

# **INCOME WITHHOLDING**

## **OBJECTING TO A PETITION**

**To Stop or Change an  
Existing Court Order**

Do not copy  
or file this page

# **3**

### **Part 3: Objecting to the Petition**

SELF-SERVICE CENTER  
Forms and Instructions

**RESPONSE TO PETITION AND PAPERS  
TO STOP OR MODIFY INCOME WITHHOLDING ORDER  
(WHEN PARTIES DO NOT AGREE)**

**CHECKLIST**

**USE THE FORMS and instructions in this packet ONLY if the following factors apply to you:**

- ✓ You have been served with (received) a copy of a ***“Petition to Stop or Modify the Income Withholding Order,”*** AND
- ✓ You do **not** agree with the information provided in the Petition, AND
- ✓ You wish to request a hearing so you can tell the court why you do not agree with the Petition.

**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](http://www.superiorcourt.maricopa.gov/SSC)

## SELF-SERVICE CENTER

### TO STOP OR MODIFY INCOME WITHHOLDING ORDER

#### FOR PETITIONER OR RESPONDENT

#### PART 3: OBJECTING TO THE REQUEST

This packet contains court forms and instructions to file an ***“Objection to a Petition to Stop or Modify an *Income Withholding Order.*”*** Be sure the documents are in the following order.

Order	File Number	Title	No. Pp.
1	DRMW3k	Checklist: Use these forms if . . .	1
2	DRMW3t	Table of forms/instructions in this packet	1
3	DRSDS10f	<b><i>“Sensitive Data Sheet”</i></b>	1
4	DRMW31i	Instructions to Complete <b><i>“Petition for Hearing”</i></b>	1
5	DRMW31f	<b><i>“Petition for Hearing”</i></b>	1

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

Representing:  Self  Petitioner  Respondent

(If Attorney) State Bar Number: \_\_\_\_\_



FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY**

\_\_\_\_\_  
Petitioner

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

\_\_\_\_\_  
Respondent

ATLAS No. \_\_\_\_\_

**SENSITIVE DATA SHEET**

(Not a public record)

**Fill out. File with Clerk of Court. Omit Social Security Numbers when requested on other forms.  
Do NOT serve this document on the other party.**

**A.**

**Personal Information:**

**Petitioner**

**Respondent**

<b>Name</b>	_____	_____
<b>Gender</b>	<input type="checkbox"/> Male or <input type="checkbox"/> Female	<input type="checkbox"/> Male or <input type="checkbox"/> Female
<b>Date of Birth (Month/Day/Year)</b>	_____	_____
<b>Social Security Number</b>	_____	_____
<b>Driver's License Number</b>	_____	_____
<b>Mailing Address</b>	_____	_____
<b>City, State, Zip Code</b>	_____	_____
<b>Daytime Phone</b>	_____	_____
<b>Evening Phone</b>	_____	_____
<b>Other Phone (cell/pager)</b>	_____	_____
<b>Email Address</b>	_____	_____
<b>Current Employer Name</b>	_____	_____
<b>Employer Address</b>	_____	_____
<b>Employer City, State, Zip Code</b>	_____	_____
<b>Employer Telephone Number</b>	_____	_____
<b>Employer Fax Number</b>	_____	_____

**\*For Court use only. NOT public record. Do NOT provide a copy of this document to the other party.**

**B. Type of Case being filed - Check only one category.**

*\*Check only if no other category applies*

- Dissolution (Divorce)
- Legal Separation
- Annulment
- Order of Protection
- Other\*

**Interpreter Needed:**

Yes  No

**If yes, what language(s)?**

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

**DO NOT COPY THIS DOCUMENT AND DO NOT SERVE IT ON THE OTHER PARTY**

Clerk of Court  
Issued:

## SELF-SERVICE CENTER

### INSTRUCTIONS: HOW TO PETITION FOR A HEARING REGARDING A PETITION TO STOP OR MODIFY AN INCOME WITHHOLDING ORDER

#### TO FILE THIS FORM WITH THE CLERK'S OFFICE, YOU WILL NEED TO:

- ✓ Pay the fee for filing this Petition. There may be additional fees, including an appearance fee if this is the first time you or your attorney has "appeared" (filed papers) in this case. If you cannot pay these fees, you may request that the fees be deferred or waived. The Self-Service Center and the Clerk of Superior Court have the necessary forms to request the deferral or waiver.

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

#### NUMBERED INSTRUCTIONS

1. Type or print the name, address and telephone number of the person filing the form if known. An attorney who is filing the Request must also list the name of the person represented and the attorney's State Bar Number.
2. Type or print the names of the persons shown as the petitioner and the respondent on the "***Income Withholding Order***".
3. Type or print the case number and ATLAS number (if applicable) that appears on the "***Income Withholding Order***".
4. Date and sign. By signing your name, you are stating under oath or affirmation that the contents of this Request are true and correct to the best of your knowledge. Next, file the form at the Clerk of Court's filing counter. You will receive notice of the time, date, and location of the hearing.

**NOTICE OF PETITION for HEARING.** Upon filing the Petition for Hearing, the filing party must immediately mail or otherwise deliver a copy of this Petition to the other party or his/her attorney. If either party is currently using or has used the State Agency for child support services (Division of Child Support Enforcement or their representative), the State must also be mailed or provided with a copy of the Request, which can be mailed to:

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

(1) **Person Filing:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**State Bar Number (if applicable):** \_\_\_\_\_  
**Representing**  **Self (Without a Lawyer) or**  
**Attorney for**  **Petitioner OR**  **Respondent**



## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

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

**Case No: (3)** \_\_\_\_\_

**ATLAS No: (3)** \_\_\_\_\_  
(if applicable)

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

## PETITION FOR HEARING

The information provided on the ***“Petition to Stop or Modify the Income Withholding Order”*** is not accurate. I request that a hearing be set so that I can explain to the Judge or Commissioner my position. I have read this document and the information is true and correct to the best of my knowledge.

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

\_\_\_\_\_  
Date

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

**NOTICE:** Upon filing the Petition for Hearing, the filing party must immediately mail or otherwise deliver a copy of this Petition to the other party or his/her attorney. If either party is currently using or has used the State IV-D Agency for child support services (Division of Child Support Enforcement or their representative), the State must also be mailed or provided with a copy of the Request, which can be mailed to:

**Attorney General, Child Support Enforcement  
P. O. Box 6123, Site Code 775  
Phoenix, Arizona 85005**

If a hearing or conference is scheduled, the court may enter a judgment for past-due support, clerk’s fees, service costs, other court costs, and/or attorney fees.