

**PETITION TO STOP
INCOME WITHHOLDING
ORDER**

AND SUPPORT ORDERS DUE TO END

1

**WHEN ALL PARTIES WILL NOT SIGN
AN AGREEMENT TO TERMINATE**

Forms and Instructions

SELF-SERVICE CENTER

PETITION TO STOP AN "INCOME WITHHOLDING ORDER"

CHECKLIST

You may use these forms if . . .

- ✓ An **Income Withholding Order** has been issued by a court in Graham County against one of the parties to pay Child Support and/or Spousal Maintenance, **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 "**Petition**";
 2. There is no money owed for back child support or spousal maintenance ("arrear"), **AND**
- ✓ Current payments should stop because: all children named in this Order are 18 and not attending high school, and/or all spousal maintenance /support is paid or other condition for stopping child support and/or spousal maintenance has occurred, such as:
 - ✓ Child custody has been changed by order of the Court (if **Order** is not from this county, copy of **Custody Order** is attached);
 - ✓ Child adopted by someone else, and all past-due amounts have been paid, (copy of **Adoption Order** attached);
 - ✓ Child deceased, and all past-due amounts have been paid;
 - ✓ The (support) case has been dismissed (if **Order** is not from this county, copy of **Order Dismissing Case** is attached);
 - ✓ Person receiving payments is deceased (death certificate or other proof such as obituary attached), **AND**
 - ✓ The parties are not willing to sign an **AGREEMENT TO STOP** the Order(s) (for which there is **no filing fee**).

✗ **DO NOT USE FORMS and instructions in this packet if any money is still owed for current or past due child support or spousal maintenance (alimony).**

(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** or to modify the *Support Order* to determine if they apply 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 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.

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 Graham 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 Graham 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.

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 GRAHAM COUNTY

Name of Petitioner

Case Number: _____

NOTICE OF FILING PETITION FOR MODIFICATION

Name of Respondent

A Petition for Modification has been filed. A copy of the petition and/or affidavits is served on you with this Notice.

If you do not want a modification order taken against you without your input, you must file a response in writing with the court within twenty (20) days from the date of service. You shall provide a copy of each response document to the applicant's attorney or, if unrepresented, the applicant and to the assigned division.

Requests for reasonable accommodation for persons with disabilities must be made to the office of the judge or commissioner assigned to the case, at least five (5) days before your scheduled court date.

Signed and sealed this date: _____

DARLEE MAYLEN, CLERK OF SUPERIOR COURT

By: _____
Deputy Clerk

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 GRAHAM COUNTY

(2) _____
Petitioner (in original case)

(3) Case No. _____

(2) _____
Respondent (in original case)

(4) ATLAS No. _____

PETITION TO STOP INCOME WITHHOLDING ORDER (AND ALL GRAHAM COUNTY SUPPORT ORDERS) A.R.S. §25-504

Note: If any current or past due child support or spousal maintenance is still owed under the terms of the current support order(s), STOP! You have the wrong form. Review the forms to MODIFY the Order of Assignment to see if appropriate for your situation.

I, (5) _____, ask the court to terminate the **Income Withholding Order** (Order requiring an employer or other payor of funds to withhold funds for child support or spousal maintenance) in which:

- (a) _____ Is the person ordered to make payments, and
(b) _____ Is the person entitled to receive payments.

"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)

I also ask the Court to terminate any underlying *Graham County* child support and/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)

The **Income Withholding Order** should be stopped and any Graham County **Support Order(s)** should be terminated **because:**

(9) Check the appropriate box(es) to explain why the Order(s)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 or 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. A copy of our marriage license is attached.

The 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:

(9)(b) I ask the Court to order the Support Payment Clearinghouse to hold any payments received pursuant to the **Income Withholding Order** until further order of the Court. I understand that if this request is granted, additional payments may be sent to the other party before the Support Payment Clearinghouse receives the order from the Court.

UNDER OATH OR BY AFFIRMATION

I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

Signature

Date

Printed Name

NOTICE TO OTHER PARTY: If you do not agree with this Petition, you have twenty days (thirty days if you were served outside the state of Arizona) in which to respond by completing a petition for hearing. If requested, a hearing will be set. The forms necessary to request a hearing are available from the Clerk of Superior Court, for purchase from the Self-Service Center, or they may be downloaded for free from the internet.

If you do not request a hearing in writing within the time allowed, the Court will review the Petition to Stop Order of Assignment (and Graham County Support Orders), and will grant the request, if appropriate.

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 GRAHAM COUNTY

(1) _____
Petitioner in Original Case

(3) Case No. _____

(2) _____
Respondent in Original Case

(4) ATLAS No. _____

**ORDER STOPPING INCOME WITHHOLDING
ORDER (AND ALL GRAHAM 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 Graham 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 person ordered to pay, less any fees owed to the Clearinghouse.

Dated: _____

Judicial Officer

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 _____