



**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**

**FAX: 602-372-9174**