

(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

VS

(3) _____
Respondent/Defendant

AND

(4) _____
Garnishee

(5) Case Number: _____

**REQUEST FOR HEARING ON
GARNISHMENT (NON-EARNINGS)
(FORM 8)**

(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: _____

