



# Maricopa County Justice Courts, Arizona

STATE OF ARIZONA

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

vs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deputy County Attorney / Address / Phone /Email

Defendant(s) Name / Address / Email / Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

## MOTION and AFFIDAVIT FOR CHANGE OF JUDGE FOR CAUSE (Criminal Rule 10.1)

I am the  State  Defendant in this action.

I move for a change of Judge in this action. I request that this action be transferred to a Justice of the Peace of another precinct.

1. This motion is timely made. (Within ten (10) days after discovery of a hearing or trial)
2. I have good reason to believe and do believe that I cannot have a fair and impartial trial before the Justice of the Peace of this precinct.

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I state under penalty of perjury that the foregoing is true and correct.

Date: \_\_\_\_\_  
 State  Defendant

## NOTICE OF HEARING

This motion will be heard by  a Justice of the Peace not of this precinct  Protem.

This hearing is set for:

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
*(must be within ten (10) calendar days of the filing of Motion)*

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.)*

<p>I CERTIFY that a copy of this document has been or will be provided on _____ to:</p> <p><input type="checkbox"/> The State <input type="checkbox"/> Defendant <input type="checkbox"/> at the above address <input type="checkbox"/> in court <input type="checkbox"/> Defendant's Attorney <input type="checkbox"/> at the above address <input type="checkbox"/> in court</p> <p>Date: _____ Clerk _____</p>
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