

Mohave County Limited Jurisdiction Courts, State of Arizona
SELECT A COURT FROM THE DROP DOWN ARROW AT RIGHT>>>

CASE NUMBER: _____

Appellant Name / Address / Phone

Attorney for Appellant Name / Address / Phone

Appellee Name / Address / Phone

Attorney for Appellee Name / Address / Phone

MOTION TO _____

Form 8

I am the Plaintiff Defendant, and I make this motion because:

I am asking the Court to issue the following Order(s):

Date: _____

_____ Plaintiff Defendant

CERTIFICATE OF MAILING

I CERTIFY that I mailed a copy of this Motion to:

- Plaintiff Plaintiff's attorney at the above address.
 Defendant Defendant's attorney at the above address.

Date: _____

By: _____