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7 **IN THE \_\_\_\_\_ OF \_\_\_\_\_**  
**COUNTY, IN THE STATE OF ARIZONA**

8 \_\_\_\_\_, AZ \_\_\_\_\_.

9  
10  
11 **Plaintiff/Judgment Creditor,**  
12 **vs.**  
13  
14 **Defendant(s)/ Judgment Debtor(s),**  
15  
16 **Garnishee.**

**No.**  
**REQUEST for HEARING**  
**(Earnings)**

17 If you believe that the amount of your non-exempt earnings has been incorrectly  
18 calculated for this pay period or that no amount should be withheld because the Garnishment or  
19 underlying Judgment is invalid, satisfied or superseded, you may request a hearing within ten  
20 (10) days after receiving the attached Non-Exempt Earnings Statement by completed this  
21 Request for Hearing and delivering it to the Court. Deliver a copy of your Request for Hearing  
22 to the Judgment Creditor and the Garnishee.

23  
Request for Hearing  
(Non Exempt Earnings)

1 The Court will notify you and the other parties of the date and time for the hearing. A  
2 hearing will be set within ten (10) days after your request.

3 I request a hearing for the following reason:

4 \_\_\_\_\_ A copy of the nonexempt earnings statement did not accompany my paycheck.

5 \_\_\_\_\_ The nonexempt earnings statement is not filled out correctly.

6 \_\_\_\_\_ On my normal payday, I received no earnings (paycheck).

7 \_\_\_\_\_ The garnishment deduction of 25% would create a hardship for me and my family;  
8 however, in lieu of a hearing, I agree to have the plaintiff reduce the garnishment  
9 deduction to the statutory minimum of 15% in their Order for Continuing Lien. Upon  
10 Plaintiff filing an Order for Continuing Lien reducing the garnishment deduction to 15%,  
I would like the court to please vacate any scheduled hearings. *NOTE: the judgment  
debtor is to call the Plaintiff's attorney to arrange the 15% reduction **prior** to requesting  
the hearing with the court.*

11 \_\_\_\_\_ Other: \_\_\_\_\_  
12 \_\_\_\_\_

13 \_\_\_\_\_  
14 Name of Judgment Debtor

15 \_\_\_\_\_  
16 Date

17 \_\_\_\_\_  
18 Signature of Judgment Debtor

19 \_\_\_\_\_  
20 Mailing Address

21 \_\_\_\_\_  
22 City, State, Zip Code

23 \_\_\_\_\_  
Telephone Number

Delivery instructions for this form are on the following page.

