## PLEASE TYPE

| Court   | County, Color address:                                 | rado District Court            |                 |                      |
|---|--|--------------------------------|-----------------|----------------------|
| Phone   | e Number:  |                                |                 |                      |
| In Re   | :  |                                |                 |                      |
| Petiti  | oner:  |                                |                 |                      |
| Resp  | ondent/Co-Petitioner:                                  |                                |                 |                      |
|   |  |                                |                 | JRT USE ONLY         |
| Attorn  | Attorney or Party Without Attorney (Name and Address): |                                |                 | r:                   |
|   |  |                                |                 |                      |
| Phone Number: E-mail: FAX Number: Atty.Reg.#: |  |                                | Division        | Courtroom            |
|   | STIPULATION FOR IMMED                                  |                                |                 |                      |
|   |  |                                |                 |                      |
| The par                                       | rties stipulate and agree to the imme                  | ediate activation of an income | assignment.     |                      |
|   |  |                                |                 |                      |
| Date:   |  |                                |                 |                      |
|   |  | Obligor                        |                 |                      |
|   | Subscribed under oath before me of                     | on                             |                 |                      |
|   | My commission expires:                                 |                                |                 |                      |
|   | wy commission expires.                                 |                                |                 | <del>_</del>         |
|   |  | N                              | S               |                      |
|   |  | Notary Public/I                | Deputy Clerk of | Court                |
| AND   |  |                                |                 |                      |
| Date:   |  |                                |                 |                      |
| Date.   |  | Obligee                        |                 |                      |
|   | Subscribed under oath before me                        | on                             |                 |                      |
|   |  | JII                            |                 |                      |
|   | My commission expires:                                 |                                |                 | <u>—</u> ,           |
|   |  |                                | S 61 1          |                      |
|   |  | Notary Public/I                | Deputy Clerk of | Court                |
| O R   |  |                                |                 |                      |
| Dotos   |  |                                |                 |                      |
| Date:   |  | Signature of At                | torney for Obli | gee                  |
|   |  |                                |                 | phone number below.) |
|   |  |                                |                 |                      |
|   |  |                                |                 |                      |
|   |  |                                |                 |                      |
|   |  |                                |                 |                      |