

(1) Name of Person Filing Document: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_  
Evening Phone Number: \_\_\_\_\_  
ATLAS Number (if applicable): \_\_\_\_\_  
Attorney Bar Number (if applicable): \_\_\_\_\_  
Representing:  Self or Attorney for  Petitioner  Respondent

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

\_\_\_\_\_  
(2) Name of Petitioner (in original case)

(3) Case No. \_\_\_\_\_

**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 on 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.**

**OATH OR AFFIRMATION**

STATE of ARIZONA    )  
                                  ) ss.  
County of Mohave    )

I declare under penalty of perjury that the contents of this Request are true and correct to the best of my knowledge and belief.

5) Dated: \_\_\_\_\_ Requesting Party's Signature \_\_\_\_\_

Signed and sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

by: \_\_\_\_\_

My commission expires: \_\_\_\_\_ By: \_\_\_\_\_  
Notary Public / Deputy Clerk

Case No. \_\_\_\_\_

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  
519 E. Beale, Suite 110  
Kingman, AZ 86401**

**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.**