

Person Filing Document: _____
 Mailing Address (if not protected): _____
 City, State, Zip: _____
 Day/Evening Phone _____
 Attorney Bar Number (if applicable): _____
 Represented by: ☐ Self or ☐ Attorney

SUPERIOR COURT OF ARIZONA MOHAVE COUNTY

In the Matter of:

Case Number: _____

NOTICE OF HEARING REGARDING APPLICATION FOR CHANGE OF NAME

Name(s) of person(s) requesting name change

READ THIS NOTICE CAREFULLY. An important court proceeding that affects your rights has been scheduled. If you do **not** understand this Notice or the other court papers, contact an attorney for legal advice.

1. **NOTICE:** An Application for Change of Name has been filed with the Court by the person(s) named above. A hearing has been scheduled where the Court will consider whether to grant or deny the requested change. If you wish to be heard on this issue, you must appear at the hearing at the date and time indicated below.
2. **COURT HEARING.** A court hearing has been scheduled to consider the Application as follows:

DATE: _____

TIME: _____

BEFORE:

☐ Judge/Commissioner _____
 415 E Spring Street
 Courtroom _____
 Kingman, AZ 86401

☐ Judge/Commissioner _____
 2225 Trane Road
 Courtroom _____
 Bullhead City, AZ 86442

☐ Judge/Commissioner _____
 2001 College Drive
 Courtroom _____
 Lake Havasu City, AZ 86403

☐ Judge/Commissioner _____
 401 E Spring Street
 Courtroom _____
 Kingman, AZ 86401

DATED: _____
 (Month/Day/Year)

Applicant's Signature