(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 _____
Attorney E-Mail Address: _____

SUPERIOR COURT OF ARIZONA IN (2) **_____ COUNTY**

(3)_____
Petitioner

_____
Respondent

(4) Case No._____

(5) ATLAS No._____

ORDER OF ASSIGNMENT
A.R.S. § 25-504

TO: Current and future employers or other payors of:

(6) Name _____ Social Security Number: _____

You shall withhold court-ordered monthly payments as follows:

Current Child Support	$ _____
Current Spousal Maintenance	$ _____
Payments on Child Support Arrearages/Interest	$ _____
Payments on Spousal Maintenance Arrearages/Interest	$ _____
Clearinghouse Handling Fee	$ 5.00 *
Total Amount Per Month	**$ _____ ****

*The $5.00 Handling Fee is subject to change and pursuant to A.R.S. § 25-510 is set by the Director of the Department of Economic Security by Administrative Rule, R6-7-103. **No more than 50% of the employee's disposable earnings may be taken to satisfy an order issued for support or spousal maintenance. A.R.S. § 33-1131.

This Order of Assignment modifies any previously dated Orders of Assignment with the same case number as listed above in (4). 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 (person ordered to make support payments). If you are again obligated to pay monies to the obligor within 90 days, you are bound by this Order of Assignment. Payment must be sent to the Clearinghouse within 2 business days after the obligor is paid.

This Order 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.

All payments shall be sent to: Support Payment Clearinghouse
P.O. Box 52107
Phoenix, AZ 85072-2107

The ATLAS number above in (5) and the employee's name and social security number in (6) must appear on the transmittal payment form or check. You shall not discharge or otherwise discipline the person named in this assignment because of service of this Order of Assignment.

_____ _____
Date Judicial Officer or Clerk of the Superior Court