Reset

Mohave County Limited Jurisdiction Courts, State of Arizona

SELECT A COURT FROM THE DROP DOWN ARROW AT RIGHT >>>>

CASE NUMBER: _____

_____	_____
_____	_____
_____	_____
_____	_____
Appellant Name / Address / Phone	Appellee Name / Address / Phone
_____	_____
_____	_____
_____	_____
_____	_____
Attorney for Appellant Name / Address / Phone	Attorney for Appellee Name / Address / Phone

MOTION TO _____

Form 8

I am the ☐ Plaintiff ☐ Defendant, and I make this motion because:

I am asking the Court to issue the following Order(s):

Date:_____ _____

☐ Plaintiff ☐ Defendant

CERTIFICATE OF MAILING

I CERTIFY that I mailed a copy of this Motion to:

☐ Plaintiff ☐ Plaintiff's attorney at the above address.

☐ Defendant ☐ Defendant's attorney at the above address.

Date:_____ By:_____