

(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 ON GARNISHMENT
(EARNINGS)
(A.R.S. § 12-1598.16(F))**

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

I am the judgment debtor or I represent the judgment debtor in this action. I want a hearing on the garnishment of earnings from this garnishee because:

(9) (Check all that apply)

The judgment creditor does not have a valid judgment against me because (10) _____

Case No. (8) _____

The judgment has been paid in full.

Garnishee's Answer is incorrect.

My earnings are already subject to a Writ of Garnishment or court-ordered assignment for payment of support.

Other: (11) _____

(12)

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

(13)

Copy provided to garnishee 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)

Judgment Debtor or Authorized Agent

WARNING TO JUDGMENT DEBTOR: To request a hearing, this document, or one similar, must be received by the Court within 10 business days after you receive Garnishee's Answer, unless you show good reason for the delay.