

## SELF-SERVICE CENTER

### INSTRUCTIONS: HOW TO FILL OUT THE PETITION AND FORMS TO STOP AN INCOME WITHHOLDING ORDER

**TO COMPLETE THESE FORMS YOU WILL NEED** the date(s) the current **Income Withholding Order** and the **Support Order(s)** were signed. You can find the date(s) on the original **Income Withholding Order** in the court file.

**FOR ALL FORMS: USE BLACK INK. TYPE OR PRINT IN LARGE CLEAR LETTERS.**

#### **PETITION TO STOP INCOME WITHHOLDING ORDER**

**Match each numbered item in the instructions with the same numbered item on the form.**

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 this request, and (a) the name of the person ordered to pay, and (b) the name of the person receiving the support payments according to the Court Order.
- (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)(a) 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 (a), 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.
- (9)(b) **Request to Hold Payments.** Check this box to request that no further payments be sent to the other party until a decision is made by the Court on your request to stop the assignment. IF this request is granted, understand that **its effect is not immediate**, and payments will continue to be sent out by the Clearinghouse until it can be put into effect.

**Signature.** Sign where indicated. Print your name on the line below and enter the date of your signature (Month/Date/Year). Signing this Petition is a statement to the Court that the information you have provided is true and correct, under penalty of perjury.

**ORDER STOPPING INCOME WITHHOLDING ORDER (and any Maricopa County Support Order(s))**

- (1) Match the numbered instructions below with the matching numbers on the form
- (2) Fill in the name of the person shown as the petitioner on the original “**Income Withholding Order.**”
- (3) Fill in the name of the person shown as the respondent on the original “**Income Withholding Order.**”
- (4) Fill in the case number and the ATLAS Number (if any) that appears on the original “**Income Withholding Order.**”
- (5) Fill in the name and social security number of the person obligated to make payments.

**STOP. Judicial Officers or staff will complete the rest of this page. Proceed to next form.**

**CURRENT EMPLOYER 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 employer, or other payor of funds for person who has been making payments
- Name and payroll address, fax and phone numbers for the payor’s current employer or other payor of funds for person named in the Income Withholding Order)
- Name and payroll address, fax and phone numbers for the payor’s previous employer or other payor of funds for person named in the Income Withholding Order)

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