

Name of Person Filing: _____
Mailing Address: _____
City, State, and Zip Code: _____
Daytime Phone Number: _____
Evening Phone Number: _____
ATLAS Number (if applicable): _____
State Bar Number (if applicable): _____
Representing: Self Petitioner Respondent

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

(Name of Petitioner)

AND

(Name of Respondent)

Case Number: _____

**REQUEST FOR RELEASE FROM
ORDER OF ASSIGNMENT
Employer / Payor**

On _____, this Court ordered an Assignment of the earnings
(Date)
or entitlements of _____.
(Obligor)

I am Obligor's employer / payor and allege that support payments submitted to the Support Payment Clearinghouse for the person named above have been returned to me.

WHEREFORE, I request an Order releasing the employer / payor from the binding effect of the above-referenced Order of Assignment.

I have read the foregoing document and the facts therein are true and correct to the best of my knowledge.

I will immediately mail or deliver a copy of the Request to the Obligor.

Date: _____

Employer / Payor

STATE OF ARIZONA)
)ss.
COUNTY OF MOHAVE)

SUBSCRIBED AND SWORN OR AFFIRMED AND ACKNOWLEDGED before me this _____ day

of _____, _____

by _____

My Commission Expires: _____

VIRLYNN TINNELL
CLERK OF SUPERIOR COURT

Notary Public / Deputy Clerk