

(1) Name of Person Filing Document: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Phone Number(s): _____
 Email Address: _____
 ATLAS Number (if applicable): _____
 Attorney Bar Number (if applicable): _____
 Representing: Self (Without an Attorney) OR
 Attorney for: Petitioner OR Respondent

**SUPERIOR COURT OF ARIZONA
 MOHAVE COUNTY**

Case Number: _____ (3)

 (2)
 (Petitioner in original case)

**AGREEMENT TO STOP THE
 INCOME WITHHOLDING ORDER**

AND

 (2)
 (Respondent in original case)

NOTE: If any current or past due child support or spousal maintenance is still owed under the terms of the current support order(s), STOP! You have the wrong form. Review the forms to MODIFY THE Order of Assignment to see if appropriate for your situation.

The parties **agree** that all child support and spousal maintenance payments by the person ordered to make payments in this Case Number have been fully paid, or, to the extent any such payments have not been fully paid, the person entitled to receive payment expressly waives the other person's obligation to pay any unpaid payments. The parties further agree that the **Income Withholding Order** should be stopped immediately, and that all monies in possession of the support Payment Clearinghouse upon receipt of an **Order Stopping the Income Withholding Order and Terminating All Support Obligations** shall be returned to the person ordered to make payments. The parties are signing this Agreement of their own free will and not under any fear or threat of force. This Agreement will forever end all child support orders, spousal maintenance orders and **Income Withholding Orders** previously issued in this case.

(4) (a) _____, the person ordered to make payments, and
 (b) _____, the person entitled to receive payments, ask the Court to terminate the following **Order of Assignment** (Order requiring an employer to withhold wages for child support or spousal maintenance):

(5) "Income Withholding Order" issued: _____ (Month/Day/Year)
 The Income Withholding Order was issued by: _____ (Name of Court)
 Located in this County: _____ (Name of County)
 Located in this State: _____ (Name of State)

The parties also ask the Court to terminate any underlying Mohave County Child Support and/or Spousal Maintenance (Support Orders).

Case No. _____

(6) **“Child Support Order”** issued: _____ (Month/Day/Year)
The Support Order was issued by: _____ (Name of Court)
Located in this County: _____ (Name of County)
Located in this State: _____ (Name of State)

(7) **“Spousal Maintenance Order”** issued: _____ (Month/Day/Year)
The Support Order was issued by: _____ (Name of Court)
Located in the County: _____ (Name of County)
Located in this State: _____ (Name of State)

(8) The **“Income Withholding Order”** should be stopped and any Mohave County **Support Order(s)** should be terminated **because:** (Check the appropriate box(es) to explain why both Order(s) should be terminated.

- All past due child support (back child support/arrearages/interest) has been paid and the person making payments is no longer obligated to pay current child support because all children named in the Child Support Order:
 1. are 18 and not attending high school or a certified equivalency program, and/or
 2. are 19, and/or
 3. have been adopted, and/or
 4. are married, and/or
 5. are deceased.
- All past due spousal maintenance (Alimony arrearages/interest) has been paid or satisfied and the person making payments is no longer required to pay spousal maintenance.
- Legal decision making has been changed by Order of this Court.
- We are remarried to each other. A copy of our marriage license is attached.
- The case has been dismissed. Order of Dismissal is attached if not from this Court.
- Other condition(s) for ending payments listed in the underlying support order has occurred. Describe:

Do not write or sign below this line until you are instructed to do so by Court Clerk or Notary.

Case No. _____

OATH OR AFFIRMATION

STATE OF ARIZONA)
County of Mohave) ss.

We affirm under penalty of perjury the information provided on this document is true and correct.

Petitioner's Signature

Date

Sworn to or affirmed before me this _____ day of _____,
by _____.

My Commission Expires: _____

Notary Public / Deputy Clerk

Respondent's Signature

Date

Sworn to or affirmed before me this _____ day of _____,
by _____.

My Commission Expires: _____

Notary Public / Deputy Clerk

If the State of Arizona (DES) is a party to your case, a representative of DES or its Division of Child Support Services (DCSS) **must also sign this form before you file.** (See Instructions)

Signature of DES/DCSS Representative

Date