

(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

**REQUEST FOR HEARING ON
GARNISHMENT (EARNINGS)
(FORM 8)
(A.R.S. §12-1598.16(C))**

(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: _____

