Reset

FOR CLERK'S USE ONLY

(1) Person Filing: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____

AZCARES Number (if applicable) _____

☐ **Representing Self (No Attorney) OR** ☐ **Represented by Attorney**

If Attorney, Bar Number: _____

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF MOHAVE

_____ **(3) Case Number:** _____

(2) Name of Petitioner (in original case)

REQUEST FOR HEARING

AND

_____

(2) Name of Respondent (in original case)

A Petition to Modify (Change) Child Support pursuant to the guidelines' simplified procedure has been filed.

The information provided in the ***"Parent's Worksheet"*** that was the basis for the request to modify (change) child support is not accurate. I am attaching the required completed ***"Parent's Worksheet"*** that shows what I believe to be accurate information. I request that a hearing be set so that I can explain to the judge or commissioner my position. I further request that costs and fees incurred in responding to this matter be ordered to be paid by the other party.

(4) ☐ **COUNTER PETITION – I further request the child support be modified to an amount different from the amount requested by the other party.**

I declare under penalty of perjury that the foregoing is true and correct.

Signature: _____ Date: _____

Upon filing the Request for Hearing, the filing party must immediately mail or otherwise deliver a copy of this Request to the other party or his/her attorney. If either party is currently using or has used the State IV-D Agency for child support services (Division of Child Support Enforcement or their representative), the State must also be mailed or provided with a copy of the Request, which can be delivered or mailed to:

Attorney General, Child Support
2400 Airway Ave, Suite A
Kingman, AZ 86409

If a hearing or conference is scheduled, the court may enter a judgment for past-due support, clerk's fees, service costs, other court costs, and/or attorney fees.