

PETITION TO MODIFY ORDER OF ASSIGNMENT/INCOME WITHHOLDING ORDER



PINAL COUNTY

**WHEN CURRENT CHILD SUPPORT IS NO LONGER OWED BUT
THERE IS STILL ARREARAGES (BACK CHILD SUPPORT) OWING**

INSTRUCTIONS AND FORMS

**Provided as a Public Service by
Chad A. Roche
Clerk of the Superior Court**

PETITION TO MODIFY (CHANGE) AN ORDER OF ASSIGNMENT/INCOME WITHHOLDING ORDER

This packet contains court forms and instructions to file a "Petition to Modify an Order of Assignment/Income Withholding Order." The documents needed are listed below.

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You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents. It is strongly recommended that you contact an attorney to assist you in completing these forms if you have any questions. You should contact an attorney that handles Domestic Relations to find out what to do.

INSTRUCTIONS

How to fill out the Petition to Modify an “Order of Assignment/Income Withholding Order”

This Request can be completed by the person paying support (the Obligor) **OR** the person receiving support (the Obligee).

Complete this form if an “**Order of Assignment/Income Withholding Order**” has been ordered in Pinal County, **AND** you wish to modify the order because the person paying support no longer owes:

- ✓ Current Child Support **or**
- ✓ Child support arrearages (back child support) and interest **or**
- ✓ Current spousal support **or**
- ✓ Spousal Support arrearages (back alimony) and interest

To complete this form you will need the date the “Order of Assignment/Income Withholding Order” was signed. If you do not know this date, you can find it on the original “Order of Assignment/Income Withholding Order” maintained in the court file.

How to Complete this Form: Type or print neatly using black ink.

Follow the instructions given below. Match each numbered step in the instructions with the item on the attached form that have the same number:

PETITION TO MODIFY ORDER OF ASSIGNMENT/INCOME WITHHOLDING ORDER:

1. Type or print the name, address and telephone number of the person filing the form. An attorney who is filing the Request must also list the name of the person represented and the attorney’s State Bar Number. Enter the ATLAS number, if known.
2. Fill in the name of the county where you will be filing your paperwork. (This may already be printed on the form.)
3. Type or print the name of the person shown as the petitioner on the original “**Order of Assignment/Income Withholding Order.**”
4. Type or print the name of the person shown as the respondent on the original “**Order of Assignment/Income Withholding Order.**”
5. Type or print the case number that appears on the original “**Order of Assignment/Income Withholding Order.**”
6. Type or print your name here.
7. Type or print the name of the person ordered to make payments.
8. Type or print the name of the person receiving payments.
9. Be sure to type or print on the blank lines the information of the last “Order of Assignment/Income Withholding Order” that was signed.
If appropriate, complete any additional blanks and attach documentation as needed.
10. Complete this section if you want to change or adjust the “**Order of Assignment/Income Withholding Order.**” Mark the box or boxes that best explains why you think the order should be changed or adjusted.

11. Type or print the current amount of the Order of Assignment/Income Withholding Order and the new amount the Order of Assignment/Income Withholding Order should be changed to.
12. Complete this section if the presumptive termination date is wrong.
13. Date and sign your name before a Notary Public or Deputy Clerk. By signing your name, you are stating under oath that the contents of this request are true and correct to the best of your knowledge.

ORDER OF ASSIGNMENT/INCOME WITHHOLDING ORDER:

Fill in the name of the person shown as the Petitioner on the "*Petition to Modify.*" Fill in the name of the person shown as the Respondent on the "*Petition to Modify.*"

- 1 & 2. Fill in the case number and ATLAS number that appears on the original "Order of Assignment/Income Withholding Order."
3. Fill in the name and social security number of the person obligated to make support payments.

STOP. The Judicial officer or staff will complete the rest of this page.

CURRENT EMPLOYER INFORMATION SHEET: Fill in the information request on this form

- * Case Number
- * ATLAS Number
- * Name of Employer and payroll address, phone and fax numbers or other payor of funds for person who has been making payments.

INSTRUCTIONS AND FORMS FOR REQUEST FOR HEARING AND NOTICE OF HEARING:

Do not complete any section of these forms. These forms are to be served on the other party along with a copy of the Petition to Modify Order of Assignment/Income Withholding Order.

ACCEPTANCE OF SERVICE FORM:

Complete the name of the Petitioner, the name of the Respondent and case number. Do not continue further. The rest must be completed by the other party who accepts service.

WHEN YOU HAVE COMPLETED THESE FORMS, GO TO THE "PROCEDURES" AND FOLLOW THE STEPS LISTED THERE.

PROCEDURES

What to Do After You Have Completed the Petition and Forms to Modify an “Order of Assignment/Income Withholding Order”

STEP 1: **MAKE TWO COPIES*** (or 3, if the State DES/ Dept of Child Support Enforcement is involved) of the:

◆ **Petition to Modify Order of Assignment/Income Withholding Order**

STEP 2: Separate your papers into three sets* (4, if DES or Dept of Child Support Enforcement is involved)

<p>Set 1 – ORIGINALS to file with the Clerk of Superior Court:</p> <ul style="list-style-type: none">(1) Petition to Modify Order of Assignment/Income Withholding Order(2) Current Employer Information Sheet(3) Original Order of Assignment/Income Withholding Order <p>AND 2 Self Addressed, Stamped envelopes: One addressed to you; One addressed to the Other Party</p>	<p>Set 2 – COPY for the Other Party</p> <ul style="list-style-type: none">(1) Petition to Modify Order of Assignment/Income Withholding Order(2) Instructions and forms for Request for Hearing and Notice of Hearing <hr/> <p>Set 3 – COPY for You</p> <ul style="list-style-type: none">(1) Petition to Modify Order of Assignment/Income Withholding Order <hr/> <p>Set 4 – COPY for State (*if required)</p> <ul style="list-style-type: none">(1) Petition to Modify Order of Assignment/Income Withholding Order(2) Acceptance of Service
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STEP 3: **FILE THE PAPERS WITH THE CLERK OF THE COURT.** We have four office locations where you can file your papers:

Pinal County Justice Complex
971 N. Jason Lopez Circle Bldg. A
Florence AZ 85132
(520) 866-5300

Apache Junction Office
575 N. Idaho Rd. Suite 109
Apache Junction, AZ 85119
(520) 866-5300

Casa Grande Office
820 E. Cottonwood Lane Bldg. B
Casa Grande, AZ 85122
(520) 866-5300

Mammoth Office
(Temporarily Closed)

FILING FEE: There is a filing fee for filing this Application and there may be other charges associated with this process. Inquire with the Clerk’s office regarding the filing fee amount. The fee is payable to the Clerk of the Superior Court by money order, personal check with proper identification, Cash, Visa, Master card, debit or credit.

Go online to www.pinalcountyaz.gov/cosc and choose “Filing Fees” for current fees.

If you cannot pay these fees and you qualify, you may request the fee(s) be deferred or waived. The Clerk of the Superior Court has the necessary forms to ask for a deferral or waiver. With the Application for Deferral, you must provide proof of income (copy of your last 2 most recent paystubs).

Hand the originals and all set of copies to the clerk at the filing counter and along with your method of payment. The Clerk will keep the original, stamp the extra copies to show that the original document was filed with the Court. The clerk will return the stamped copies to you. The stamped copies are called "conformed" copies.

STEP 4: MAKE SURE YOU GET BACK FROM THE DEPUTY CLERK THE FOLLOWING:

- Your conformed copy
- The other party's stamped copy
- The copy for DES / Dept of Child Support Enforcement (if required)

STEP 5: SERVE THE PAPERS ON THE OTHER PARTY(IES). The copy of the Request to Modify and Parent's Worksheet may be delivered by the Sheriff's Office, a licensed process server, commercial delivery service or mail by which you can obtain an original or copy of the other party's signature confirming delivery, or by an notarized **Acceptance of Service**, signed by the other party(ies). Whatever method you choose, the original proof of service must be filed with the Clerk of the Court.

Service on the State of Arizona: If the County Attorney Child Support Division has been involved with your case, you **MUST** also serve the County Attorney's office. The County Attorney's office will ACCEPT service. You must deliver an Acceptance of Service form to the Child Support Division of the County Attorney's office:

Pinal County Attorney
Division of Child Support Enforcement
P.O. Box 608
Florence AZ 85132

After the Child Support Office signs the Acceptance of Service, you **MUST** file the original signed Acceptance of Service with the Clerk of the Court.

STEP 6: WAIT. If the other party is served in the State of Arizona, the person has **20 days** from the date of service to file a Request for Hearing. If the party is served outside of Arizona has **30 days** from the date of service to file a Request for Hearing.

If a Request for Hearing is filed and a hearing is set, you will receive written notice of the date, time and location to appear for Court. **OR**

After the time has lapsed and no party requests a hearing, the Judge may grant your request and sign the Order of Assignment/Income Withholding Order. **OR**

The Judge may schedule a hearing to obtain further information and all parties will receive written notice of the date, time and location to appear for Court.

For more information review the Rules of Family Law Procedures.

Forms can be found at: <http://pinalcountyaz.gov/coscForms>

(1)

Name of Person Filing: _____

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Email Address: _____

ATLAS Number (if applicable) _____

Representing Self (No Attorney) or Represented by Attorney

If Attorney, Bar Number: _____

SUPERIOR COURT OF ARIZONA

(2) PINAL COUNTY

Regarding the Matter of

(3) _____
Name of Petitioner (in original case)

CASE NUMBER: (5) _____

**PETITION TO MODIFY ORDER OF
ASSIGNMENT/INCOME WITHHOLDING
ORDER**

A.R.S. § 25-504

(4) _____
Name of Respondent (in original case)

HONORABLE: _____

An Order of Assignment/Income Withholding Order is a court order that requires an employer to withhold money from the Person ordered to pay child support and /or spousal maintenance (alimony)

(6) I _____, ask the court to modify the **Order of Assignment/Income Withholding Order** (Order requiring an employer or other party to withhold funds for child support or spousal maintenance) in which:

(7) _____ Is the person ordered to make payments, and

(8) _____ Is the person entitled to receive payments.

Issued this date: (9) _____ (month / day / year)

Issued by this Court: (9) _____ (Name of Court)

Located in this County: (9) _____ (Name of County)

Located in this State: (9) _____ (Name of State)

(13)

OATH OR AFFIRMATION

I swear or affirm that the information on this document is true and correct to the best of my knowledge

Date

Signature

State of Arizona)

County of _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 _____

by _____
Name of Signer

Commission Expires

Notary Public

NOTICE TO THE PARTY SERVED WITH THIS PETITION. If you do not agree with the Petition, you have twenty, (20) days, or thirty (30) days if service is made outside the state of Arizona, in which to respond by completing the attached petition for hearing. If requested, a hearing will be set.

If you do not request a hearing in writing within the time allowed, the Court will review the Petition to Modify Order of Assignment/Income Withholding Order and grant the request, if appropriate.

INCOME WITHHOLDING FOR SUPPORT

- ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
- AMENDED IWO
- ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT
- TERMINATION of IWO

Date: _____

Child Support Enforcement (CSE) Agency Court Attorney Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions <http://www.acf.hhs.gov/programs/cse/newhire/employer/publication/publication.htm#forms>). If you receive this document from someone other than a State or Tribal CSE agency or a Court, a copy of the underlying order must be attached.

State/Tribe/Territory _____ Remittance Identifier (include w/payment) _____
 City/County/Dist./Tribe _____ Order Identifier _____
 Private Individual/Entity _____ CSE Agency Case Identifier _____

Employer/Income Withholder's Name _____ Employer/Income Withholder's Address _____ _____ Employer/Income Withholder's FEIN _____ Child(ren)'s Name(s) (Last, First, Middle) _____ _____ _____ _____ _____ _____	RE:	Employee/Obligor's Name (Last, First, Middle) _____ Employee/Obligor's Social Security Number _____ Custodial Party/Obligee's Name (Last, First, Middle) _____ <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"></div>
Child(ren)'s Birth Date(s) _____ _____ _____ _____ _____ _____		

ORDER INFORMATION: This document is based on the support or withholding order from _____ (State/Tribe). You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ _____	Per _____	current child support	
\$ _____	Per _____	past-due child support - Arrears greater than 12 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
\$ _____	Per _____	current cash medical support	
\$ _____	Per _____	past-due cash medical support	
\$ _____	Per _____	current spousal support	
\$ _____	Per _____	past-due spousal support	
\$ _____	Per _____	other (must specify) _____	

for a **Total Amount to Withhold** of \$ _____ Per _____

AMOUNTS TO WITHHOLD: You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ _____	per weekly pay period	\$ _____	per semimonthly pay period (twice a month)
\$ _____	per biweekly pay period (every two weeks)	\$ _____	per monthly pay period

\$ _____ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is _____ (State/Tribe), you must begin withholding no later than the first pay period that occurs _____ days after the date of _____. Send payment within _____ working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to _____% of disposable income for all orders. If the employee/obligor's principal place of employment is not _____ (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees at http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm for the employee/obligor's principal place of employment.

For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit [SDU]), see http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm.

Include the **Remittance Identifier with the payment** and if necessary this FIPS code: _____.

Remit payment to _____ (SDU/Tribal Order Payee)
at: _____ (SDU/Tribal Payee Address)

Return to Sender [Completed by Employer/Income Withholder]. Payment must be directed to an SDU in accordance with 42 USC §666(b)(5) and (b)(6) or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

Signature of Judge/Issuing Official (if required by State or Tribal law): _____
Print Name of Judge/Issuing Official: _____
Title of Judge/Issuing Official: _____
Date of Signature: _____

If the employee/obligor works in a State or for a Tribe that is different from the State or Tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at:
http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm

Priority: Withholding for support has priority over any other legal process under State law against the same income (USC 42 §666(b)(7)). If a Federal tax levy is in effect, please notify the sender.

Combining Payments: When remitting payments to an SDU or Tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

Payments To SDU: You must send child support payments payable by income withholding to the appropriate SDU or to a Tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a Court, Attorney, or Private Individual/Entity and the initial order was entered before January 1, 1994 or the order was issued by a Tribal CSE Agency, you must follow the "Remit payment to" instructions on this form.

Reporting the Pay Date: You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the State (or Tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

Multiple IWOs: If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to Federal, State, or Tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the State or Tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

Lump Sum Payments: You may be required to notify a State or Tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by State or Tribal law/procedure. _____

Anti-discrimination: You are subject to a fine determined under State or Tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO.

Employer's Name: _____ Employer FEIN: _____
Employee/Obligor's Name: _____
CSE Agency Case Identifier: _____ Order Identifier: _____

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 U.S.C. 1673(b)); or 2) the amounts allowed by the State or Tribe of the employee/obligor's principal place of employment (see *REMITTANCE INFORMATION*). Disposable income is the net income left after making mandatory deductions such as: State, Federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The Federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% - to 55% and 65% - if the arrears are greater than 12 weeks. If permitted by the State or Tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

For Tribal orders, you may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employers/income withholders who receive a State IWO, you may not withhold more than the lesser of the limit set by the law of the jurisdiction in which the employer/income withholder is located or the maximum amount permitted under section 303(d) of the CCPA (15 U.S.C. 1673 (b)).

Depending upon applicable State or Tribal law, you may need to also consider the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

Arrears greater than 12 weeks? If the *Order Information* does not indicate that the arrears are greater than 12 weeks, then the Employer should calculate the CCPA limit using the lower percentage.

Additional Information: _____

NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS: If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, an employer must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the Contact Information below:

- This person has never worked for this employer nor received periodic income.
- This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known phone number: _____

Last known address: _____

Final payment date to SDU/ Tribal Payee: _____ Final payment amount: _____

New employer's name: _____

New employer's address: _____

CONTACT INFORMATION:

To Employer/Income Withholder: If you have any questions, contact _____ (Issuer name) by phone at _____, by fax at _____, by email or website at: _____.

Send termination/income status notice and other correspondence to: _____ (Issuer address).

To Employee/Obligor: If the employee/obligor has questions, contact _____ (Issuer name) by phone at _____, by fax at _____, by email or website at: _____.

PRESUMPTIVE TERMINATION DATE:

This order is presumed to terminate on <_____> when the youngest child who is subject to this order is expected to emancipate as defined in A.R.S. §§ 25-320 and 25-501. The presumptive termination date of this order may be modified by the court upon changed circumstances.

NOTE TO EMPLOYERS/OTHER WITHHOLDERS:

If the most recent Order of Assignment or Income Withholding Order in the case is for current child support only, you should discontinue withholding monies after the last pay period of the month of the presumptive termination date above. If the Order of Assignment or Income Withholding Order includes current child support and an arrearage payment, you should continue withholding the entire amount listed on the order until further notice.

Important: The person completing this form is advised that the information may be shared with the employee/obligor.

INCOME WITHHOLDING FOR SUPPORT

- ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
- AMENDED IWO
- ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT
- TERMINATION of IWO

Date: _____

Child Support Enforcement (CSE) Agency
 Court
 Attorney
 Private Individual/Entity
 (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions <http://www.acf.hhs.gov/programs/cse/newhire/employer/publication/publication.htm#forms>). If you receive this document from someone other than a State or Tribal CSE agency or a Court, a copy of the underlying order must be attached.

State/Tribe/Territory _____ Remittance Identifier (include w/payment) _____
 City/County/Dist./Tribe _____ Order Identifier _____
 Private Individual/Entity _____ CSE Agency Case Identifier _____

Employer/Income Withholder's Name	RE:	Employee/Obligor's Name (Last, First, Middle)
Employer/Income Withholder's Address		Employee/Obligor's Social Security Number
Employer/Income Withholder's FEIN		Custodial Party/Obligee's Name (Last, First, Middle)
Child(ren)'s Name(s) (Last, First, Middle)	Child(ren)'s Birth Date(s)	

ORDER INFORMATION: This document is based on the support or withholding order from _____ (State/Tribe). You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ _____	Per _____	current child support	
\$ _____	Per _____	past-due child support - Arrears greater than 12 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
\$ _____	Per _____	current cash medical support	
\$ _____	Per _____	past-due cash medical support	
\$ _____	Per _____	current spousal support	
\$ _____	Per _____	past-due spousal support	
\$ _____	Per _____	other (must specify) _____	

for a **Total Amount to Withhold** of \$ _____ Per _____

AMOUNTS TO WITHHOLD: You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ _____ per weekly pay period	\$ _____ per semimonthly pay period (twice a month)
\$ _____ per biweekly pay period (every two weeks)	\$ _____ per monthly pay period

\$ _____ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is _____ (State/Tribe), you must begin withholding no later than the first pay period that occurs _____ days after the date of _____. Send payment within _____ working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to _____% of disposable income for all orders. If the employee/obligor's principal place of employment is not _____ (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees at http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm for the employee/obligor's principal place of employment.

For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit [SDU]), see http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm.

Include the **Remittance Identifier with the payment** and if necessary this FIPS code: _____.

Remit payment to _____ (SDU/Tribal Order Payee)
at: _____ (SDU/Tribal Payee Address)

Return to Sender [Completed by Employer/Income Withholder]. Payment must be directed to an SDU in accordance with 42 USC §666(b)(5) and (b)(6) or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

Signature of Judge/Issuing Official (if required by State or Tribal law): _____
Print Name of Judge/Issuing Official: _____
Title of Judge/Issuing Official: _____
Date of Signature: _____

If the employee/obligor works in a State or for a Tribe that is different from the State or Tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at: http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm

Priority: Withholding for support has priority over any other legal process under State law against the same income (USC 42 §666(b)(7)). If a Federal tax levy is in effect, please notify the sender.

Combining Payments: When remitting payments to an SDU or Tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

Payments To SDU: You must send child support payments payable by income withholding to the appropriate SDU or to a Tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a Court, Attorney, or Private Individual/Entity and the initial order was entered before January 1, 1994 or the order was issued by a Tribal CSE Agency, you must follow the "Remit payment to" instructions on this form.

Reporting the Pay Date: You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the State (or Tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

Multiple IWOs: If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to Federal, State, or Tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the State or Tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

Lump Sum Payments: You may be required to notify a State or Tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by State or Tribal law/procedure. _____

Anti-discrimination: You are subject to a fine determined under State or Tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO. _____

Employer's Name: _____ Employer FEIN: _____
Employee/Obligor's Name: _____
CSE Agency Case Identifier: _____ Order Identifier: _____

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 U.S.C. 1673(b)); or 2) the amounts allowed by the State or Tribe of the employee/obligor's principal place of employment (see *REMITTANCE INFORMATION*). Disposable income is the net income left after making mandatory deductions such as: State, Federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The Federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% - to 55% and 65% - if the arrears are greater than 12 weeks. If permitted by the State or Tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

For Tribal orders, you may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employers/income withholders who receive a State IWO, you may not withhold more than the lesser of the limit set by the law of the jurisdiction in which the employer/income withholder is located or the maximum amount permitted under section 303(d) of the CCPA (15 U.S.C. 1673 (b)).

Depending upon applicable State or Tribal law, you may need to also consider the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

Arrears greater than 12 weeks? If the *Order Information* does not indicate that the arrears are greater than 12 weeks, then the Employer should calculate the CCPA limit using the lower percentage.

Additional Information: _____

NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS: If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, an employer must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the Contact Information below:

- This person has never worked for this employer nor received periodic income.
- This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known phone number: _____

Last known address: _____

Final payment date to SDU/ Tribal Payee: _____ Final payment amount: _____

New employer's name: _____

New employer's address: _____

CONTACT INFORMATION:

To Employer/Income Withholder: If you have any questions, contact _____ (Issuer name) by phone at _____, by fax at _____, by email or website at: _____.

Send termination/income status notice and other correspondence to: _____ (Issuer address).

To Employee/Obligor: If the employee/obligor has questions, contact _____ (Issuer name) by phone at _____, by fax at _____, by email or website at: _____.

PRESUMPTIVE TERMINATION DATE:

This order is presumed to terminate on <_____> when the youngest child who is subject to this order is expected to emancipate as defined in A.R.S. §§ 25-320 and 25-501. The presumptive termination date of this order may be modified by the court upon changed circumstances.

NOTE TO EMPLOYERS/OTHER WITHHOLDERS:

If the most recent Order of Assignment or Income Withholding Order in the case is for current child support only, you should discontinue withholding monies after the last pay period of the month of the presumptive termination date above. If the Order of Assignment or Income Withholding Order includes current child support and an arrearage payment, you should continue withholding the entire amount listed on the order until further notice.

Important: The person completing this form is advised that the information may be shared with the employee/obligor.

CURRENT EMPLOYER, OR OTHER PAYOR INFORMATION

This Form Must Be Completed For:

- An Order of Assignment/Income Withholding Order
- Order to Stop an Order of Assignment/Income Withholding Order
- Notification of a Change of Employer or Other Payor

Case Number: _____ Atlas Number: _____

Payor Name: _____
(Person Responsible To Make Payments)

Current Employer/Other Payor Name: _____

Current Employer/Other Payor Payroll/Financial Department Address:

City: _____ State: _____ Zip: _____

Employer/Other Payor Telephone: _____

Employer/Other Payor Fax: _____

For Court Use Only. Do Not Write Below This Line.

Mailed To New Employer:

Date

By

Entered In Computer

Information Obtained:

- Court
- Recipient
- Non Custodial Parent
- Attorney: _____

Cc: Child Support

INSTRUCTIONS AND FORMS

Request for Hearing and Notice of Hearing

(On a Petition to Modify an Order of Assignment/Income Withholding Order)

COMPLETE THESE FORMS IF:

- ✓ A Petition to Modify Order of Assignment/Income Withholding Order has been filed, **and**
- ✓ You want to have a hearing to explain your position.

TO REQUEST A HEARING YOU WILL NEED:

- ✓ To obtain and complete the "Request for Hearing" and "Notice of Hearing" form

FOLLOW THESE INSTRUCTIONS NUMBERED TO MATCH THE IDENTIFYING NUMBERS ON THE FORM. TYPE OR PRINT NEATLY USING BLACK INK.

- (1) Fill in the name, address, and phone number of the person filing the form. (The spaces marked representing and state bar number is used only if an attorney is preparing this form).
- (2) Fill in the name of the county that appears in this space on the Request for Hearing. (This may already be printed on the form).
- (3) Fill in the name of the person shown as the petitioner on the Petition to Stop Order of Assignment/Income Withholding Order.
- (4) Fill in the name of the person shown as the respondent on the Petition to Stop Order of Assignment/Income Withholding Order.
- (5) Fill in the case number that appears on the Petition to Stop Order of Assignment/Income Withholding Order.
- (6) Date and sign here before a Notary Public or a Deputy Clerk of the Court. By signing, you are stating under oath that the contents of this Request for Hearing are true and correct to the best of your knowledge.
- (7) Leave this area blank; it will be completely by personnel at the Office of the Clerk of the Superior Court when you file these documents.
- (8) List the name and current mailing address of the other party to this action. If you are using the child support services of the Department of Economic Security (DES) you **MUST** also mail a copy of this Request for Hearing and Notice of Hearing to the Department of Economic Security.
- (9) Sign and date the form to indicate that you will mail the Request for Hearing and Notice of Hearing as indicated.

WHEN YOU HAVE COMPLETED THIS FORM:

Give the form to the Clerk of the Superior Court. The Clerk's office will fill in the date, time and place of the Hearing and have the notice signed.

IMMEDIATELY AFTER THE COURT SETS THE HEARING & FILLS IN THE INFORMATION IN NUMBER 7:

You must mail a copy of the Request for Hearing and Notice of Hearing as indicated in item 8.

(1)

Name of Person Filing: _____

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Email Address: _____

ATLAS Number (if applicable) _____

Representing Self (No Attorney) or Represented by Attorney

If Attorney, Bar Number: _____

SUPERIOR COURT OF ARIZONA
(2) PINAL COUNTY

(3)

Name of Petitioner

CASE NUMBER: (5) _____

**REQUEST FOR HEARING
AND NOTICE OF HEARING**

(Petition to Modify an Order of Assignment/Income
Withholding Order)

(4)

Name of Respondent

HONORABLE: _____

A Petition to Stop Order of Assignment/Income Withholding Order has been filed.

The information provided in the Petition is not accurate. I request that a hearing be set so that I can explain to the judge or commissioner, my position.

OATH AND VERIFICATION

I have read this document and the information is true and correct to the best of my knowledge.

Date

Signature

State of Arizona)

)

County of _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 _____

by _____

Name of Signer

Commission Expires

Notary Public

Name of Person Filing: _____
 Street Address: _____
 City, State, Zip Code: _____
 Telephone Number: _____
 Email Address: _____
 ATLAS Number (if applicable) _____
 Representing Self (No Attorney) or Represented by Attorney
 If Attorney, Bar Number: _____

**SUPERIOR COURT OF ARIZONA
 PINAL COUNTY**

 Name of Petitioner CASE NUMBER: DO2

**FAMILY COURT
 ACCEPTANCE OF SERVICE
 A.R.F.L.P. RULE 40**

 Name of Respondent HONORABLE: _____

Check the box to indicate each document you received. Do **not** check the box unless you received the document listed beside it. If your case is not one of the types listed, list the type of case and the documents you received from the other party under "Other Type Case" on the next page.

1. BY SIGNING THIS DOCUMENT, I STATE UNDER OATH OR AFFIRMATION THAT I HAVE RECEIVED AND ACCEPTED THE LEGAL PAPERS INDICATED (CHECKED) BELOW

**DIVORCE (OR ANNULMENT)
 WITH CHILDREN**

- Petition
- Summons
- Preliminary Injunction
- Health Insurance Notice
- Parent Info. Program Notice
- Notice to Creditors
- Affidavit Regarding Minor Children
- Parenting Plan
- Child Support Worksheet

**LEGAL SEPARATION
 WITH CHILDREN**

- Petition
- Summons
- Preliminary Injunction
- Health Insurance Notice
- Parent Info. Program Notice
- Notice to Creditors
- Affidavit Regarding Minor Children
- Parenting Plan
- Child Support Worksheet

TEMPORARY ORDERS

- Motion for Temporary Order
- Order to Appear
- Temporary Orders
- Affidavit of Financial Info.
- Child Support Worksheet
- Parenting Plan

**DIVORCE (OR ANNULMENT)
 WITHOUT CHILDREN**

- Petition
- Summons
- Preliminary Injunction
- Health Insurance Notice
- Notice to Creditors

**LEGAL SEPARATION
 WITHOUT CHILDREN**

- Petition
- Summons
- Preliminary Injunction
- Health Insurance Notice
- Notice to Creditors

PATERNITY (TO ESTABLISH)

- Petition
- Summons
- Parent Info. Program Notice
- Affidavit Regarding Minor Children
- Parenting Plan
- Child Support Worksheet

CHILD LEGAL DECISION-MAKING, PARENTING TIME, SUPPORT

(to establish when paternity already *legally* established)

- Petition
- Summons
- Parent Info. Program Notice
- Affidavit Regarding Minor Children
- Parenting Plan
- Child Support Worksheet

ENFORCEMENT

- Petition
- Order to Appear

MODIFY CHILD SUPPORT 15% OR MORE

("Simplified Mod")

- Petition to Modify
- Parents Worksheet for Child Support
- Blank Request for Hearing

MODIFY CHILD SUPPORT ("Standard Mod")

- Petition to Modify Child Support – Std. Process
- Affidavit of Financial Information
- Order to Appear

**STOP ORDER OF ASSIGNMENT/
INCOME WITHHOLDING ORDER**

- Petition to Stop Order of Assignment
- Blank Request for Hearing

CHILD SUPPORT

(to establish when paternity already *legally* established)

- Petition
- Order to Appear
- Child Support Worksheet

**MODIFY SPOUSAL MAINTENANCE OR SPOUSAL
AND CHILD SUPPORT ("Standard Mod")**

- Petition to Modify Support Order
- Order to Appear
- Affidavit of Financial Information

**MODIFY CHILD LEGAL DECISION-MAKING &/OR
PARENTING TIME AND SUPPORT**

- Petition to Modify
- Parents' Worksheet for Child Support
- Notice of Filing for Modification of Legal decision-making
- Affidavit Regarding Minor Children

**MODIFY (Change) ORDER OF ASSIGNMENT/
INCOME WITHHOLDING ORDER**

- Petition to Modify Order of Assignment
- Blank Request for Hearing

LIST OTHER CASE TYPE HERE: (Example: "Annulment") _____
(Below, list name of each document you received: Example: "Petition for Annulment", "Summons", etc.)

- 2. ACCEPT AND WAIVE FORMAL SERVICE.** I waive formal service of process by a process server or sheriff. I understand accepting these papers is the same as if I were personally served under Arizona Law [A.R.F.L.P. Rule 40 (F)]
- 3. RESPONSE DEADLINE.** I am aware that accepting service of these court papers and signing this paper does not affect my right or obligation to file a written Response or Answer to this action if I do not agree with any relief asked for in the Petition. I understand I must Respond or Answer within **20** days from the day I signed the original of this Acceptance of Service if I accepted service in Arizona, or **30** days if I received the papers somewhere other than in Arizona.
- 4. DEFAULT JUDGMENT, ORDER OR DECREE.** I understand that if I do not appear and defend in this action in court, within the time allowed by law, that I may lose my right to be heard in this case. I understand that failure to Respond or Answer could result in the court giving the other party any and all things requested in his or her legal papers, through a Default Judgment, Order or Decree.

5. RESTORE NAME. (ONLY in Divorce, Legal Separation or Annulment Cases.)

My complete married name is: (Complete ONLY if you want to change your name)

I want my legal name restored to: (List complete maiden name or legal name before this marriage)

BY SIGNING BELOW, I swear or affirm that I have read and understand the contents of this document and that I have received and accepted the legal documents indicated above.

Date

Signature

State of Arizona)

)

County of _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 _____

by _____

Name of Signer

Commission Expires

Notary Public