

Mohave County Justice Courts, State of Arizona

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

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

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

**SMALL CLAIMS REQUEST FOR CONTINUANCE ARSCP 12**

I am the  Plaintiff  Defendant in this case. I request a continuance because: \_\_\_\_\_

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

Attached is supporting documentation for my request.

Date: \_\_\_\_\_  Plaintiff  Defendant

**ORDER and NOTICE OF HEARING DATE**

A request for continuance of the small claims hearing has been filed.

**IT IS ORDERED,**  Granting the request. NOTICE OF NEW HEARING DATE:

\_\_\_\_\_ Date \_\_\_\_\_ Time

**IT IS ORDERED,**  Denying the request. the hearing date remains as previously scheduled.

Date: \_\_\_\_\_  
Justice of the Peace

I CERTIFY that I have mailed / will mail a copy of this ORDER and NOTICE OF HEARING DATE to:

Plaintiff at the above address or  Defendant at the above address

Date: \_\_\_\_\_ By \_\_\_\_\_  
Clerk