Maricopa County Justice Courts, Arizona

Please select court from the drop down list --------

CASE NUMBER: _____

Plaintiff(s) Name / Address / Email / Phone

Defendant(s) Name / Address / Email / Phone

Attorney for Plaintiff(s) Name / Address / Email / Phone

Attorney for Defendant(s) Name / Address / Email / Phone

SMALL CLAIMS REQUEST ARSCP 12(b)(d)(f)

☐ **Telephonic Hearing** ☐ **Continuance/Reschedule** ☐ **Other** _____

Notice: A request to appear telephonically must be filed by the party in writing at least **15 calendar days** before the hearing date.

I would like the court to grant this request because (please attach additional page(s) if more room is needed):

☐ Attached is supporting documentation for my request (optional).

Date: _____ _____ ☐ Plaintiff _____ ☐ Defendant

I can be reached at the following phone number on the date and time of the hearing: _____

Please inform court staff if interpreter services are required.

☐ Yes, I need interpreter services. Language: _____

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

☐ Plaintiff ☐ Plaintiff's attorney ☐ Defendant ☐ Defendant's attorney

Date: _____ By _____
Signature