

**YAVAPAI COUNTY**  
**Self-Service Center**

**INSTRUCTIONS: REQUEST FOR HEARING ON REQUEST TO STOP  
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 Stop 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 Stop Order of Assignment/Income Withholding Order

**HOW TO COMPLETE THIS FORM:**

**TYPE OR PRINT NEATLY USING BLACK INK.**

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