Person Filing:		
Address (if not protected):		
City, State, Zip Code:		
Telephone:		
Email Address:		
Lawyer's Bar Number:		FOR CLERK'S USE ONLY
Representing Self, without a Lawyer or Attorn	ney for Petitioner OR	Respondent
	OURT OF ARIZON	IA
	Case Number:	
Name of Petitioner/Party A	Atlas Number:	
	WITH	MODIFYING INCOME HOLDING ORDER A.R.S. § 25-504
Name of Respondent/Party B	•	
The Court having received and reviewed the Pe and/or objection to the same, and good cause a IT IS HEREBY ORDERED:  DENYING the "Petition to Modify Income W	ppearing,	hholding Order, any response
Spousal Maintenance Cash Medical Support Payment on Support Arrears Other SUB-TOTAL Clearinghouse handling fee	Party B shall pay:	
IOIAL PER MONTH		

**IT IS FURTHER ORDERED** that a modified Income Withholding Order shall be transmitted to the obligor/payor's employer.

IT IS FURTHER ORDERED that the Clerk of the Superior Court shall:
release any monies currently in the Clearinghouse's possession based on an Order directing the Clerk of the Court to hold monies pending the direction of the Court:
to the obligee/payee in total and any future payments, <b>OR</b>
to the obligor/payor in total and any future payments, <b>OR</b>
to the obligee/payee in the amount of \$ The remainder and any future payment shall be sent to the obligor/payor, <b>OR</b>
release current support in the amount of \$ per month to the obligee/payee and the remainder, if any, to the obligor/payor, <b>OR</b>
Other.
OR
disburse any monies received by the Clerk/Clearinghouse, from the date of this Order,
from the obligor/payor/employer in the amount of \$ to the obligee/payee and return the remainder to the obligor/payor.
OR
To return any monies received by the Clerk/Clearinghouse, from the date of this Order, from the obligor/payor/employer to the obligor/payor.
OR
Other.
:
Judicial Officer

DATED: