

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



**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

(2) _____
Petitioner/Plaintiff

(5) Case Number: _____

VS

**REQUEST FOR HEARING ON
GARNISHMENT (EARNINGS)
(FORM 11)
(A.R.S. §12-1598.16(F))**

(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: _____

(9) 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:

A. The judgment creditor does not have a valid judgment against me because: **(10)**

B. The judgment has been paid in full.

C. Garnishee's Answer is incorrect.

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

E. Other: _____ **(11)**

(12)

(13)

<p>Copy provided to judgment creditor 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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(14) The Court can call me at _____ 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.