

# Mohave County Clerk of the Superior Court

## Pro Per Litigant(s) Electronic Distribution Application

- NEW APPLICATION
- UPDATE APPLICATION
- WITHDRAW APPLICATION

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> PETITIONER              | <input type="checkbox"/> RESPONDENT |
| <input type="checkbox"/> PLAINTIFF               | <input type="checkbox"/> DEFENDANT  |
| <input type="checkbox"/> PARENT                  |                                     |
| <input type="checkbox"/> OTHER: (PLEASE SPECIFY) |                                     |

\*\*\* To receive court documents electronically (via e-mail), please complete all required information below. \*\*\*

CASE NUMBER(S): \_\_\_\_\_

NAME (Contact person): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

(List only one e-mail address)

This E-mail registration does not expire without written modification or withdrawal from the applicant.

PC REQUIREMENTS: IMAGE VIEWER  
FOR ADDITIONAL INFORMATION, PLEASE CHECK THIS BOX

*I am applying for **electronic distribution** of Mohave County Superior Court case file documents. Pursuant to the Supreme Court Administrative Order No. 2009-43, I \_\_\_\_\_ hereby:*

- CONSENT TO  WITHDRAW FROM

*electronic service of documents from the court. I agree to inform the Clerk of Superior Court of any changes in the e-mail address listed on this application.*

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature: \_\_\_\_\_

**RETURN THIS FORM TO:** Mohave County Clerk of the Superior Court, P.O. BOX 7000, Kingman, Arizona 86402-7000

*** FOR DISTRIBUTION CLERK OF SUPERIOR COURT USE ONLY ***		Effective Date:	
Added / Updated / Removed: MCSC Contacts		Deputy Clerk:	
SPN#'s:			