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For Clerk's Use Only

LA PAZ COUNTY JUSTICE COURT

PRECINCT 1506 / 1105 W. ARIZONA AVE, PARKER, AZ 85344

PH: (928) 669-2504 / parkerjusticecourt@courts.az.gov / www.lapazcountyjusticecourt.com

Case Number: _____

REQUEST (SMALL CLAIMS) (ARSCP 12)

() _____

vs.

() _____

Plaintiff(s) Name / Address / Phone / Email
(The person, business, or entity that is suing)

Defendant(s) Name / Address / Phone / Email
(The person, business, or entity being sued)

I am the ☐ plaintiff ☐ defendant in this action.

I am requesting a ☐ telephonic hearing ☐ continuance ☐ other _____

I would like the court to grant this request because (please attach additional pages if necessary):

Case Number: _____

☐ Optional: I have attached supporting documentation for my request.

☐ I am making a request for a telephonic hearing. If the court grants my request, I can be reached at the following phone number on the date and time of the hearing: _____

Date

Signature

NOTICE: Requests to reschedule your hearing or have a telephonic hearing must be made at least 15 days before the hearing date. You must appear at your scheduled hearing unless the court orders otherwise.

I certify that a copy of this document will be provided by

☐ hand-delivery

☐ first-class mail

☐ electronic means on _____ to all other parties to the lawsuit.

Date

Filing Party's Signature

Case Number: _____