

Name: _____

Mailing Address: _____

Daytime Telephone: _____

Representing Self, Without a Lawyer

For Clerk's Use Only

IN THE SUPERIOR COURT OF ARIZONA, YAVAPAI COUNTY

Petitioner

and

Respondent

1300DO

Div. _____

ATLAS No. _____

**REQUEST FOR HEARING
RE: REQUEST TO STOP ORDER OF
ASSIGNMENT/INCOME WITHHOLDING
ORDER**

I, _____, am the [] Petitioner [] Respondent in this matter, and I request a hearing be set re the Request to Stop Order of Assignment/Income Withholding Order because the information contained in the Request to Stop Order of Assignment/Income Withholding Order is incorrect.

Date

Signature

Copy mailed to:

this date _____

By: _____