

Person Filing: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: (        )        -        \_\_\_\_\_  
 Representing:  Self  Attorney  Other    State Bar No. \_\_\_\_\_



# Maricopa County Justice Courts, Arizona

CASE NUMBER: \_\_\_\_\_

## REQUEST FOR HEARING ON NONEXEMPT EARNINGS STATEMENT (A.R.S. § 12-1598.16(j)&(k))

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Judgment Creditor Name / Address / Email / Phone

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Judgment Debtor Name / Address / Email / Phone

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Garnishee Name / Address / Email / Phone

I am the judgment debtor or I represent the judgment debtor in this action. I want a hearing on the attached Garnishee's Nonexempt Earnings Statement because: *Check all that apply*

- The Nonexempt Earnings Statement is incorrectly filled out.
- Other: *Enter your reason for believing either that no amount of money should have been withheld from your paycheck for this pay period, or that the garnishment or underlying judgment is invalid, satisfied or superseded, or some other reason for objecting to the Nonexempt Earnings Statement.*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Copy provided to judgment creditor on: Date: _____ By: <input type="checkbox"/> Mail <input type="checkbox"/> Hand delivery
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Copy provided to garnishee on: Date: _____ By: <input type="checkbox"/> Mail <input type="checkbox"/> Hand delivery
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The Court can call me at \_\_\_\_\_ between 8 a.m. and 5 p.m. regarding the hearing, if necessary.

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) ten business days after you receive the Garnishee's Nonexempt Earning Statement, unless you show good reason for the delay.**