

(1) Name of Person Filing: _____
Person filing is the: Petitioner Respondent
Mailing Address (if not protected): _____
City, State, Zip Code: _____
Phone Number: _____
 I am representing myself, without an attorney
(If Attorney) State Bar Number: _____



SUPERIOR COURT OF ARIZONA IN (2) _____ COUNTY

(3) _____
Petitioner

(4) Case No. _____

Respondent

ATLAS No. _____

**REQUEST FOR HEARING
AND NOTICE OF HEARING
(Simplified Procedure)**

A Request to Modify Child Support Pursuant to Guidelines Simplified Procedure has been filed.

The information provided on the "**Parent's Worksheet**" that was the basis for the request to modify 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 Request for Modification be ordered to be paid by the opposing party.

I have read this document and the information is true and correct to the best of my knowledge.

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

(6) _____
Date Requesting Party's Signature

Signed and sworn to or affirmed before me this date: _____ by: _____

Notary Public

My Commission Expires: _____ OR By: _____
Deputy Clerk of Superior Court

NOTICE OF HEARING

(7) The above verified Request for Hearing having been filed, this matter shall be heard:

DATE AND TIME: _____

PLACE: _____

If either party fails to appear at the hearing after proper notice, the court will take evidence from the party who does appear and make a decision based on the information provided in the Request to Modify Child Support, Request for Hearing, and any oral testimony.

Date

(Judicial Officer)

(8) Upon receipt of the hearing date, I will immediately mail a copy of this Request for Hearing and Notice of Hearing to the other parent or such person's attorney as follows:

Name: _____
Address: _____

If one of the parties is using the child support services of the Department of Economic Security, I will also immediately mail a copy of this Request for Hearing and Notice of Hearing to:

Division of Child Support Services
ATTN: Modification
P.O. Box 40458
Phoenix, AZ 85067

(9) _____
Date

Requesting Party's Signature