

Person Filing: _____
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Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____

FOR CLERK'S USE ONLY

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Name of Petitioner/Plaintiff

Case Number: _____

REQUEST AND ORDER FOR HEARING

Name of Respondent/Defendant.

NOTICE: To ensure that the Consent Judgment is not entered, you must mail or hand-deliver a copy of this document to:
The Clerk of the Court, Collections Department,
201 West Jefferson, 1st Floor, Phoenix, Arizona 85003.

Check at least one of the following:

- I request a hearing on the denial of my supplemental application for waiver or further deferral.
- I do not agree with the amount of unpaid fees and costs on the itemized statement provided by the court. I request a hearing on the calculation of the unpaid fees and/or costs.

Date: _____

Signature: _____

Print your name: _____

THE COURT COMPLETES THE FOLLOWING SECTION

IT IS ORDERED scheduling a hearing on the above matter.

Hearing Date: _____ Hearing Time: _____

Hearing Location: _____

Hearing Officer: _____

Dated: _____

Judicial Officer OR Special Commissioner

I CERTIFY that I mailed/delivered/provided a copy of this document to:

Case No. _____

Applicant at the above address in court

Applicant's attorney at the above address in court

Date: _____

By: _____
Clerk