Name of Person Filing Document:	
Mailing Address:	 _
City, State, Zip Code:	 _
Daytime Phone Number:	_
Evening Phone Number:	_
Representing in Pro Per:	

FOR CLERK'S USE ONLY

## IN THE SUPERIOR COURT OF THE STATE OF ARIZONA IN AND FOR THE COUNTY OF MOHAVE

		Case No	
(Name of Petitioner/Plaintiff  AND		REQUEST TO APPEAR / TESTIFY	
		REMOTELY	
(Nam	ne of Respondent/Defendant)		
Rega	arding the following court date:		
Name	e of Proceeding:		
	:	Time:	
	I ask the court to let me attend telephonically		
	OR		
	I ask the court to let me attend remotely by video		
	I am prevented from attending in person because:		
_	It would be a burdensome expense for me to attend in person because:		
_	Other:		
	The other party/the other party's attorney does not object to this Request.		
	The other party/the other party's attorney objects to this Request.		
	I do not know whether the other party / the other party's attorney objects to this Request.  I attempted to find out by:		
CERT I will	TIFICATE OF SERVICE:  □ mail or □ hand-deliver a copy of this	document on the day I file it to the other party / the other party's	
attorr	ney at the following address:		
		<del></del>	
Date		Signature	

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