

(1) Person Filing: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Daytime / Evening Phone: _____ / _____
 Person Filing Document is: Self or Attorney for Petitioner Respondent
 (If Attorney) State Bar No.: _____ Attorney Phone: _____

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA IN PINAL COUNTY

(2) _____
 Petitioner in original case

(3) Case No. _____

(2) _____
 Respondent in original case

(4) ATLAS No. _____

**AGREEMENT TO STOP
 INCOME WITHHOLDING ORDER (and
 ALL PINAL COUNTY SUPPORT ORDERS)
 A.R.S. § 25-504**

Note: If *any* current or past due child support or spousal maintenance payments are still owed, STOP! You have the wrong form. Review the forms to MODIFY the Income Withholding Order to see if appropriate for your situation.

The parties **agree** that all child support and spousal maintenance payments by the person ordered to make payments in this Case Number have been fully paid, or, to the extent any such payments have not been fully paid, the person entitled to receive payment expressly waives the other person's obligation to pay any unpaid payments. The parties further agree that the **"Income Withholding Order"** should be terminated immediately, and that all monies in possession of the Support Payment Clearinghouse upon receipt of a **Termination of all support obligations** shall be returned to the person ordered to make payments. The parties are signing this Agreement of their own free will and not under any fear or threat of force. This Agreement will forever end all child support orders, spousal maintenance orders and **"Income Withholding Order"** previously issued in this case.

I, (5) _____, the person ordered to make payments, and
 I, (5) _____, the person receiving payments, ask the Court to terminate the following **"Income Withholding Order"** (Order requiring an employer to withhold wages for child support or spousal maintenance):

"Income Withholding Order" issued: (6) _____ (Month/Day/Year)
 The **"Income Withholding Order"** was issued by: _____ (Name of Court)
 Located in this County: _____ (Name of County)
 Located in this State: _____ (Name of State)

The parties also ask the Court to terminate any underlying *Pinal County* child support or spousal maintenance (Support Orders).

Child Support Order issued: (7) _____ (Month/Day/Year)
 The Support Order was issued by: _____ (Name of Court)
 Located in this County: _____ (Name of County)
 Located in this State: _____ (Name of State)

Spousal Maintenance Order issued: (8) _____ (Month/Day/Year)
 The Support Order was issued by: _____ (Name of Court)
 Located in this County: _____ (Name of County)
 Located in this State: _____ (Name of State)

Case No. _____

(9) The **“Income Withholding Order”** should be terminated and any *Pinal County Support Orders* should be terminated *because*: Check the appropriate box(es) to explain why both Order(s) should be terminated.

- (a) All past due child support (back child support/arrearages/interest) has been paid and the person making payments is no longer obligated to pay current child support because all children named in the Child Support Order:
 1. are **18 and not attending high school** or a certified equivalency program, and / or
 2. are **19**, and / or
 3. have been **adopted**, and / or
 4. are **married**, and / or
 5. are **deceased**.
- All past due spousal maintenance (alimony arrearages/interest) has been paid/satisfied and the person making payments is no longer required to pay spousal maintenance.
- Legal decision making (child custody) has been changed by Order of this Court.
- We are remarried to each other. Copy of marriage license is attached.
- Case has been dismissed. Order of Dismissal is attached if not from this Court.
- Other condition for ending payments listed in the underlying support order has occurred. Describe:

Do not write or sign below this line until you are instructed to do so by Court Clerk or Notary.

We affirm under penalty of perjury the information provided on this document is true and correct.

Petitioner’s Signature

Date

Affirmed before me this date:

Seal/My Commission expires

Deputy Clerk or Notary Public

Respondent’s Signature

Date

Affirmed before me this date:

Seal/My Commission expires

Deputy Clerk or Notary Public

If the State of Arizona (DES) is a party to your case, a representative of DES or its Division of Child Support Services (DCSS) **must also sign this form before you file.**

Signature of DES/DCSE representative

Date