



FOR CLERK'S USE ONLY

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, and Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Attorney Bar Number (if applicable): \_\_\_\_\_  
Representing  Self (Without an Attorney) OR  
Attorney for  Petitioner OR  Respondent

**SUPERIOR COURT OF ARIZONA  
IN MARICOPA COUNTY**

\_\_\_\_\_  
Name of Petitioner/Plaintiff

Case Number: \_\_\_\_\_

**REQUEST AND ORDER  
FOR HEARING**

\_\_\_\_\_  
Name of Respondent/Defendant.

**NOTICE:** To ensure that the Consent Judgment is not entered, you must mail or hand-deliver a copy of this document to the Clerk of the Court, Collections Department, 201 West Jefferson, 1st Floor, Phoenix, Arizona 85003.

**Check at least one of the following:**

- I request a hearing on the denial of my supplemental application for waiver or further deferral.
- I do not agree with the amount of unpaid fees and costs on the itemized statement provided by the court. I request a hearing on the calculation of the unpaid fees and/or costs.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print your name: \_\_\_\_\_

**THE COURT COMPLETES THE FOLLOWING SECTION**  
IT IS ORDERED scheduling a hearing on the above matter.  
Hearing Date: \_\_\_\_\_ Hearing Time: \_\_\_\_\_  
Hearing Location: \_\_\_\_\_  
Hearing Officer: \_\_\_\_\_  
Dated: \_\_\_\_\_  
 Judicial Officer OR  Special Commissioner  
Mailed/hand-delivered to applicant on \_\_\_\_\_, by \_\_\_\_\_