	TOR CLERKS USE UNET
1) Name of Person Filing:	
Mailing Address:	
City State 7in Code	
City, State, Zip Code:	
Phone Number(s):	
Filone Number(5).	
Attorney Bar Number (if applicable):	
Representing D Self (Without a Lawyer) OR	
Atternet for District OD Defendent	
Attorney for D Plaintiff OR D Defendant	

SUPERIOR COURT OF ARIZONA MOHAVE COUNTY

2)_____ Plaintiff

3) Case Number:_____

REQUEST FOR DEFAULT HEARING AND ORDER

4)	
Ďe	efendant(s)

I, Plaintiff, ask the court to set a default hearing in this case. Defendant(s) have defaulted and all applicable time periods have passed.

5) Dated: _____

Plaintiff Signature

ORDER

Good cause appearing, IT IS ORDERED that a default hearing is set in this case as follows:		
Hearing Date and Time:		
Hearing Place:		415 E. Spring Street, Kingman, AZ 86401
		2225 Trane Road, Bullhead City, AZ 86442
		2001 College Drive, Lake Havasu City, AZ
	86403	
Judicial Officer:		

Dated: _____

Judge of the Superior Court