

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



**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

FOR CLERK'S USE ONLY

(2) _____
Petitioner/Plaintiff

(5) Case Number: _____

**REQUEST FOR HEARING (NON-
EARNINGS) (FORM 14)**

VS

(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: _____

1. I am the:

(9) (Check one)

- Judgment creditor or authorized representative
- Judgment debtor or authorized representative
- Garnishee or authorized representative

2. My request for hearing is based on the following::

(10) (Check all that apply)

- The Writ of Garnishment is incorrect because **(11)** _____

- The Answer is incorrect because **(12)** _____

- Garnishee has not turned over money or property.
- Other reason(s) why I am requesting a hearing: **(13)** _____

(14)

(15)

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

(16)

Copy provided to judgment creditor on:

 Date: _____

 By: Mail Hand delivery

(17) The Court can call me at _____ between 8 a.m. and 5 p.m.
(phone)

(18) Date

Signature

WARNING: Your hearing request may be subject to a filing deadline.