

Mohave County Justice Courts, State of Arizona

CASE NUMBER: _____

Plaintiff(s)	Name / Address / Phone/ Email

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

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

SMALL CLAIMS

ARSCP 16

☐ **MOTION to VACATE JUDGMENT**

☐ MOTION TO MODIFY JUDGMENT

I am the: ☐ Plaintiff ☐ Plaintiff's Attorney ☐ Defendant ☐ Defendant's Attorney

Pursuant to Rule 16, Arizona Rules of Small Claim Procedure, I request the court to: _____

Date: _____

☐ Plaintiff☐ Defendant

If you are filing this motion: The motion is required to be delivered to the other party on the date of filing with the court.

If you were served this motion: You have 15 calendar days after service to file a written response, if you wish to do so. If no response is filed, the court will consider the relief requested and will enter an order without hearing any objection you may have.

I CERTIFY that I mailed / delivered a copy of this MOTION to:

☐ Plaintiff ☐ Plaintiff's Attorney ☐ Defendant ☐ Defendant's Attorney

Date: _____

By _____

Signature