

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone / Alternate Phone: ( ) - ( ) -



## Maricopa County Justice Courts, Arizona

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\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
Appellant Name / Address / Email / Phone  
VS. \_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
Appellee Name / Address / Email / Phone  
\_\_\_\_\_)

CASE NUMBER: \_\_\_\_\_  
LC CASE # \_\_\_\_\_

- APPELLANT MEMORANDUM
- APPELLEE RESPONSE MEMORANDUM
- ORAL ARGUMENT REQUESTED

### STATEMENT OF THE CASE:

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REASONS WHY THE JUSTICE COURT RULED INCORRECTLY (INCLUDE ANY STATUTES OR AUTHORITY):

Lined area for writing reasons why the justice court ruled incorrectly, including any statutes or authority.

CONCLUSION:

Lined area for writing the conclusion.

CONCLUSION:

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Date: \_\_\_\_\_ Signature \_\_\_\_\_

I CERTIFY that I delivered / mailed a copy of this  APPELLANT MEMORANDUM  APPELLEE RESPONSE MEMORANDUM to:

<input type="checkbox"/> Plaintiff at the above address	<input type="checkbox"/> Defendant at the above address
<input type="checkbox"/> Plaintiff's attorney at:	<input type="checkbox"/> Defendant's attorney at:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Attorney for Plaintiff(s) Name / Address / Email / Phone	Attorney for Defendant(s) Name / Address / Email / Phone

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