

Maricopa County Justice Courts, Arizona

	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	
MOTION TO: ORAL ARGUMENT REQUESTE	D JCRCP Ru	la 129
You have the right to file a response to this motion within ten (10 be filed with the court and copies of your response must be served.	ed to the other parties as provided by Rule 120 of the Just	tice
Courts Rules of Civil Procedure. The court may treat your failure	to respond to a motion as your consent that the motion be	е
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granted. Lam the Plaintiff Defendant		
I am the IPlaintiff IDefendant		
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I am the IPlaintiff IDefendant		
I am the IPlaintiff IDefendant		
I am the IPlaintiff IDefendant		
I am the Plaintiff Defendant		
I am the IPlaintiff IDefendant		
I am the Plaintiff Defendant		
I am the Plaintiff Defendant		
I am the Plaintiff Defendant		
I am the Plaintiff Defendant I would like the court to: Statement of facts:		
I am the Plaintiff Defendant		
I am the Plaintiff Defendant I would like the court to: Statement of facts:		
I am the Plaintiff Defendant I would like the court to: Statement of facts:		
I am the Plaintiff Defendant I would like the court to: Statement of facts:		

Date:_						
	Plaintiff Defendant					
	I CERTIFY that a copy of this document has been or will be served on to:					
	Plaintiff at the above address	Plaintiff's attorney	Defendant at the above address	Defendant's attorney		
	Date:	By Signature				