

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

Petitioner

AND

Respondent

Case Number: _____

**REQUEST FOR HEARING ON
ORDER DENYING RESTRICTING
PUBLIC ACCESS TO PERSONAL
IDENTIFYING INFORMATION
PURSUANT TO A.R.S. § 12-290**

I request a hearing on the denial of my request to restrict public access to personal identifying information.

Date: _____

Signature: _____

Applicant's Printed Name

The Court completes the following section.

IT IS ORDERED scheduling a hearing on the above matter.

Hearing Date: _____ Hearing Time: _____

Hearing Location:

- Mohave County Courthouse, 415 E Spring Street, Kingman, Arizona 86401
- Mohave County Courthouse, 2225 Trane Avenue, Bullhead City, Arizona 86442
- Mohave County Courthouse, 2001 College Drive, Lake Havasu City, Arizona 86404

Judicial Officer: _____

DATED: _____

JUDICIAL OFFICER

Mailed/handed to applicant on _____, _____ by _____