

PETITION FOR EX PARTE INCOME WITHHOLDING ORDER

(WITHHOLD INCOME WITHOUT
ADVANCE NOTICE or HEARING)

1

To start automatic payroll deduction of
support payments, OR to volunteer for
payroll deduction of support payments owed
by You

Forms and Instructions



SELF-SERVICE CENTER

**PETITION AND PAPERS FOR
EX PARTE “INCOME WITHHOLDING ORDER”**

**FOR INCOME WITHHOLDING ORDER WITHOUT ADVANCE NOTICE OR
HEARING
OR TO VOLUNTEER TO START INCOME WITHHOLDING DEDUCTION
FOR MONEY YOU OWE**

CHECKLIST

You may use the forms and instructions in this packet if . . .

- ✓ You have a court order for child support and/or spousal maintenance (alimony) payments but you do not already have an order for **payroll deduction*** of those payments, **AND / OR**
- ✓ You are entitled to receive support; there is past due support owing, and you want to receive payments on that past due amount on a regular schedule, when the person required to make those payments gets paid, **OR**
- ✓ You are court-ordered to make child support and/or spousal maintenance (alimony) payments and you want to voluntarily request an order for **payroll deduction*** of those payments, known in the courts as an **“Income Withholding Order”**.

*NOTE: This **“Ex Parte Income Withholding Order”** may also be used in situations where a person is asking for automatic deduction (assignment) of income payments *other than* payroll, such as lottery winnings, worker’s compensation, or other income.

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.

SELF-SERVICE CENTER

**TO ENFORCE A COURT ORDER FOR SUPPORT
PETITION FOR EX PARTE INCOME WITHHOLDING ORDER
FOR THE PARTY MAKING THE REQUEST**

This packet contains court forms and instructions to file to enforce a court order for support. 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
1	DRWA1k	Checklist: Use these forms <i>if . . .</i>	1
2	DRWA1t	Table of Contents (this page)	1
3	DRWA11i	Instructions: How to request an “Ex Parte Income Withholding Order”	3
4	DRWA11f	“Petition for Ex Parte Income Withholding Order”	2
5	DRS88f	“Current Employer or Other Payor Information Sheet”	1

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SELF-SERVICE CENTER

**INSTRUCTIONS FOR PETITION FOR INCOME WITHHOLDING
ORDER
EX PARTE (WITHOUT NOTICE)**

DEFINITIONS:

“**Obligee**” is the person or agency entitled to receive support payments.

“**Obligor**” is the person ordered to make support payments.

Throughout these instructions the terms “**employer,**” “**wages,**” and “**paycheck**” are used. However, this *Petition for Income Withholding Order Ex Parte* (without notice) may also be used in situations where a person is asking for an assignment of the Obligor’s **other monies such as lottery winnings, worker’s compensation or other income.**

**COMPLETE THIS FORM TO PETITION FOR AN EX PARTE INCOME WITHHOLDING ORDER
IF:**

- You are the Obligee and there is an Arizona order establishing a support obligation or spousal support (maintenance) obligation, including past-due amounts, **OR**
- You are the Obligor and you want to begin a voluntary Income Withholding Order.

TO COMPLETE THIS FORM AND FILE THE PETITION YOU WILL NEED:

- Information from the Order(s) you want to enforce
- Attach a certified copy of the Order establishing the support obligation to the petition, if that order was issued in an Arizona county other than the one where you will file this request.
- Attach a certified copy of the most recent order requiring payment on past-due support amounts to the petition, if that order was entered in an Arizona county other than the one where you will file this request.

NOTE: These forms do not apply if your support order is not from Arizona. In that case, you may want to contact the state child support enforcement agency where your order was entered, the Department of Economic Security child support enforcement agency, in Arizona, or a private attorney regarding enforcement.

FOLLOW THESE INSTRUCTIONS:

- **TYPE OR PRINT NEATLY USING BLACK INK.**
 - Match each numbered step in the instructions with the item on the attached form that has the same number.
1. Type or print the name, address and telephone number of the person filing the Request. Include your **ATLAS** number if your case is a title IV-D case. (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 first, middle and last name of the person shown as the Petitioner on the order that established the support obligation. Type or print the first, middle and last name of the person shown as the Respondent on the order that established the support obligation.
 3. Type or print the case number assigned to your case on this page and at the top of each additional page. If the order was issued in a county other than the one where you are filing this petition, leave this line blank.
 4. Type or print the date the order that established the support obligation was signed by a Judicial Officer.
 5. Type or print the first, middle and last name of the obligor (person ordered to pay support).
 6. Type or print the name of the Court which established the support obligation.
 7. Type or print the name of the County and State where the court is located.
 8. Enter all amounts previously ordered. The amounts you enter should reflect monthly payments.
 9. Check all boxes that apply.
 10. The requesting person must sign on the appropriate line in front of a Clerk of Superior Court or Notary Public affirming the contents of the Petition are true to the best of their knowledge. You must have picture identification with you.

WHEN YOU HAVE COMPLETED THIS FORM:

- File the petition with the Clerk of the Superior Court. There is a filing fee for this process. Check with the Court of Court for the current filing fee amount. A list of current fees is available from the Self Service Center and from the Clerk of Court's website.

- **There may be additional fees**, including an *appearance fee* if this is the first time you have filed papers in this case. 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. You may file your petition at any one of the following locations:

The Clerk of the Superior Court
Central Court Building
201 West Jefferson, 1st floor
Phoenix, Arizona 85003

The Clerk of the Superior Court
Southeast Court Facility
222 East Javelina Avenue, 1st floor
Mesa, Arizona 85210

The Clerk of the Superior Court
Northwest Court Facility
14264 West Tierra Buena Lane
Surprise, Arizona 85374

The Clerk of the Superior Court
Northeast Court Facility
18380 North 40th Street
Phoenix, AZ 85032

- If one of the parties is using the child support services of the **Division of Child Support Service (DCSS)** a copy of the petition and a copy of the ***“Income Withholding Order”*** must be mailed to:

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

- If the Petition is granted, an Income Withholding Order will be issued and the Clerk of Court will serve the Income Withholding Order on the obligor’s employer. The obligor will be mailed a copy of the Order by the Court. The obligor will have the right to file a Request for Hearing to object to the Ex Parte Income Withholding Order.

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
ATLAS Number: _____
Lawyer's Bar Number: _____

FOR CLERK'S USE ONLY

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Name of Petitioner (in original case) (2)

(3) CASE NO: _____

PETITION FOR EX PARTE INCOME WITHHOLDING ORDER A.R.S. §25-504

Name of Respondent (in original case)

On (4) _____ (date), (5) _____, the person ordered to pay support, was ordered in (6) _____ (name of court, example: "Superior Court") in (7) _____ (location of court: county and state) to pay:

- (8)
- \$ _____ monthly child support payment
 - \$ _____ monthly spousal maintenance payment
 - \$ _____ monthly child support arrearage payment
 - \$ _____ monthly spousal maintenance arrearage payment

(9) I request that an Ex Parte Income Withholding Order be issued because: (check all that apply)

- I am the person entitled to the support or I represent the agency entitled to collect the support, and there is no existing Income Withholding Order

- A past due obligation exists for child support, spousal support, spousal support arrears or interest and I request payment on past due support in the amount of \$_____ per month
- I am the person required to pay the support and there is no existing Income Withholding Order, and I hereby voluntarily request an Income Withholding Order be issued for payment of my obligation.

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ by
 _____ (date)
 _____.

(notary seal)

Deputy Clerk or Notary Public

Signature of person requesting Assignment

Name of Agency if Applicable

CURRENT EMPLOYER* INFORMATION

You may also fill out this form online at the Family Support Center Website.

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 _____