

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**



Name of Petitioner/Plaintiff

Case Number: _____

AND

**REQUEST AND ORDER FOR
HEARING**

Name of Respondent/Defendant

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 costs.

Date: _____

Signature: _____

Applicant's Printed Name

The Court completes the following section.

IT IS ORDERED scheduling a hearing on the above matter.

Hearing Date: _____

Hearing Time: _____

Hearing Location:

- Mohave County Courthouse, 401 E Spring Street, Kingman, Arizona
- Mohave County Courthouse, 2225 Trane Avenue, Bullhead City, Arizona
- Mohave County Courthouse, 2001 College Drive, Lake Havasu City, Arizona

before the Honorable: _____

Dated: _____

Judicial Officer / Commissioner

Mailed/handed to applicant on _____, _____ by _____