

(1) Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Daytime Phone: _____ Alternate Phone: _____
Representing: Self Attorney Other
State Bar No. (if applicable): _____

(2) JUSTICE COURT _____, COUNTY OF _____

(3) MUNICIPAL COURT _____, COUNTY OF _____

(4) ARIZONA SUPERIOR COURT, COUNTY OF _____

(5) Petitioner/Plaintiff Judgment Creditor Judgment Debtor
Name: _____
Address: _____
City, State, Zip Code: _____
Phone(s): _____

(8) Case No.: _____

(6) Respondent/Defendant Judgment Debtor Judgment Creditor
Name: _____
Address: _____
City, State, Zip Code: _____
Phone(s): _____

**REQUEST FOR
HEARING (EARNINGS)**

(7) Garnishee:
Name: _____
Address: _____
City, State, Zip Code: _____
Phone(s): _____
Attorney: _____

1. I am the:

(9) (Check one)

Judgment creditor or authorized representative

Judgment debtor or authorized representative

Garnishee or authorized representative

Case No. (8) _____

2. The reason I am requesting a hearing is because:

(10) (Attach additional sheets if necessary)

(11)

(12)

Copy provided to judgment debtor on: Date: _____ By: <input type="checkbox"/> Mail <input type="checkbox"/> Hand delivery

Copy provided to garnishee on: Date: _____ By: <input type="checkbox"/> Mail <input type="checkbox"/> Hand delivery

(13)

Copy provided to judgment creditor on: Date: _____ By: <input type="checkbox"/> Mail <input type="checkbox"/> Hand delivery

The Court can call me at (14) _____ between 8 a.m. and 5 p.m.
regarding the hearing, if necessary. (phone)

(15) _____
Date

Signature

WARNING: Your hearing request may be subject to a filing deadline.