| Person Filing: | |
|---|----------------------|
| Address (if not protected): | |
| City, State, Zip Code: | For Clerk's Use Only |
| Telephone: | |
| Email Address: | |
| Representing [] Self or [] Lawyer for | |
| Lawyer's Bar Number: | |

LA PAZ COUNTY JUSTICE COURT OF ARIZONA

PRECINCT #1506, 1105 W. ARIZONA AVE, PARKER, AZ 85344 (928) 669-2504

| | | Case Number: | |
|--|-----|--|--|
| | | REQUEST AND AFFIDAVIT FOR ENTRY OF DEFAULT JUDGMENT (CIVIL) [] With Hearing [] Without Hearing | |
| | vs. | | |
| () | | () | |
| Plaintiff(s) Name / Address / Phone / Email | | Defendant(s) Name / Address / Phone / Email | |

I request that the court enter a default judgment against the party(ies) named:

The named party(ies) has failed to file an Answer or otherwise respond in this action within the time allowed by Arizona Justice Court Rules of Civil Procedure. At least 10 court business days have passed since the Application for Entry of Default was filed.

| If I am the Plaintiff, then I state that | was served the Summons, |
|---|-------------------------|
| Complaint, and Notice to Defendant by: [] Constable [] Process Server | [] Publication |
| [] Alternative Service [] Acceptance of Service | |

Case Number: If I am the Plaintiff, then I state that ______ was served the Summons, Complaint, and Notice to Defendant by: [] Constable [] Process Server [] Publication [] Alternative Service [] Acceptance of Service [] is in military service [] is not in military service. Supporting facts are: OR [] I am unable to determine whether ______ is in military service. [] is in military service [] is not in military service. Supporting facts are: OR [] I am unable to determine whether ______ is in military service. The total amount is due and owing on my claim as of today's date: Principal \$_____ Pre-judgment interest \$____ Costs \$_____ Attorney's fees \$_____ Other (specify): \$ Total: \$ plus interest at the rate of _____% per annum from the date of judgment. See A.R.S. § 44-1201(B). [] If I am requesting a default judgment without a hearing, (1) my claim is for a specific amount or can be determined by mathematical calculation, AND (2) I have attached documents that prove my claim amount. If I am requesting an award of court costs, I have attached a verified statement of costs. [] I declare under penalty of perjury that the foregoing is true and correct.

Date

Filing Party(ies) Signature

Filing Party(ies) Title

Case Number: _____

| I CERTIFY that a copy of this document will be provided by: | | |
|--|-----------------------------|--|
| [] hand-delivery [] first-class mail [] to | electronic means on | |
| [] hand-delivery [] first-class mail [] to | electronic means on | |
| Date | Filing Party(ies) Signature | |
| | Filing Party(ies) Title | |