

Person Filing: _____

Mailing Address (if not protected): _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Lawyer Bar Number (if Applicable): _____

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

Case No. _____

Plaintiff

v.

**CHOICE CERTIFICATE:
FAST TRIAL OR
ALTERNATIVE RESOLUTION**

Defendant

For cases filed on or after June 1, 2026, the undersigned certifies that he or she has read FASTAR Rule 103 and makes the following choice regarding a Fast Trial or Alternative Resolution pursuant to FASTAR Rule 103 of the FASTAR Rules:

(NOTE – YOU MUST CHECK ONE OF THE BOXES BELOW OR THIS FORM WILL NOT BE ACCEPTED)

Fast Trial

Alternative Resolution

Dated: _____

SIGNATURE

Case No. _____

CERTIFICATE OF SERVICE

Copy of the foregoing mailed this date _____ to:

Name: _____

Address: _____

City, State, Zip: _____

- Plaintiff Defendant
- Attorney for Plaintiff
- Attorney for Defendant

By: _____
(Signed Name)