**(1)** Person Filing:

Mailing Address:

City, State, Zip Code:

Email Address:

Telephone Number(s):

Representing: [  ] Self [  ] Attorney [  ] Other

State Bar No. (if applicable):

**(2) [  ] JUSTICE COURT**  **, COUNTY OF**

**(3) [  ] MUNICIPAL COURT**  **, COUNTY OF**

**(4) [  ] ARIZONA SUPERIOR COURT, COUNTY OF**

|  |  |  |
| --- | --- | --- |
| **(5)** Petitioner/Plaintiff [  ] Judgment Creditor [  ] Judgment DebtorName: Address: City, State, Zip Code: Email Address: Phone(s): **(6)** Respondent/Defendant [  ] Judgment Debtor [  ] Judgment CreditorName: Address: City, State, Zip Code: Email Address: Phone(s): **(7)** Garnishee:Name: Address: City, State, Zip Code: Email Address: Phone(s): Attorney:  |  | **(8)** Case Number: **REQUEST FOR****HEARING (EARNINGS)** |

1. I am the: **(9)** (Check one)

 [  ] Judgment creditor or authorized representative

 [  ] Judgment debtor or authorized representative

 [  ] Garnishee or authorized representative

2. The reason I am requesting a hearing is because: **(10)** (Attach additional sheets if necessary)

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| --- | --- | --- | --- | --- |
| **(11)** |  | **(12)** |  | **(13)** |
| Copy provided to judgment debtor on:Date: By: [  ] Mail [  ] Hand delivery |  | Copy provided to garnishee on:Date: By: [  ] Mail [  ] Hand delivery |  | Copy provided to judgment creditor on:Date: By: [  ] Mail [  ] Hand delivery  |

The Court can call me at **(14)** between 8 a.m. and 5 p.m. regarding the hearing, if necessary.

**(15**)

 Date Signature

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