

CLERK OF THE COURT  
SUPERIOR COURT OF ARIZONA

MARICOPA COUNTY  
201 WEST JEFFERSON  
PHOENIX, ARIZONA 85003

MICHAEL K. JEANES  
CLERK

(602)37-CLERK  
FAX# 602-506-7823

Dear Affiant/Payee

Enclosed is the **Stop Payment Affidavit** that you requested. To avoid any delays in processing, please follow the instructions listed below and return it to our office:

- √ When completing the Stop Payment Affidavit, print legibly or type the information requested. Be sure to sign the affidavit on the designated signature line provided near the bottom.
- √ Verify that the information on the affidavit is correct. If it is not, strike out the wrong information, make the necessary correction(s), and initial the change.
- √ The Stop Payment Affidavit must be **notarized** when it is returned by mail, or the affiant/payee may present it in person to a Deputy Clerk of the Court.
- √ Pursuant to A.R.S. 12-284 & 12-115, there is a non-refundable charge **per item/stop payment**. Please visit our website for the current "Stop payment on a check" fee amount at this address: <http://clerkofcourt.maricopa.gov/fees.asp>. The stop payment fee must be paid at the time we accept the Stop Payment Affidavit.

If you have any further questions regarding the Stop Payment Affidavit, please contact our office.

Clerk of Superior Court  
*Accounting Unit*  
(602)372-5375

**STOP PAYMENT AFFIDAVIT**

STATE OF ARIZONA  
COUNTY OF MARICOPA

**Return to:** The Clerk of the Superior Court  
Accounting Unit / CCB-AC  
201 W Jefferson Street  
Phoenix Arizona 85003

I, \_\_\_\_\_, being duly sworn on oath, depose and say:

That I am the recipient of court ordered payments on case # \_\_\_\_\_ through the Superior Court in Maricopa County and that I have not received or cashed the following check(s) issued by the Clerk of the Superior Court. I hereby request a stop payment on the following check (s):

Check # \_\_\_\_\_ Dated \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Check # \_\_\_\_\_ Dated \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Check # \_\_\_\_\_ Dated \_\_\_\_\_ Amount \$ \_\_\_\_\_

I understand a stop payment will not be placed until ten (10) working days after the original issue date of the check(s). If I have had an address change, I must wait the ten working days to allow time for the check(s) to return to the Clerk of Superior Court.

I understand there is a non-refundable charge for each check that a stop payment is placed on and must be paid before a stop payment will be placed on the check(s).

If the requested check has already cleared the bank, I will be notified by the Clerk of the Superior Court of the paid date(s).

I have been advised that if I cash the above referenced check, I will be responsible for reimbursement of same.

\_\_\_\_\_  
*Signature of Affiant*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City and State*

\_\_\_\_\_  
*Telephone Number*

*Subscribed and sworn before me this* \_\_\_\_\_ *day of* \_\_\_\_\_, \_\_\_\_\_.

*My commission expires:* \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
Notary public

\_\_\_\_\_  
or Deputy Clerk