Mohave County Justice Courts, State of Arizona SELECT A COURT FROM THE DROP DOWN ARROW AT RIGHT>>>

Attorney for Plaintiff(s) Name / Address / Phone Attorney for Defendant(s) Name / Address / Phone MEMORANDUM IN SUPPORT OF MOTION MEMORANDUM IN RESPONSE MEMORANDUM IN REPLY		CASE N	UMBER: _		
Attorney for Plaintiff(s) Name / Address / Phone					
Attorney for Plaintiff(s) Name / Address / Phone					
Attorney for Plaintiff(s) Name / Address / Phone					
MEMORANDUM IN SUPPORT OF MOTION	Plaintiff(s) Name / Address / Phone		Defendant(s) Name / Addre	ess / Phone
MEMORANDUM IN SUPPORT OF MOTION					
MEMORANDUM IN SUPPORT OF MOTION					
MEMORANDUM IN SUPPORT OF MOTION					(2)
I am the	Attorney for Plaintiff(s) Name / Address / Phone		Attorney for	Defendant(s) Na	me / Address / Phone
I would like the court to: STATEMENT OF FACTS: LEGAL REFERENCE SUPPORTING MY POSITION (legal reasons why this motion should be granted or denied): CONCLUSION: I state under penalty of perjury that the foregoing is true and correct. Date: Plaintiff Defendant I CERTIFY that I have mailed / will mail a copy of this MEMORDANDUM to: Plaintiff OR, Plaintiff's attorney Defendant OR, Defendant's Attorney AT THE ABOVE ADDRESS	☐ MEMORANDUM IN SUPPORT OF MOTION ☐	MEMORA	NDUM IN RESI	PONSE	MORANDUM IN REPLY
EGAL REFERENCE SUPPORTING MY POSITION (legal reasons why this motion should be granted or denied): CONCLUSION: I state under penalty of perjury that the foregoing is true and correct. Date: Plaintiff	I am the ☐ Plaintiff ☐ Defe	endant			
LEGAL REFERENCE SUPPORTING MY POSITION (legal reasons why this motion should be granted or denied): CONCLUSION: I state under penalty of perjury that the foregoing is true and correct. Date: Plaintiff Defendant I CERTIFY that I have mailed / will mail a copy of this MEMORDANDUM to: Plaintiff OR, Plaintiff's attorney Defendant OR, Defendant's Attorney AT THE ABOVE ADDRESS	I would like the court to:				
CONCLUSION: I state under penalty of perjury that the foregoing is true and correct. Date: Plaintiff Defendant I CERTIFY that I have mailed / will mail a copy of this MEMORDANDUM to: Plaintiff OR, Plaintiff's attorney Defendant OR, Defendant's Attorney AT THE ABOVE ADDRESS	STATEMENT OF FACTS:				
CONCLUSION: I state under penalty of perjury that the foregoing is true and correct. Date: Plaintiff Defendant I CERTIFY that I have mailed / will mail a copy of this MEMORDANDUM to: Plaintiff OR, Plaintiff's attorney Defendant OR, Defendant's Attorney AT THE ABOVE ADDRESS					
CONCLUSION: I state under penalty of perjury that the foregoing is true and correct. Date: Plaintiff Defendant I CERTIFY that I have mailed / will mail a copy of this MEMORDANDUM to: Plaintiff OR, Plaintiff's attorney Defendant OR, Defendant's Attorney AT THE ABOVE ADDRESS					
CONCLUSION: I state under penalty of perjury that the foregoing is true and correct. Date: Plaintiff Defendant I CERTIFY that I have mailed / will mail a copy of this MEMORDANDUM to: Plaintiff OR, Plaintiff's attorney Defendant OR, Defendant's Attorney AT THE ABOVE ADDRESS					
I state under penalty of perjury that the foregoing is true and correct. Date:	LEGAL REFERENCE SUPPORTING MY POSITION	(legal reas	ons why this	motion should be	granted or denied):
I state under penalty of perjury that the foregoing is true and correct. Date:					
I state under penalty of perjury that the foregoing is true and correct. Date:					
I state under penalty of perjury that the foregoing is true and correct. Date:					
Date: Plaintiff Defendant I CERTIFY that I have mailed / will mail a copy of this MEMORDANDUM to: □ Plaintiff OR, □ Plaintiff's attorney □ Defendant OR, □ Defendant's Attorney AT THE ABOVE ADDRESS	CONCLUSION:				
Date: Plaintiff Defendant I CERTIFY that I have mailed / will mail a copy of this MEMORDANDUM to: □ Plaintiff OR, □ Plaintiff's attorney □ Defendant OR, □ Defendant's Attorney AT THE ABOVE ADDRESS					
Date:					
Date:	I state under penalty of perjury that the foregoing is tr	rue and cor	rect		
☐ Plaintiff ☐ Defendant I CERTIFY that I have mailed / will mail a copy of this MEMORDANDUM to: ☐ Plaintiff OR, ☐ Plaintiff's attorney ☐ Defendant OR, ☐ Defendant's Attorney AT THE ABOVE ADDRESS	Totale and penalty of polyary that the follogoling to the	ao ana con			
I CERTIFY that I have mailed / will mail a copy of this MEMORDANDUM to: ☐ Plaintiff OR, ☐ Plaintiff's attorney ☐ Defendant OR, ☐ Defendant's Attorney AT THE ABOVE ADDRESS	Date:				
☐ Plaintiff OR, ☐ Plaintiff's attorney ☐ Defendant OR, ☐ Defendant's Attorney AT THE ABOVE ADDRESS		□ Plai	ntiff	☐ Defend	ant
	I CERTIFY that I have mailed / will mail a copy of	of this MEI	MORDAND	JM to:	
Date: By	☐ Plaintiff OR, ☐ Plaintiff's attorney ☐ Defe		DR, □ □	efendant's Attorno	ey AT THE ABOVE ADDRESS
☐ Plaintiff ☐ Defendant	Date:	Ву	□ Plainti	ff r	□ Defendant

Revised: 3/25/2009