

# **INCOME WITHHOLDING**

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

Do not copy  
or file this page

# **3**

### **Part 3: Objecting to the Petition**

#### **FORMS AND INSTRUCTIONS**

LAW LIBRARY RESOURCE CENTER

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 Law Library Resource Center website.

LAW LIBRARY RESOURCE CENTER

## To stop or modify income withholding order

### Part 3: Objecting to the request

This packet contains court forms and instructions to stop or modify income withholding order for Petitioner or Respondent. Items in **BOLD** are forms that you will need to file with the Court. Non-bold items are instructions or procedures. Do not copy or file those pages!

Order	File Number	Title	# Pages
1	DRMW3k	Checklist: Use these forms if . . .	1
2	DRMW3t	Table of Contents (this page)	1
3	DRMW31i	Instructions to Complete " <i>Petition for Hearing</i> "	1
4	DRSDS10f	<b>"Family Department Sensitive Data / Cover Sheet"</b>	1
5	DRMW31f	<b>"Petition for Hearing"</b>	1

The documents you have received are copyrighted by the Superior Court of Arizona in Maricopa County. You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

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## 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 of Superior Court, 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 Law Library Resource Center and the Clerk of Superior Court have the necessary forms to request the deferral or waiver.

### 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 / Party A and the Respondent / Party B 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 Superior 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 Services Section  
2005 N. Central Avenue – Mail Drop 7611  
Phoenix, AZ 85004

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 MARICOPA COUNTY

Petitioner / Party A	Case No. _____
Respondent / Party B	ATLAS No. _____

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

Fill out. File with Clerk of Superior Court. Social Security Numbers should appear on this form only and should be omitted from other court forms. Access Confidential pursuant to ARFLP 43.1(f).

A. Personal Information:	Petitioner / Party A	Respondent / Party B
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:	Gender	Child Social Security Number	Child Date of Birth
Child Name			

<b>C. Type of Case being filed: Check only one category.</b>		<b>Interpreter Needed:</b>
<i>*Check only if no other category applies</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dissolution (Divorce)	<input type="checkbox"/> Paternity	If yes, what language?
<input type="checkbox"/> Legal Separation	<input type="checkbox"/> *Legal Decision-Making / Parenting Time	
<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 THIS DOCUMENT. DO NOT SERVE THIS DOCUMENT TO THE OTHER PARTY.**

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 / Party A (in original case)

Case No: (3) \_\_\_\_\_

ATLAS No: (3) \_\_\_\_\_  
(if applicable)

(2) \_\_\_\_\_  
Name of Respondent / Party B (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:

**Office of the Attorney General  
Child Support Services Section  
2005 N. Central Avenue – Mail Drop 7611  
Phoenix, AZ 85004**

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.