



PINAL COUNTY  
Wide open opportunity

# HEARING OFFICE

**Instructions:**

**1. Please complete the following information. All personal information needs to be filled in.**

**Example: Employed by: Not employed . Phone: No Phone**

Date \_\_\_\_\_ Case No: \_\_\_\_\_

Officers Name \_\_\_\_\_ Citation Number \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City; \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ Drivers License#: \_\_\_\_\_

Employed by: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Message Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

The undersigned does agree to pay the order of Pinal County Hearing Office, the sum of \$ \_\_\_\_\_, in addition to any other citations issued prior to or from this date. Also there will be a \$27.00 Administrative Fee for Animal Control, Housing, and the Alarm.

Further, the undersigned agrees to pay \$ \_\_\_\_\_ per month, with the first payment starting \_\_\_\_\_, and \$ \_\_\_\_\_ per month on each subsequent month, until the entire sum is fully paid. Default of any payment indicated thereon shall cause the entire balance to become immediately due and payable.

The undersigned further agrees to pay reasonable attorney fees and collections cost, should legal proceedings become necessary to enforce collections of debt.

Signed \_\_\_\_\_  
Defendant

\_\_\_\_\_  
Hearing Officer/  
Hearings Program Coordinator

Remarks \_\_\_\_\_

Payment may also be made on Line at: <http://www.pinalcountyaz.gov>

[Click on Hearing Office](#)

Click on: On Line Payment - Click on: Citation

And follow instructions. Pay by phone at 888-4311. Extension 6244

If you have any questions

Contact us at: [HearingOffice@pinalcountyaz.gov](mailto:HearingOffice@pinalcountyaz.gov) Or call 520-866-6244 or 520-866-6292