

(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
NONEXEMPT EARNINGS
STATEMENT (FORM 14)**
(A.R.S. §12-1598.16(J) & (K))

(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: _____

Case No. _____

(9) I am the judgment debtor or I represent the judgment debtor in this action. I want a hearing on the attached Garnishee's Nonexempt Earnings Statement because: (check all that apply)

A. The Nonexempt Earnings Statement is incorrectly filled out.

B. Other: **(10)** _____

(11)

(12)

Copy provided to judgment creditor 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
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(13) The Court can call me at _____ between 8 a.m. and 5 p.m.
regarding the hearing, if necessary. (phone)

(14) _____
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.