Dear Affiant/Payee:

Enclosed is the **Stop Payment Affidavit** that was requested. To avoid any delays in processing, please follow the instructions listed below:

* When completing the Stop Payment Affidavit, print legibly or type the information requested. The form must be complete including a signature of the affiant/payee.
* Verify that the information on the affidavit is correct.
* The Stop Payment Affidavit must be **notarized** when it is returned by fax or email. Or, the affiant/payee may present the form in person to a Deputy Clerk at the Criminal Filing Counter, South Court Tower, located at 175 W Madison – 12th Floor.
* Pursuant to A.R.S. 12-284 & 12-115, there is a non-refundable charge for each check a stop payment is placed on. Please visit our website for the current “Stop payment on a check” fee amount: <https://www.clerkofcourt.maricopa.gov/services/filings/filing-fees>.
* The stop payment fee must be paid before a stop will be placed on a check.

If there are 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 Return to:

COUNTY OF MARICOPA Clerk of Superior Court

 Financial Services - CCB/AC

 201 W Jefferson St

 Phoenix, AZ 85003

I,      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being duly sworn under Oath, depose and say: That I am the recipient of the court ordered payments on case number     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through the Superior Court in Maricopa County. I have not received or cashed the following check(s) issued by the Clerk of Superior Court. I hereby request a stop payment be placed 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 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 be returned to the Clerk of the Court.

I understand that there is a non-refundable fee for each check that a stop payment is placed on and that this must be paid before the 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 Court of the date the check(s) were paid.

|  |  |
| --- | --- |
| *Printed Name* |       |
| *Address* |       |
| *City, State, Zip* |       |
| *Telephone Number* |       |

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

*SUBSCRIBED AND SWORN TO before me this* ­\_*day of* \_\_\_, \_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Notary Public Or, Deputy Clerk*

*Notary Seal:*