

Mohave County Justice Courts, State of Arizona

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

CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plaintiff(s) Name / Address / Phone

Defendant(s) Name / Address / Phone

**SMALL CLAIMS REQUEST FOR CONTINUANCE**

ARS 22-515. Continuances

C. "Continuances of hearings shall be granted only for most serious of reasons."

I am the Plaintiff Defendant in this case. I request a continuance because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attached is supporting documentation for my request.

Date: \_\_\_\_\_  
 Plaintiff  Defendant

**ORDER and NOTICE OF HEARING DATE**

A request for continuance of the small claims hearing has been filed.

IT IS ORDERED,  Granting the request. NOTICE OF NEW HEARING DATE:

Date

Time

IT IS ORDERED,  Denying the request. the hearing date remains as previously scheduled.

Date: \_\_\_\_\_  
Justice of the Peace

I CERTIFY that I have mailed / will mail a copy of this ORDER and NOTICE OF HEARING DATE to:

Plaintiff at the above address or  Defendant at the above address

Date: \_\_\_\_\_ By \_\_\_\_\_  
Clerk