

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

Name of Petitioner (in original case) (2)

(3) CASE NO: _____

PETITION FOR EX PARTE INCOME WITHHOLDING ORDER A.R.S. §25-504

Name of Respondent (in original case)

On (4) _____ (date), (5) _____, the person ordered to pay support, was ordered in (6) _____ (name of court, example: "Superior Court") in (7) _____ (location of court: county and state) to pay:

- (8)
- \$ _____ monthly child support payment
 - \$ _____ monthly spousal maintenance payment
 - \$ _____ monthly child support arrearage payment
 - \$ _____ monthly spousal maintenance arrearage payment

(9) I request that an Ex Parte Income Withholding Order be issued because: (check all that apply)

- I am the person entitled to the support or I represent the agency entitled to collect the support, and there is no existing Income Withholding Order

- A past due obligation exists for child support, spousal support, spousal support arrears or interest and I request payment on past due support in the amount of \$_____ per month
- I am the person required to pay the support and there is no existing Income Withholding Order, and I hereby voluntarily request an Income Withholding Order be issued for payment of my obligation.

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ by
 (date)

_____.

(notary seal)

Deputy Clerk or Notary Public

Signature of person requesting Assignment

Name of Agency if Applicable