

(1) Your Name: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing Self or Attorney Other _____

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

(2) _____
Petitioner/Plaintiff

(5) Case Number: _____

VS

**PETITION FOR ORDER DISCHARGING
GARNISHEE (EARNINGS)
(FORM 19)**

(3) _____
Respondent/Defendant

AND

(4) _____
Garnishee

(6) **Petitioner/Plaintiff** Judgment Creditor Judgment Debtor

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

(7) **Respondent/Defendant** Judgment Creditor Judgment Debtor

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

(8) **Garnishee**

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

I am the judgment creditor or authorized agent of the judgment creditor in this action. The garnishee should be discharged.

Case No. _____

(9) Check the box that applies)

- The Garnishment Judgment has been satisfied.
- The Garnishment Judgment has not been satisfied.

(10)

(11)

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

Signature of Judgment Creditor or Authorized Agent