

**MOHAVE COUNTY JUSTICE COURTS, STATE OF ARIZONA
SELECT A COURT FROM THE DROP DOWN**

Name of Petitioner/Plaintiff.

Case Number: _____

**REQUEST AND ORDER
FOR HEARING**

Name of Respondent/Defendant.

Check at least one of the following:

- I request a hearing on the denial of my supplemental application for waiver or further deferral.
- I do not agree with the amount of unpaid fees and costs on the itemized statement provided by the court. I request a hearing on the calculation of the unpaid fees and costs.

Date: _____

Signature: _____

Print your name

The Court completes the following section.

IT IS ORDERED scheduling a hearing on the above matter.

Hearing Date: _____ Hearing Time: _____

Hearing Location: _____

Hearing Officer: _____

Dated: _____
Judge

Mailed/handed to applicant on _____, _____ by _____