

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.