

**SUPERIOR COURT OF ARIZONA
PINAL COUNTY**

(971 N Jason Lopez Circle Bldg. A Florence AZ 85132)

Name of Petitioner/Plaintiff

Case Number: _____

REQUEST AND ORDER FOR HEARING

Name of Respondent/Defendant

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 costs.

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: _____

Hearing Officer: _____

DATED: _____

 Judicial Officer Special Commissioner

Mailed/handed to applicant on _____, _____ by _____