

Name of Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Daytime Phone Number: _____
(4) ATLAS Number (if applicable): _____
Representing: Self Without Attorney or
Attorney for: Petitioner Respondent

**THE SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

(1) _____
Petitioner/Plaintiff

(3) Case Number: _____

AND

(2) _____
Respondent/Defendant

ORDER OF ASSIGNMENT

TO: Current and future employers or other payors of:

(5) Name: _____ SSN: _____

(* Social Security # can be omitted if using the Confidential Sensitive Data Form)

This order modifies and replaces any previous "Order of Assignment" with the same case number. **You shall** withhold court-ordered payments as follows:

Current Child Support \$ _____
Current Spousal Maintenance/Support \$ _____
Payments on Arrears / Interest \$ _____
Clearinghouse Handling Fee \$ 5.00 per month*
TOTAL AMOUNT per month \$ _____, **but no more than 50% of**
disposable earnings (A.R.S. § 33-1131). *The Clearinghouse handling fee is set by statute
and subject to change (A.R.S. § 25-510).

This "**Order of Assignment**" is effective immediately upon receipt by an employer or other payor, including self-employed persons, and continues until further Order, or until a period of 90 continuous days from the last payment to the Obligor. If you are again obligated to pay monies to the Obligor within 90 days, you are again bound by **this "Order of Assignment."** Payment must be sent to the Support Payment Clearinghouse within two (2) business days of the date the monies were withheld. **This Order of Assignment terminates** on the last day of _____, unless it includes an arrearage payment, in which case the total amount listed above shall continue to be withheld until further order.

You shall NOT discharge or otherwise discipline the person named in this assignment, because of service of this "**Order of Assignment.**"

The above ATLAS number and employee's name **must** appear on the *Transmittal Form or check.* Make payments payable and send to:

Support Payment Clearinghouse, P.O. Box 52107, Phoenix, AZ 85072-2107

DATED: _____

**VIRLYNN TINNELL,
CLERK OF SUPERIOR COURT**

By: _____
Deputy Clerk