

**AGREEMENT TO STOP
INCOME WITHHOLDING
ORDER & SUPPORT
ORDERS**

1

**WHEN ALL PARTIES WILL SIGN
AGREEMENT TO TERMINATE
FORMS AND INSTRUCTIONS**

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

SELF-SERVICE CENTER

AGREEMENT TO STOP 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**
- ✓ **ALL** parties will sign the **"Agreement to Stop the Income Withholding Order"** (and any Maricopa County Support Order(s)) **in front of a Clerk of the Court or a Notary, AND**
- ✓ If the State of Arizona (DES) was involved in your case, a representative of DES *will also sign* the "Agreement", **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 **Agreement**.
2. There is no money owed for back child support or spousal maintenance arrears, **AND**
Current payments should stop because: all children named in the Support Order are 18 and not attending high school; and/or all spousal maintenance is paid; or other condition for stopping child support or spousal maintenance has occurred, such as:

- ✓ Parties have remarried each other (copy of **"Marriage Certificate"** attached),
- ✓ The (support) case has been dismissed or child custody changed by court order*
- ✓ Child adopted by someone else, and all past-due amounts have been satisfied, *
- ✓ Person receiving payments or child for whom support being paid is deceased,*

* If court order is **not from this county**, a copy of the Order of Dismissal, Custody or Adoption will be required. If a party or child deceased, proof such as copy of death certificate or obituary notice will be required.

DO NOT USE THESE FORMS IF . . .

- X *The other party will not sign* the **"Agreement to Stop Income Withholding Order."**
- X Money is still owed for current or past due child support or spousal maintenance (alimony) according to the underlying Order for support or maintenance.
- X There has never been an **"Income Withholding Order"** in this case.
(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"** and/or the Support Order to determine whether either applies 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 or other payor's financial 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

SELF-SERVICE CENTER

AGREEMENT TO STOP INCOME WITHHOLDING ORDER

FOR PETITIONER AND 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!

Order	File Number	Title	# Pages
		Workshop Flyer	1
1	DRSWA7k	Checklist: <i>You may use these forms if . . .</i>	1
2	DRSWA7t	Table of Contents (this page)	1
3	DRSWA11i	INSTRUCTIONS: How to Fill Out All Forms	2
4	DRSWA11f	“Agreement to Stop Income Withholding Order ”	2
5	DRSW82f	“Order Stopping Income Withholding Order ”	1
6	DRS88f	“Current Employer Information Sheet”	1
7	DRSWA11p	PROCEDURES: What to do After Completing All Forms	2

These documents are copyrighted by the Superior Court of Arizona in Maricopa County. 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.

SELF-SERVICE CENTER

INSTRUCTIONS: HOW TO FILL OUT ALL FORMS TO STOP AN INCOME WITHHOLDING ORDER by AGREEMENT

This request can be completed by either the person paying support or the person receiving support, **but must be signed by BOTH**. If the DES or the Division of Child Support Enforcement (DCSE) is involved in your case because either party has used the child support services of the state, the "Agreement" will have to be signed by a representative of DES or DCSE as well.

TO COMPLETE THESE FORMS YOU WILL NEED:

- ✓ The date the current "*Income Withholding Order*" was signed. If you do not know this date, you can find it on the original "*Income Withholding Order*" in the court file.

ABOUT THE SIGNATURES NEEDED FOR THE "AGREEMENT TO STOP"

If both parties are not signing this Agreement at the same time, the person filing the Agreement may mail a copy of the Agreement to the other party. If the person receiving the papers agrees with the proposed change, he or she should sign the Agreement in the presence of a notary public, make a copy for his/her own records and return the notarized original to the person who is filing the papers.

If either party has used the services of the State of Arizona to establish or collect child support, you will also need a signature from a representative of DES or the Attorney General's Division of Child Support Enforcement (DCSE) on the Agreement before filing as well. If you don't know which of the four child support enforcement (also known as IV-D ("4D")) offices in Maricopa County is handling your case, call 602-252-4045 and ask which regional office is handling your case and how to contact that office. Next, contact that office to find out how to get an Agency representative's signature. You may take the Agreement in to the office or mail it. If mailing, keep your signed original(s) and mail a copy to: Attorney General, Child Support Enforcement, P. O. Box 6123, Site Code 775 C, Phoenix, AZ 85005. Enclosing a self-addressed, stamped envelope for the Agency to mail the signed form back to you may speed the response time, or you may arrange to pick up the form from the Agency office.

HOW TO FILL OUT THE FORMS: TYPE OR PRINT CLEARLY, USING BLACK INK ONLY.

"AGREEMENT TO STOP INCOME WITHHOLDING ORDER"

Match each numbered item in the instructions with the same numbered item on the form, and 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 payments and the name of the person receiving payments.
- (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.

(9) 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, 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.

Signatures/Notary Information: Do not sign until directed to do so by a Notary Public or A Clerk of Court. Sign only your own name. Do not fill out the rest of this page. Signing your name is a statement to the Court that the information submitted is true and correct under penalty of perjury. The DES/ IV-D ("4D") agency's representative's signature does not need to be notarized.

ORDER STOPPING *INCOME WITHHOLDING ORDER* (and MARICOPA COUNTY SUPPORT ORDERS)

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 ATLAS Number (if any) that appears on the original "***Income Withholding Order***"
- (4) Fill in the name of the person who is ordered to make payments (the Obligor).

STOP! Do NOT fill out the rest of *this* form. A Judicial Officer or court staff will complete the rest of the page. Go to the next form.

CURRENT EMPLOYER or OTHER PAYOR 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 payor, the person who has been making payments,
- Name and payroll address, fax and phone numbers for the payor's current employer OR other payor (the one(s) named in the ***Income Withholding Order***),
- Name and payroll address, fax and phone numbers for the payor's previous employer or other payor.

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

(1) Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Daytime / Evening Phone: _____ / _____
Person Filing Document is: Self or Attorney for Plaintiff Respondent
(If Attorney) State Bar No.: _____ Attorney Phone: _____

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

(2) _____
Petitioner in original case

(3) Case No. _____

(4) ATLAS No. _____

(2) _____
Respondent in original case

**AGREEMENT 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 payments are still owed, STOP! You have the wrong form. Review the forms to MODIFY the Income Withholding Order to see if appropriate for your situation.

The parties **agree** that all child support and spousal maintenance payments by the person ordered to make payments in this Case Number have been fully paid, or, to the extent any such payments have not been fully paid, the person entitled to receive payment expressly waives the other person's obligation to pay any unpaid payments. The parties further agree that the "**Income Withholding Order**" should be stopped immediately, and that all monies in possession of the Support Payment Clearinghouse upon receipt of an "**Order Stopping Income Withholding Order**" and **Terminating All Support Obligations** shall be returned to the person ordered to make payments. The parties are signing this Agreement of their own free will and not under any fear or threat of force. This Agreement will forever end all child support orders, spousal maintenance orders and "**Income Withholding Order**" previously issued in this case.

I, (5) _____, the person ordered to make payments, and

I, (5) _____, the person receiving payments, ask the Court to terminate the following "**Income Withholding Order**" (Order requiring an employer to withhold wages for child support or spousal maintenance):

“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)

The parties also ask the Court to terminate any underlying *Maricopa County* child support 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)

(9) The **“Income Withholding Order”** should be stopped and any *Maricopa County Support Orders* should be terminated **because:** Check the appropriate box(es) to explain why both Order(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/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. Copy of marriage license is attached.
- 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:

Do not write or sign below this line until you are instructed to do so by Court Clerk or Notary.

We affirm under penalty of perjury the information provided on this document is true and correct.

Petitioner's Signature

Date

Affirmed before me this date:

Seal/My Commission expires

Deputy Clerk or Notary Public

Respondent's Signature

Date

Affirmed before me this date:

Seal/My Commission expires

Deputy Clerk or Notary Public

If the State of Arizona (DES) is a party to your case, a representative of DES or its Division of Child Support Enforcement (DCSE) ***must also sign this form before you file.*** (See Instructions)

Signature of DES/DCSE representative

Date



FOR CLERK'S USE ONLY

**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

CURRENT EMPLOYER* INFORMATION

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

For Clerk's Use Only

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 _____

SELF- SERVICE CENTER

**PROCEDURES: WHAT TO DO AFTER YOU HAVE COMPLETED
THE FORMS TO STOP AN INCOME WITHHOLDING ORDER
by Agreement**

- STEP 1: MAKE TWO COPIES OF THE:**
- *“Agreement to Stop Income Withholding Order” (“Agreement to Stop”)*
 - *“Order Stopping Income Withholding Order” (“Order Stopping”)*

- STEP 2: SEPARATE YOUR DOCUMENTS INTO THREE SETS:**

Set 1 – ORIGINALS & Copies to file with Clerk Agreement 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 – COPIES for Other Party (1) Agreement to Stop
	Set 3 – COPIES for You (1) Agreement to Stop

- 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 all sets of copies to the Clerk at the filing counter. The Clerk will keep the originals, stamp the extra 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 a.m. to 5 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

FEES: There is no filing fee for filing an Agreement to Stop an ***Income Withholding Order*** (A.R.S. §25-504), but there may be an ***“appearance fee”*** if this is the first time one of the parties or your attorneys has “appeared” (filed any papers) in this case. 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 Sets of Copies with the Clerk’s stamp on them (the “conformed” copies).

WHAT THE COURT WILL DO:

- Grant the relief you requested;
- Schedule a hearing for you and the other party to come talk to the Judge about the case (if the Judge has questions);
- Return your paperwork because you did not show good reason for the change requested; OR
- Other orders the Judge thinks proper.

- STEP 5: WAIT** for the Court to let you know whether the Order was signed or the matter was set for a hearing. If a hearing is scheduled, you will receive written notice of when and where to appear (date, time, and location).

REMINDER:

- Did you provide ***two*** self-addressed, stamped envelopes so the staff can mail the decision to both parties (as listed in STEP 3, above)?
- one addressed to you;
 - one addressed to the other party?