Law Library Resource Center

INSTRUCTIONS: HOW TO FILL OUT ALL FORMS TO STOP AN INCOME WITHHOLDING ORDER by AGREEMENT

This request can be completed by either the person paying support or the person receiving support, <u>but</u> <u>must be signed by BOTH</u>. If the DES or the Division of Child Support Enforcement (DCSE) is involved in your case because either party has used the child support services of the state, the "Agreement" will have to be signed by a representative of DES or DCSE as well.

TO COMPLETE THESE FORMS YOU WILL NEED:

The date the current "Income Withholding Order" was signed. If you do not know this date, you can find it on the original "Income Withholding Order" in the court file.

ABOUT THE SIGNATURES NEEDED FOR THE "AGREEMENT TO STOP"

If both parties are not signing this Agreement at the same time, the person filing the Agreement may mail a copy of the Agreement to the other party. If the person receiving the papers agrees with the proposed change, he or she should sign the Agreement in the presence of a notary public, make a copy for his/her own records and return the notarized original to the person who is filing the papers.

If either party has used the services of the State of Arizona to establish or collect child support, you will also need a signature from a representative of DES or the Attorney General's Division of Child Support Enforcement (DCSE) on the Agreement before filing as well. If you don't know which of the four child support enforcement (also known as IV-D ("4D") offices in Maricopa County is handling your case, call 602-252-4045 and ask which regional office is handling your case and how to contact that office. Next, contact that office to find out how to get an Agency representative's signature. You may take the Agreement in to the office or mail it. If mailing, keep your signed original(s) and mail a copy to: Attorney General, Child Support Enforcement, P. O. Box 6123, Site Code 775 C, Phoenix, AZ 85005. Enclosing a self-addressed, stamped envelope for the Agency to mail the signed form back to you may speed the response time, or you may arrange to pick up the form from the Agency office.

HOW TO FILL OUT THE FORMS: TYPE OR PRINTCLEARLY, USING BLACK INK ONLY.

"AGREEMENT TO STOP INCOME WITHHOLDING ORDER"

Match each numbered item in the instructions with the same numbered item on the form, and 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 payments and the name of the person receiving payments.
- **(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 Maricopa 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) 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, if <u>child support</u> 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 <u>for each one that applies</u>.

Signatures/Notary Information: Do not sign until directed to do so by a Notary Public or A Clerk of Court. Sign only your own name. Do not fill out the rest of this page. Signing your name is a statement to the Court that the information submitted is true and correct under penalty of perjury. The DES/ IV-D ("4D") agency's representative's signature does not need to be notarized.

ORDER STOPPING INCOME WITHHOLDING ORDER (and MARICOPA COUNTY SUPPORT ORDERS)

Match the numbered instructions below with the matching numbers on the form.

- (1) Fill in the name of the person shown as the petitioner on the original "Income Withholding Order"
- (2) Fill in the name of the person shown as the respondent on the original "Income Withholding Order"
- (3) Fill in the case number ATLAS Number (if any) that appears on the original "Income Withholding Order"
- (4) Fill in the name of the person who is ordered to make payments (the Obligor).

STOP! Do NOT fill out the rest of *this* form. A Judicial Officer or court staff will complete the rest of the page. Go to the next form.

CURRENT EMPLOYER or OTHER PAYOR 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 payor, the person who has been making payments,
- Name and payroll address, fax and phone numbers for the payor's current employer OR other payor (the one(s) named in the *Income Withholding Order*),
- Name and payroll address, fax and phone numbers for the payor's previous employer or other payor.

WHEN YOU HAVE COMPLETED THESE FORMS, GO TO THE "PROCEDURES" PAGE AND FOLLOW THE STEPS LISTED THERE.