s) or other payor(s) is/are ordered to stop withholding monies pursuant to the *Income Withholding Order* immediately upon receipt of this Order.

IT IS FURTHER ORDERED terminating all Maricopa County child support and/or spousal maintenance orders in this case number and declaring all child support and/or spousal maintenance orders fully paid and satisfied, including all past due support, arrearage judgments and interest.

IT IS FURTHER ORDERED that the Support Payment Clearinghouse shall release any monies currently in its possession and future monies received to the obligor (the person ordered to pay).

Dated: _____

_____
Judicial Officer

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ORD

DRSW82f-032613

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CURRENT EMPLOYER* INFORMATION

You may also fill out this form online at the Family Support Center Website at:
http://www.familysupportcenter.maricopa.gov

THIS FORM MUST BE COMPLETED FOR:

☐ **AN INCOME WITHHOLDING ORDER**
☐ **ORDER TO STOP AN INCOME WITHHOLDING ORDER**
☐ **NOTIFICATION OF A CHANGE OF EMPLOYER (*or OTHER PAYOR)***

CASE NUMBER:_____ **ATLAS NUMBER:**_____

NAME OF PERSON ORDERED TO MAKE PAYMENTS:

_____

LIST THE NAME OF THE EMPLOYER* AND THE ADDRESS OF THE PAYROLL OR FINANCIAL DEPARTMENT (for the person named above) **WHERE THE INCOME WITHHOLDING ORDER OR STOP ORDER SHOULD BE MAILED.**

EMPLOYER* NAME:_____

PAYROLL ADDRESS: _____

CITY:_____**STATE:**_____**ZIP:**_____

EMPLOYER* TELEPHONE: _____

EMPLOYER* FAX: _____

or other payor or source of funds

_____

FOR COURT USE ONLY. DO NOT WRITE BELOW THIS LINE.

WA/FSC

WA/LOG ID: _____
TYPE OF W/A _____
DATE _____
AMOUNT OF ORDER _____
EMPLOYER STATUS _____
ENTERED BY _____
NEW W/A _____ SUB _____
AG _____ DCSE _____

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SELF-SERVICE CENTER

PROCEDURES: WHAT TO DO AFTER YOU HAVE COMPLETED THE PETITION AND FORMS TO STOP AN "INCOME WITHHOLDING ORDER"

☐ **STEP 1: MAKE TWO OR *3 COPIES (*SEE BELOW) OF THE:**

- **Petition to Stop "Income Withholding Order"** ***("Petition to Stop")***
- **Order Stopping "Income Withholding Order"** ***("Order Stopping")***

☐ **STEP 2: SEPARATE YOUR DOCUMENTS INTO THREE OR *4 SETS (*SEE BELOW) SETS:**

Set 1 – ORIGINALS & Copies to file with Clerk **Petition to Stop** (1 original) **Order Stopping** (1 original **+ 2 copies**) **Current Employer Information Sheet** (1 original) **+2 Self-Addressed, Stamped Envelopes:** One Addressed to you; One Addressed to the Other Party	**Set 2 – COPY for Other Party** **(1) Petition to Stop**
	Set 3 – COPY for You **(1) Petition to Stop**
	Set 4* – COPY for Attorney General (***only** if required*) **(1) Petition to Stop**

*** If either party already has a case with the State** (DCSE or DES) **involving the same children as in this case, notice of this action must *also* be given to the Attorney General's Office, as instructed in STEP 5 on next page.**

☐ **STEP 3: FILE THE PAPERS AT THE COURT. Take all originals and copies.**

GO TO THE CLERK OF THE COURT'S FILING COUNTER: Hand over the originals and the appropriate number of sets of copies to the Clerk **and pay the filing fee**. The Clerk will keep the originals, stamp the copies to show that these are copies of papers you have filed with the Court, and return the stamped copies to you. These stamped sets of copies are now called "conformed" copies.

You may file your papers from 8:00 a.m. to 5:00 p.m., Monday through Friday, at any of the following Superior Court locations:

Central Court Building
201 West Jefferson, 1st floor
Phoenix, Arizona 85003

Southeast Court Complex
222 East Javelina Avenue, 1st floor
Mesa, Arizona 85210

Northwest Court Complex
14264 West Tierra Buena Lane
Surprise, Arizona 85374

Northeast Court Complex
18380 North 40th Street
Phoenix, Arizona 85032

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FEES: A list of current fees is available from the Self Service Center and from the Clerk of Court's website.

If you cannot afford the filing fee and/or the fee for having the papers served by the Sheriff or by publication, you may request a deferral (payment plan) when you file your papers with the Clerk of the Court. Deferral Applications are available at no charge from the Self-Service Center.

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

- Your Copy.
- The Copy for DES/DCSE***** (if required)

☐ **STEP 5: SERVE THE PAPERS ON THE OTHER PARTY(IES).** The papers may be delivered by the Sheriff's Department, a licensed private 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 **Acceptance of Service** as described in the "SERVICE" packet available from the Self-Service Center or the internet.

*** SERVE PAPERS ON THE STATE: If *the State of Arizona is a party to your case*, you <u>must</u> also serve notice on the Attorney General's Office with notice of any proceeding that may affect child support.** The State of Arizona may be involved if any party received public assistance for the children or used the services of the State in establishing or collecting child support. If so, you may serve notice on the State as follows:

You may mail or personally deliver a copy of the ***"Petition",*** <u>and</u> an ***"Acceptance of Service"*** form to the Office of the Attorney General (**"the AG"**), Division of Child Support Enforcement (DSCE) assigned to your case. The "***Acceptance"*** is available for purchase as part of the Self-Service Center's "SERVICE" packet, or may be downloaded for free at the web address listed above.

The AG staff will accept service by signing the ***Acceptance*** and returning or sending it back to you. You will <u>not</u> be required to pay any fees for service by this method. If you do not know what office your case is assigned to, you may mail the ***Petition*** and the ***Acceptance*** to:

Office of the Attorney General
Child Support Enforcement Section
P.O. Box 6123 – Site Code 775C
Phoenix, AZ 85005

Note: The State is not considered served until the AG's signed *Acceptance of Service* is filed with the Court!

☐ **STEP 6: WAIT** for the Court to let you know whether the Order was signed or the matter was set for a hearing. ***If*** the other party requests a hearing, either a hearing or a conference will be scheduled. You will receive written notice of when and where to appear (date, time, and location).

If the other party does <u>*not*</u> request a hearing, *usually* one of the following will happen:

- The "***Order Stopping the Income Withholding Order"*** will be signed.
- A Hearing or Conference will be set.
- You will be notified by mail that your request was denied.

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