

**INCOME  
WITHHOLDING  
OBJECTING TO A PETITION  
To Stop or Change an  
Existing Court Order**

**3**

**Part 3: Objecting to the Petition**

**FORMS AND INSTRUCTIONS**

SELF-SERVICE CENTER

Forms and Instructions

**RESPONSE TO PETITION AND PAPERS  
TO STOP OR MODIFY INCOME WITHHOLDING ORDER  
(WHEN PARTIES DO NOT AGREE)**

CHECKLIST

USE THE FORMS and instructions in this packet **ONLY** if the following factors apply to you:

- ✓ You have been served with (received) a copy of a ***“Petition to Stop or Modify the Income Withholding Order,”*** AND
- ✓ You do **not** agree with the information provided in the Petition, AND
- ✓ You wish to request a hearing so you can tell the court why you do not agree with the Petition.

**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.

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

Petitioner	Case No. _____
Respondent	ATLAS No. _____

**FAMILY COURT / SENSITIVE DATA  
COVERSHEET WITH CHILDREN  
(CONFIDENTIAL RECORD)**

Fill out. File with Clerk of Court. Social Security Numbers should appear on this form only and should be omitted from other court forms. Access Confidential pursuant to ARFLP 43(G)(1).

A. Personal Information:	Petitioner	Respondent
Name	_____	_____
Gender	<input type="checkbox"/> Male or <input type="checkbox"/> Female	<input type="checkbox"/> Male or <input type="checkbox"/> Female
Date of Birth (Month/Day/Year)	_____	_____
Social Security Number	_____	_____

**WARNING: DO NOT INCLUDE MAILING ADDRESS ON THIS FORM  
IF REQUESTING ADDRESS PROTECTION**

Mailing Address	_____	_____
City, State, Zip Code	_____	_____
Contact Phone	_____	_____
Email Address	_____	_____
Current Employer Name	_____	_____
Employer Address	_____	_____
Employer City, State, Zip Code	_____	_____
Employer Telephone Number	_____	_____
Employer Fax Number	_____	_____

B. Child(ren) Information:			
Child Name	Gender	Child Social Security Number	Child Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b>C. Type of Case being filed - Check only one category.</b> <i>*Check only if no other category applies</i>		<b>Interpreter Needed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language? _____
<input type="checkbox"/> Dissolution (Divorce)	<input type="checkbox"/> Paternity	
<input type="checkbox"/> Legal Separation	<input type="checkbox"/> *Legal Decision Maker (Custody)/Visitation	
<input type="checkbox"/> Annulment	<input type="checkbox"/> *Child Support	<input type="checkbox"/> Register Foreign Order
<input type="checkbox"/> Order of Protection	<input type="checkbox"/> Other	

**DO NOT COPY OR FILE THIS DOCUMENT. DO NOT SERVE THIS DOCUMENT TO THE OTHER PARTY.**

## SELF-SERVICE CENTER

### INSTRUCTIONS: HOW TO PETITION FOR A HEARING REGARDING A PETITION TO STOP OR MODIFY AN INCOME WITHHOLDING ORDER

#### TO FILE THIS FORM WITH THE CLERK'S OFFICE, YOU WILL NEED TO:

- ✓ Pay the fee for filing this Petition. There may be additional fees, including an appearance fee if this is the first time you or your attorney has "appeared" (filed papers) in this case. If you cannot pay these fees, you may request that the fees be deferred or waived. The Self-Service Center and the Clerk of Superior Court have the necessary forms to request the deferral or waiver.

**FOLLOW THESE INSTRUCTIONS WHICH ARE NUMBERED TO MATCH THE IDENTIFYING NUMBERS ON THE FORM. TYPE OR PRINT NEATLY USING BLACK INK.**

#### NUMBERED INSTRUCTIONS

1. Type or print the name, address and telephone number of the person filing the form if known. 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 names of the persons shown as the petitioner and the respondent on the "*Income Withholding Order*".
3. Type or print the case number and ATLAS number (if applicable) that appears on the "*Income Withholding Order*".
4. Date and sign. By signing your name, you are stating under oath or affirmation that the contents of this Request are true and correct to the best of your knowledge. Next, file the form at the Clerk of Court's filing counter. You will receive notice of the time, date, and location of the hearing.

**NOTICE OF PETITION for HEARING.** 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 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:

**Office of the Attorney General  
Child Support Enforcement Section  
PO Box 6123 – Site Code 775C  
Phoenix, AZ 85005**

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

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## SUPERIOR COURT OF ARIZONA IN GRAHAM 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.