



# Maricopa County Justice Courts, Arizona

\_\_\_\_\_  
Name of Petitioner/Plaintiff

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

\_\_\_\_\_  
Name of Respondent/Defendant

## 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: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

The Court completes the following section.

**IT IS ORDERED** scheduling a hearing on the above matter.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Be in court at least 15 minutes before the scheduled hearing.

**YOU MUST CHECK IN AT THE FRONT COUNTER BEFORE ENTERING THE COURT ROOM.**

*(Esté en el tribunal por lo menos 15 minutos antes de la audiencia programada.)*

**(DEBE REGISTRARSE EN EL MOSTRADOR DELANTERO ANTES DE ENTRAR EN LA SALA DEL TRIBUNAL)**

**REQUESTS FOR REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES SHOULD BE MADE TO THE COURT AS SOON AS POSSIBLE.**

**(LAS SOLICITUDES PARA ARREGLOS O ADAPTACIONES RAZONABLES PARA PERSONAS CON DISCAPACIDADES SE DEBEN PRESENTAR ANTE EL TRIBUNAL LO MAS ANTES POSIBLE.)**

If an interpreter is needed, please contact the court listed above to request an interpreter be provided.

*(En caso de necesitarse un intérprete, favor de comunicarse con el Tribunal antes mencionado para solicitar que se brinden los servicios de un intérprete.)*

Location: \_\_\_\_\_

Hearing Officer: \_\_\_\_\_

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

I CERTIFY that I mailed / handed to the applicant:

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