

# AGREEMENT TO MODIFY CHILD SUPPORT

WHEN ALL PARTIES WILL SIGN  
AGREEMENT TO MODIFY  
FORMS

For Child Support and/or Spousal Maintenance you may  
also need the following forms C17.

## **INSTRUCTIONS: How to Complete All Forms Needed to Submit an “AGREEMENT TO MODIFY CHILD SUPPORT”**

Use the **FREE** online child support calculator at the Maricopa County Superior Court website to produce the **Parents Worksheet for Child Support** that **MUST** be turned in along with this **Agreement**.

Using the online calculator is FREE (access to the Internet and a printer required).

If you do not have access to the Internet and/or a printer, you may use the computers at all Superior Court Self-Service Center locations for free and print out the Parents Worksheet produced by the online calculator as well. There is a small, per-page charge for printing.

- Go to the Maricopa County Superior Court Website EZCourt
- Click “**Child Support Calculator**” on right side of the web page.
- Fill in the information requested and print out the **Worksheet**.

### **Advantages of Using the Online Child Support Calculator**

- The online calculator is free.
- The online calculator does the math for you
- The online calculator produces a neater, more readable worksheet.
- The online calculator produces a more accurate child support calculation, **AND**
- **You don’t have to go through 37 pages of Guidelines and Instructions**

If you want to perform the calculations yourself, you will need an additional 39 pages of guidelines, instructions, and the Parents Worksheet itself. These are available for separate purchase from the SSC as part of the “**Child Support**” packet, or may be downloaded for free from the Maricopa County Superior Court Webpage.

You may also attend the free “How to Complete Papers to Modify Child Support” Workshop described in the flyer that appears at the beginning of this packet.

### **COMPLETE THE “AGREEMENT TO MODIFY CHILD SUPPORT”**

ALL Parties Must Sign this Agreement. That means:

1. **BOTH parents** must sign in front of a Clerk at the Filing Counter *or* a **Notary**, **and**
2. **If the State of Arizona (DES / DCSE) is involved, a representative of the Arizona Attorney General’s office, DCSE, must ALSO sign** before you turn in the papers.

### **OTHER FORMS YOU MAY NEED**

#### **Current Employer Information Sheet (CEI)**

Complete a CEI for the parent who is paying child support under the current court order.

If this agreement changes which *parent* pays child support, include a CEI for both parents.

#### **Order Stopping Income Withholding Order**

IF the agreement results in the parent who is currently paying NO LONGER having to pay, include an “**Order Stopping Income Withholding Order**” to be sent to that parent’s employer.

**Child Support Order** - If child support is still to be paid by either parent after this Agreement, include a new “**Child Support Order**” (See separate instructions [DRS81i] in this packet).

**WHEN YOU HAVE COMPLETED ALL NEEDED FORMS, GO TO THE “PROCEDURES” PAGE  
AND FOLLOW THE STEPS LISTED THERE.**

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**INSTRUCTIONS: HOW TO COMPLETE THE  
“CHILD SUPPORT ORDER”**

Type or print neatly using **BLACK INK ONLY.**

**CASE CAPTION**

- If you are providing this information to **establish** a child support order, fill in the names and the dates of birth (DOB) of the persons shown as Petitioner and Respondent on the petition to establish child support or to get other relief (divorce, paternity, etc.)
- If you are providing this information to **modify** your current support order, fill in the names and dates of birth (DOB) of the persons shown as Petitioner and Respondent on the order that established the child support.
- Fill in your case number. If you do not have a case number, leave this item blank.
- Fill in your ATLAS number. If you do not have an ATLAS number, leave this item blank.

**NUMBERED INSTRUCTION**

Match the number of the instruction below to the matching number on the first page of the “*Child Support Order.*”

- (1) Fill in the full name of the mother and the father of the minor children who are the subject of this “*Child Support Order.*”

Fill in the full name and birth date of all minor children who are the subject of this “*Child Support Order.*” (Use extra pages if necessary).

**LEAVE THE REST OF THE FORM BLANK. THE JUDGE OR COMMISSIONER WILL  
COMPLETE THE REST OF THE INFORMATION AND SIGN THE ORDER.**

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**PROCEDURES: WHAT TO DO AFTER YOU HAVE COMPLETED THE FORMS TO MODIFY CURRENT CHILD SUPPORT by AGREEMENT**

**STEP 1: AFTER YOU HAVE COMPLETED ALL OF THESE DOCUMENTS, MAKE TWO COPIES OF DOCUMENTS NUMBERED "1" AND "2"**

1. "Agreement to Modify Child Support" ("Agreement to Modify")
2. "Parents Worksheet for Child Support" ("Parents Worksheet")
- "Current Employer Information Sheet"\* (may refer to sources of money *other than* employers)
- 2<sup>nd</sup> "Current Employer Information Sheet"\* (if applicable)\*
- "Order Stopping Income Withholding Order" (if applicable)\*

**STEP 2: SEPARATE YOUR DOCUMENTS INTO THREE SETS:**

<b>Set 1 – ORIGINALS to file with Clerk</b> Agreement to Modify (1 original) Parents Worksheet Child Support Order (if child support still to be paid) Order Stopping Income Withholding Order* (if applicable)* Current Employer Information Current Employer Information* (for other parent, if applicable)* <b>+2 Self-Addressed, Stamped Envelopes:</b> One Addressed to you; One Addressed to the Other Party	<b>Set 2 – COPIES for Other Party</b> Agreement to Modify Parents Worksheet
	<b>Set 3 – COPIES for You</b> Agreement to Modify Parents Worksheet

\* IF the agreement results in the parent who is currently paying NO LONGER having to pay, include an "Order Stopping Income Withholding Order" to be sent to that parent's employer.

\* IF the Agreement changes which parent pays child support, include a "Current Employer Information" sheet for that parent, the one who will now pay child support, also.

**STEP 3: FILE THE PAPERS AT THE COURT. Take all originals and copies.**

**GO TO THE CLERK OF THE COURT'S FILING COUNTER:** Present the originals, the envelopes and all sets of copies to the Clerk at the filing counter. The Clerk will keep the originals and the envelopes, and stamp the extra copies to show that these are copies of papers filed with the Court, and return the conformed (stamped) copies to you.

You may file your papers from 8am to 5pm, Monday through Friday, at any of the following Superior Court locations:

**GRAHAM COUNTY CLERK OF THE COURT  
800 W MAIN STREET  
SAFFORD, AZ 85546**

**FEES:** There are fees for filing petitions, responses, requests, motions, objections, and various forms with the Court. Cash, AMEX/VISA/MasterCard debit or credit cards, money order, or check made payable to the "Clerk of Superior Court" are acceptable forms of payment.

**An Agreement** (or "Stipulation") is a filing by **BOTH parties**. If one of the parties has not previously "made an appearance", that is he and/or she have not previously filed a response or other papers and paid a filing fee under this case number, **there will be a substantial appearance fee due from that party in addition to the filing fee for the modification itself.**

If you cannot afford the filing fee and/or the fee for having the papers served by the Sheriff's Office, you may request a **deferral** (payment plan) when you file your papers with the Clerk of the Court. **Deferral Applications** are available at no charge from the Self-Service Center.

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

- Your Sets of Copies with the Clerk's stamp on them (the "conformed" copies).

**WHAT THE COURT MAY DO:**

- Grant the relief you requested;
- Schedule a hearing for you and the other party if the Judge needs additional information;
- Return your paperwork because you did not show good reason for the change requested or the paperwork was incomplete; OR
- Enter other orders the Judge thinks proper.

- STEP 5: WAIT** for the Court to let you know whether the Order was signed or the matter was set for a hearing. If a hearing is scheduled, you will receive written notice of when and where to appear (date, time, and location).

**REMINDER:**

- Did you provide **two self-addressed, stamped envelopes (to the Clerk)** so the staff can mail the decision to both parties (as listed in STEP 3, above)?
- one addressed to you;
  - one addressed to the other party

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**AGREEMENT TO MODIFY CHILD SUPPORT**

CHECKLIST

***You may use these forms if . . .***

- ✓ You have a current **“Child Support Order”** that was entered in Maricopa County,
- ✓ You wish to modify the **Order**,
- ✓ **ALL** parties **AGREE** to modify the **Order**,
- ✓ **You have the notarized signatures of all parties on the Agreement, AND**
- ✓ If either party is using the child support collection or enforcement services of the State, **you also have the signature of the Attorney General’s representative** (from DCSE, the Division of Child Support Enforcement).
- ✓ You understand these forms do not deal with arrears (back support).

**DO NOT USE THESE FORMS IF . . .**

- X** The other party will not sign the agreement (in front of a notary or Court Clerk).
- X** You want to modify arrears (money owed for overdue support).

**FEE WARNING:** An Agreement (or “stipulation”) is a filing by BOTH parties. If one of the parties has not previously “made an appearance”, that is he and/or she have not previously filed a response or other papers and paid a filing fee under this case number, there will be a substantial **appearance fee** due from that party **in addition to** the filing fee for the modification itself.

**READ ME:** Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website.

Person Filing: (1) \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_



Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## SUPERIOR COURT OF ARIZONA IN GRAHAM COUNTY

(2) \_\_\_\_\_  
Petitioner (in original case)

(3) Case No. \_\_\_\_\_

(4) ATLAS No. \_\_\_\_\_

(2) \_\_\_\_\_  
Respondent (in original case)

### AGREEMENT TO MODIFY CHILD SUPPORT

**This is an agreement between the person who owes child support and the person to whom child support is owed to modify (change) the amount to be paid for current child support.**

We, (5a) \_\_\_\_\_, the person ordered to make payments,  
and (5b) \_\_\_\_\_, the person receiving payments,  
ask the Court to modify the Child Support Order as indicated below.

**(6) INFORMATION ABOUT THE CURRENT CHILD SUPPORT ORDER** (the Order we want to change)

The Order was Issued on: \_\_\_\_\_ (Month/Day/Year)

The Order was Issued by: \_\_\_\_\_ (Name of Court)

Located in this County: \_\_\_\_\_ (Name of County)

Amount of Current Child Support Ordered: \$ \_\_\_\_\_ PER \_\_\_\_\_

**(7) The current *Income Withholding Order* includes the following Court Ordered payments**

Child Support	\$ _____ per _____
Spousal Maintenance/Support	\$ _____ per _____
Other	\$ _____ per _____
Payments on Arrears:	\$ _____ per _____

(8) We agree that current **child support** should be changed from the current amount of \$\_\_\_\_\_ (as listed in (6) above), to the **new** amount of \$\_\_\_\_\_ per month, to be paid by  Mother or  Father.

(9) We agree this change should take effect the first day of \_\_\_\_\_, 20\_\_\_\_\_.

**Note: A completed Parent’s Worksheet for Child Support is *required* before the Court can modify child support. You may submit the Worksheet produced by the FREE Online Child Support Calculator at <http://superiorcourt.maricopa.gov/ezcourtforms> , which does the math for you, or you may *purchase* a packet containing the Worksheet and the 29 pages of Arizona Child Support Guidelines necessary to complete the Worksheet at any Self-Service Center location.**

**I have completed a Parent’s Worksheet for Child Support and it is attached or otherwise filed with this Agreement (Required).**

(10) (Check the box (a or b, but not both) that applies to you.)

(a)  The amount of child support we have agreed to **is** the amount stated on the attached Parent’s Worksheet, calculated according to the Arizona Child Support Guidelines, **OR**

(b)  The amount of child support we have agreed to **is not** the amount stated on the attached Parent’s Worksheet, calculated according to the Arizona Child Support Guidelines, as but we are entitled to **deviate** (use a different amount) from the Guideline amount **because:**

- **Application of the Guidelines would be inappropriate or unjust in this case, AND**
- **Deviation from the Guidelines would be in the best interests of the children involved, based on all *relevant* factors, including those specified in A.R.S. § 25-320(D):**
  1. The financial resources and needs of the child.
  2. The financial resources and needs of the custodial parent.
  3. The standard of living the child would have enjoyed had the marriage not been dissolved.
  4. The physical and emotional condition of the child, and the child's educational needs.

- 5. The financial resources and needs of the non-custodial parent.
- 6. Excessive or abnormal expenditures, destruction, concealment or fraudulent disposition of community, joint tenancy and other property held in common.
- 7. The duration of parenting time and related expenses.

Based on all relevant factors including any of those listed above that apply to our situation, application of the Guideline amount would be inappropriate or unjust and deviation from the Guideline amount would be in the best interests of the children, **because:** (Explain)

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**(11)** We also request that a new ***Income Withholding Order*** be issued to include the new child support amount and any additional payments listed in (7), on page one of this Agreement.

**(12) AGREEMENT REGARDING SUPPORT EXPENSES and TAX DEDUCTIONS:**

- Mother** is responsible for providing:  **medical**  **dental**  **vision care insurance.**
- Father** is responsible for providing:  **medical**  **dental**  **vision care insurance.**

**Non-Covered Expenses.** All reasonable non-covered and/or uninsured medical, dental, vision care, prescription and other health care charges for the minor children, including co-payments, shall be shared as follows: **Mother** \_\_\_\_ %, AND **Father** \_\_\_\_ %

**(13)** The costs of travel related to parenting time over 100 miles one way shall be shared as follows:  
**Mother** \_\_\_\_\_ %    **Father** \_\_\_\_\_ %

**(14)** Federal tax exemption(s) for the dependent children should be allocated as follows:

Child's Name	Date of Birth (Month, Day, Year)	Parent Entitled to Deduction	For Calendar Year
		<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b>	
		<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b>	

		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	

For years following those listed above while this Child Support Order remains in effect, the parties shall repeat the pattern above of claiming deductions for each child.

Each year, the person obligated to make payments (the obligor) may claim these exemptions only if he or she has paid all child support and arrears ordered for the year by December 31 of that year.

**OTHER ORDERS:**

THIS AGREEMENT IS TO MODIFY CHILD SUPPORT ALONE. ALL OTHER PRIOR ORDERS OF THIS COURT ARE TO REMAIN IN FULL FORCE AND EFFECT.

**AGREEMENT TO MODIFY (CHANGE) CHILD SUPPORT**

**OATH OR AFFIRMATION OF THE PARTIES**

**(15) By signing this Agreement, I/We:**

- **Ask the Court to order the amount of current child support ordered paid to be changed from \$ \_\_\_\_\_, to the new amount of \$ \_\_\_\_\_, per month, to be paid by  Mother or  Father.**
- **Waive the right to trial on this matter.**
- **Acknowledge reading and understanding the terms of this agreement.**
- **Enter this agreement voluntarily and not due to any threat of force or harm, duress, undue influence or coercion from anyone, including the other party.**
- **Swear or Affirm the information provided is true and correct, under penalty of perjury.**

**SIGNATURES**

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this: \_\_\_\_\_ by  
(date)

\_\_\_\_\_.

(notary seal)

\_\_\_\_\_  
Deputy Clerk or Notary Public

\_\_\_\_\_  
Respondent's Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this: \_\_\_\_\_ by  
(date)

\_\_\_\_\_.

(notary seal)

\_\_\_\_\_  
Deputy Clerk or Notary Public

**NOTE: If the State of Arizona (DES) is a party to your case, a representative of DES or its Division of Child Support Enforcement (DCSE) *must also sign* this form before you file. (See Instructions)**

\_\_\_\_\_  
Signature of DES / DCSE Representative

\_\_\_\_\_  
Date

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_



For Clerk's Use Only

Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## SUPERIOR COURT OF ARIZONA IN GRAHAM COUNTY

\_\_\_\_\_  
Petitioner

Case No. \_\_\_\_\_

\_\_\_\_\_  
Date of Birth (Month, Date, Year)

ATLAS No. \_\_\_\_\_

\_\_\_\_\_  
Respondent

### CHILD SUPPORT ORDER

A.R.S. § 25-503

\_\_\_\_\_  
Date of Birth (Month, Date, Year)

#### THE COURT FINDS THAT:

1. **Mother:** \_\_\_\_\_ and

**Father:** \_\_\_\_\_

have a duty to support the following children:

**Child(ren)'s Name(s)**

**Date of Birth**

Child(ren)'s Name(s)	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

2. The required financial factors and any discretionary adjustments pursuant to the Arizona Child Support Guidelines are as set forth in the Parent's Worksheet for Child Support Amount, attached and incorporated by reference.

3.  **Mother**  **Father** is obligated to pay support to: \_\_\_\_\_

In the amount of: \$ \_\_\_\_\_ per month

**4. Deviation (only in applicable cases)**

Application of the Arizona Child Support Guidelines in this case is inappropriate or unjust. The Court has considered the best interests of the child(ren) in determining that a deviation is appropriate.

The child support amount before deviation is: \$ \_\_\_\_\_

The child support amount after deviation is: \$ \_\_\_\_\_

The Court finds the guidelines amount is inappropriate or unjust because:  
\_\_\_\_\_  
\_\_\_\_\_

The attached written agreement is made part of this order by reference

Other Reasons for Deviation from Guideline Amount:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Arrears**

Child support arrears exist in the amount of: \$ \_\_\_\_\_

For the period of: \_\_\_\_\_ to \_\_\_\_\_

**Interest**

Interest in the amount of: \$ \_\_\_\_\_

For the period of: \_\_\_\_\_ to \_\_\_\_\_

**Past Care and Support**

A judgment for past care and support should be entered in the amount of: \$ \_\_\_\_\_

For the period of: \_\_\_\_\_ to \_\_\_\_\_

**IT IS ORDERED THAT:**

1.  Mother  Father shall pay child support in the amount of: \$ \_\_\_\_\_

per month, to: \_\_\_\_\_

First payment is due on the 1<sup>st</sup> day of: \_\_\_\_\_

2.  **Mother**  **Father owes child support arrears in the amount of: \$** \_\_\_\_\_

For the period of: \_\_\_\_\_ to \_\_\_\_\_

Judgment is ordered in favor of: \_\_\_\_\_

and against: \_\_\_\_\_

In the principal amount of: \$ \_\_\_\_\_

**Mother**  **Father** shall pay \$ \_\_\_\_\_ per month toward child support  
arrears until paid in full, **OR**

Arrears not addressed.

3.  **Mother**  **Father owes past care and support in the amount of: \$** \_\_\_\_\_

For the period of: \_\_\_\_\_ to \_\_\_\_\_

Judgment is ordered in favor of: \_\_\_\_\_

and against: \_\_\_\_\_

In the principal amount of: \$ \_\_\_\_\_

**Mother**  **Father** shall pay \$ \_\_\_\_\_ per month toward  
the past care and support amount until paid in full, **OR**

Past care and support not addressed.

4. All payments shall be made through the Support Payment Clearinghouse pursuant to an "Income Withholding Order" signed this date. Any time the full amount of support ordered is not withheld, the person obligated to pay (the obligor) remains responsible for the full monthly amount ordered. Payments not made directly through the Support Payment Clearinghouse may be considered a *gift* unless you have a notarized affidavit signed by the other party agreeing that he or she received the payment and that it was for child support. All payments not made by Order of Assignment shall be made payable to and mailed directly to:

**Support Payment Clearinghouse**  
**P.O. Box 52107**  
**Phoenix, AZ 85072-2107**

**Payments must include the payor's name, ATLAS number or Social Security Number.**

5. Pursuant to A.R.S. § 25-322, the parties shall submit current address information in writing to the Clerk of the Superior Court and the Support Clearinghouse immediately. The payor shall within 10 days, submit the names and addresses of employers or other persons or organizations from which he or she is entitled to receive payment.

6. **The parties shall submit address changes within 10 days of the change.**

7. **MEDICAL, DENTAL, VISION CARE INSURANCE FOR MINOR CHILDREN**

**Mother** is responsible for providing  medical  dental  vision care insurance.

**Father** is responsible for providing  medical  dental  vision care insurance.

8. The costs of medical/dental/vision care expenses not paid by insurance shall be shared as follows:  
**Mother** \_\_\_\_\_ % **Father** \_\_\_\_\_%.  
 Request for payment or reimbursement must be provided to the obligated parent(s) within 180 days after the services occurred. The obligated parent must pay or make payment arrangements within 45 days after receipt of the request.
9. The costs of travel related to parenting time over 100 miles one way shall be shared as follows:  
**Mother** \_\_\_\_\_ % **Father** \_\_\_\_\_%
10. The parties shall exchange financial information such as copies of tax returns, earnings statements, a Parent's Worksheet for Child Support Amount, residential addresses and the names and addresses of their employers every 24 months.
11. The court allocates the federal tax exemption(s) for the dependent child(ren) as follows:

Child's Name	Date of Birth (Month, Day, Year)	Parent Entitled to Deduction	For Calendar Year
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	

For years following those listed above while this Child Support Order remains in effect, the parties shall repeat the pattern above of claiming deductions for each child.

**Each year, the person obligated to make payments (the obligor) may claim these exemptions only if the obligor has paid all child support and arrears ordered for the year by December 31 of that year.**

If this is a modification of child support, all other prior orders of this Court not modified remain in full force and effect.

**FINAL APPEALABLE ORDER.** Pursuant to Arizona Rules of Family Law Procedure, Rule 81, this final judgment/decre is settled, approved and signed by the court and shall be entered by the clerk.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judicial Officer

# **CURRENT EMPLOYER\* INFORMATION**

You may also fill out this form online at the Family Support Center Website.

For Clerk's Use Only

## **THIS FORM MUST BE COMPLETED FOR:**

- AN INCOME WITHHOLDING ORDER**
- ORDER TO STOP AN INCOME WITHHOLDING ORDER**
- NOTIFICATION OF A CHANGE OF EMPLOYER (or OTHER PAYOR)**

**CASE NUMBER:** \_\_\_\_\_ **ATLAS NUMBER:** \_\_\_\_\_

**NAME OF PERSON ORDERED TO MAKE PAYMENTS:**

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**LIST THE NAME OF THE EMPLOYER\* AND THE ADDRESS OF THE PAYROLL OR FINANCIAL DEPARTMENT (for the person named above) WHERE THE INCOME WITHHOLDING ORDER OR STOP ORDER SHOULD BE MAILED.**

**EMPLOYER\* NAME:** \_\_\_\_\_

**PAYROLL ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMPLOYER\* TELEPHONE:** \_\_\_\_\_

**EMPLOYER\* FAX:** \_\_\_\_\_

*\*or other payor or source of funds*

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**FOR COURT USE ONLY. DO NOT WRITE BELOW THIS LINE.**

### **WA/FSC**

WA/LOG ID: \_\_\_\_\_  
TYPE OF W/A \_\_\_\_\_  
DATE \_\_\_\_\_  
AMOUNT OF ORDER \_\_\_\_\_  
EMPLOYER STATUS \_\_\_\_\_  
ENTERED BY \_\_\_\_\_  
NEW W/A \_\_\_\_\_ SUB \_\_\_\_\_  
AG \_\_\_\_\_ DCSE \_\_\_\_\_

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_

FOR CLERK'S USE ONLY

Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## SUPERIOR COURT OF ARIZONA IN GRAHAM COUNTY

(1) \_\_\_\_\_  
Petitioner in Original Case

(3) Case No. \_\_\_\_\_

(2) \_\_\_\_\_  
Respondent in Original Case

(4) ATLAS No. \_\_\_\_\_

**ORDER STOPPING INCOME WITHHOLDING  
ORDER (AND ALL GRAHAM COUNTY SUPPORT  
ORDERS)  
A.R.S. § 25-504**

To the employer(s) or other payor(s) of:

(5) Name: \_\_\_\_\_

SSN : \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE. COURT PERSONNEL WILL COMPLETE THE FORM.**

**IT IS ORDERED** stopping the *Income Withholding Order* dated (6) \_\_\_\_\_, with the same case number as in (3) above. The employer(s) or other payor(s) is/are ordered to stop withholding monies pursuant to the *Income Withholding Order* immediately upon receipt of this Order.

**IT IS FURTHER ORDERED** terminating all Graham County child support and/or spousal maintenance orders in this case number and declaring all child support and/or spousal maintenance orders fully paid and satisfied, including all past due support, arrearage judgments and interest.

**IT IS FURTHER ORDERED** that the Support Payment Clearinghouse shall release any monies currently in its possession and future monies received to the obligor (the person ordered to pay).

Dated: \_\_\_\_\_

\_\_\_\_\_  
Judicial Officer