

(1) Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Daytime Phone: _____ Alternate Phone: _____
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 Debtor
Name: _____

Address: _____

City, State, Zip Code: _____

Phone(s): _____

(8) Case No.: _____

(6) Respondent/Defendant Judgment Debtor Judgment Creditor
Name: _____

Address: _____

City, State, Zip Code: _____

Phone(s): _____

**REQUEST FOR HEARING
(NON-EARNINGS)**

(7) Garnishee:
Name: _____

Address: _____

City, State, Zip Code: _____

Phone(s): _____

Attorney: _____

1. I am the:

(9) (Check one)

Judgment creditor or authorized representative

Judgment debtor or authorized representative

Garnishee or authorized representative

2. My request for hearing is based on the following:

(10) (Check all that apply)

The Writ of Garnishment is incorrect because (11) _____

The Answer is incorrect because (12) _____

Garnishee has not turned over money or property.

(13) Other reason(s) why I am requesting a hearing: _____

(14)

(15)

| |
|--|
| Copy provided to judgment debtor on: |
| Date: _____ |
| By: <input type="checkbox"/> Mail <input type="checkbox"/> Hand delivery |
| <input type="checkbox"/> Constable, Deputy Sheriff or Process Server |

| |
|--|
| Copy provided to garnishee on: |
| Date: _____ |
| By: <input type="checkbox"/> Mail <input type="checkbox"/> Hand delivery |
| <input type="checkbox"/> Constable, Deputy Sheriff or Process Server |

(16)

| |
|--|
| Copy provided to judgment creditor on: |
| Date: _____ |
| By: <input type="checkbox"/> Mail <input type="checkbox"/> Hand delivery |
| <input type="checkbox"/> Constable, Deputy Sheriff or Process Server |

The Court can call me at (17) _____ between 8 a.m. and 5 p.m.
regarding the hearing, if necessary. (phone)

(18) _____
Date

Signature