



Maricopa County Justice Courts, Arizona

CASE NUMBER: _____

Plaintiff(s) Name / Address / Email / Phone

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

Defendant(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