Person Filing:		
Address (if not protected):		
City, State, Zip Code:		
Telephone:		
Email Address:		FOR CLERK'S USE ONLY
ATLAS Number:		
Lawyer's Bar Number:		
Representing Self, without a Lawyer or	☐ Attorney for ☐ Petitioner OR ☐ Res	pondent
001 =01	RICOPA COUNTY	
(2)Petitioner (in original case)	(3) Case No.	
	(4) ATLAS No	
(2)Respondent (in original case)		
respondent (in original ease)	AGREEMENT TO MODINCOME WITHHOLDIN A.R.S. § 25-504	
THIS FORM WILL NOT AFFE	o pay child support and/or spousal maintena CT THE AMOUNT OF SUPPORT ORDERE	ance (alimony). ED PAID;
II ONLY AFFECTS THE AN	MOUNT OF SUPPORT DEDUCTED FROM	PAY.
l, (5a)	, the person ordered to make p	payments, and
l, (5b)	the person receiving payme	ents ask the Court to
·, (00)	, the person receiving payme	and, don the Court to
modify the Income Withholding Order:		

Case No.	

ssued	d this date: <b>(6)</b>		(Month/Day/Year)
ssued	d by this Court:		(Name of Court)
_ocate	ed in this County:		(Name of County)
_ocate	ed in this State:		(Name of State)
pecau	use: (Check the appropriate box(s))		
7) 🗌	The <b>amount</b> shown on the <i>Income W</i>	ithholding Order is wrong	because:
	(7a) The amount was changed by Co	ourt Order issued on this dat	te:
	(Month/Day/Year) in this county: _		, OR
	(7b) The person making payments n	o longer owes (Check all the	nat apply)
	<ul><li>☐ Current Child Support.</li><li>☐ Child Support arrearages (back of Current Spousal Support)</li></ul>	child support) and interest	
	Spousal Support arrearages (bac	k alimony) and interest	
	Reason(s) why money is no longer ow (List and attach any supporting docum		item (7b):
8)	For the reasons listed in <b>above</b> , the am	nount ordered assigned shou	uld be changed from the current
	Amount of <b>(8a)</b> \$	to the <i>new</i> amount of <b>(8</b>	Bb) \$
9) 🗌	The current Income Withholding Ord	<i>der</i> should be modified beca	ause the <b>presumptive termination</b>
- <b>, _</b> _	date (the day the order will end) is w		
	listed on the current Income Withhold	ling Order: (9a)	(Month/Day/Year)
	To the <i>new</i> date of :	(9b)	(Month/Day/Year)

Case No.

Do not write or sign below this line until you are instructed to do so by Court Clerk or Notary.

## **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.

Petitioner's Signature	Respondent's Signature
STATE OF	STATE OF
COUNTY OF	COUNTY OF
Subscribed and sworn to or affirmed before me this:(date)	Subscribed and sworn to or affirmed before me this:(date)
Ву	Ву
Deputy Clerk or Notary Public	Deputy Clerk or Notary Public
(notary seal)	(notary seal)
	resentative of the Attorney General's Division of Child this form before you file. (See Instructions)
gnature of DCSE representative	Date