

YAVAPAI COUNTY
Self-Service Center

**INSTRUCTIONS: REQUEST FOR HEARING ON REQUEST TO MODIFY
ORDER OF ASSIGNMENT/INCOME WITHHOLDING ORDER**

COMPLETE THIS FORM IF:

- ✓ You are the person receiving child support and/or spousal maintenance **AND**
- ✓ You have been served with a Request to Modify Order of Assignment/Income Withholding Order **AND**
- ✓ You believe the information in the Request is incorrect.

TO COMPLETE THIS FORM YOU WILL NEED:

- A copy of the Request to Modify Order of Assignment

HOW TO COMPLETE THIS FORM:

TYPE OR PRINT NEATLY IN BLACK INK.

1. Be sure your form is titled REQUEST FOR HEARING RE: REQUEST TO MODIFY ORDER OF ASSIGNMENT/INCOME WITHHOLDING ORDER on the right side of the page.
2. Type or print your name, mailing address and daytime phone number in the top left corner.
3. Type or print the names of the Petitioner and Respondent as shown on the Request to Modify Order of Assignment/Income Withholding Order.
4. Type or print the case number and ATLAS number assigned to your case.
5. In the paragraph, type or print your name of the first line and whether you are the Petitioner or Respondent on the second line.
6. Sign and date the Request.

WHEN YOU HAVE COMPLETED THE REQUEST FOR HEARING, you must mail a copy to the other party. ALSO, if either party is using the child support services of the IV-D agency for this case, a copy of the Request for Hearing must be mailed to the IV-D Agency.

GO ON TO: NOTICE OF HEARING