

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



**SUPERIOR COURT OF ARIZONA  
MOHAVE COUNTY**

(2) \_\_\_\_\_  
Petitioner/Plaintiff

(5) Case Number: \_\_\_\_\_

VS

**SATISFACTION OF JUDGMENT  
(EARNINGS GARNISHMENT)  
(FORM 22)**

(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)

(10)

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
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PLEASE TAKE NOTICE THAT:

The Judgment entered in this action has been satisfied.

(11) \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Judgment Creditor or Authorized Agent