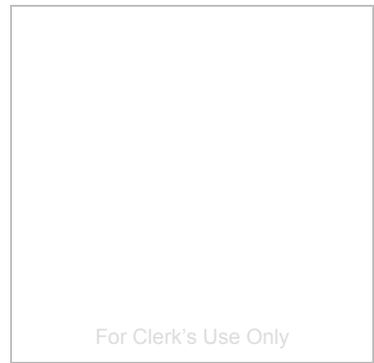


(1) **Person Filing:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**State Bar Number (if applicable):** \_\_\_\_\_  
**Representing**  **Self (Without a Lawyer) or**  
**Attorney for**  **Petitioner OR**  **Respondent**



## 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.