

Person Filing: (1) _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
ATLAS Number: _____
Lawyer's Bar Number: _____



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.