

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Representing Self or Lawyer for _____
Lawyer's Bar Number: _____

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

Name of Petitioner/Plaintiff

-vs-

Name of Respondent/Defendant

Case Number: _____

**REQUEST AND ORDER FOR
HEARING**

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

Applicant's 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: _____

Hearing Officer: _____

DATED: _____

Judicial Officer Special Commissioner

I CERTIFY that I mailed/delivered a copy of this document to:

Applicant at the above address, in court, hand delivered, by email

Applicant's attorney at the above address, in court, hand delivered, by email

Date

By _____
Clerk