



JUDICIAL BRANCH OF ARIZONA
COUNTY OF MARICOPA
SUPERIOR COURT

CERTIFICATE OF PRO TEM HOURS

Pro Tem: _____ State Bar Number _____

Phone Number: _____

Date of Service: _____ (NOTE: *Please complete one certificate for each date of service.*)

Please check appropriate box and provide requested information for type of service provided:

Short Trial – Case Number: _____

Settlement Conference – Case Number: _____

Total Hours Served: _____

Attorney Signature

Return To:
Judge Pro Tem Coordinator 201 West
Jefferson Phoenix, AZ 85003

Email: jptprogram@jbazmc.maricopa.gov