



# Pinal County Justice Courts, Arizona

CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(        ) -  
Plaintiff(s) Name / Address / Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(        ) -  
Defendant(s) Name / Address / Phone

\_\_\_\_\_  
\_\_\_\_\_  
(        ) -  
Attorney for Plaintiff(s) Name / Address / Phone

\_\_\_\_\_  
\_\_\_\_\_  
(        ) -  
Attorney for Defendant(s) Name / Address / Phone

## MOTION AND AFFIDAVIT FOR CHANGE OF VENUE FOR IMPROPER VENUE

JCRCP Rule 133c

I am the defendant in this action. I move for a change of venue.

This motion is timely and is made within ten (10) days of filing answer. An affidavit is made a part of this motion.

I make this affidavit pursuant to ARS 12-404A & JCRCP 133C.

The venue in this action is improper because:

I reside at \_\_\_\_\_ My residence is in the Select a Court from the drop down arrow at the Right >> precinct.

The debt or obligation which gives rise to this action occurred at \_\_\_\_\_ in the Please select court from the drop down list ----- precinct.

The incident occurred at \_\_\_\_\_, in the Select a Court from the drop down arrow at the right >> precinct.

The incident occurred at place of business \_\_\_\_\_, in the Select a Court from the drop down Arrow at the precinct.

Other (state reason, pursuant to ARS 12-404A)

I state under penalty of perjury that the foregoing is true and correct.

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

**TO PLAINTIFF:** You have five (5) Judicial days after service of this motion to reply to the defendant's affidavit if you wish to do so (see Response form attached to this Motion). If no response is given, the Court will order the action transferred to the proper precinct and assess the associated costs of transfer against you, pursuant to A.R.S. 12-407 E.

I CERTIFY that a copy of this document has been or will be mailed on _____ to:	
<input type="checkbox"/> Plaintiff at the above address	<input type="checkbox"/> Plaintiff's attorney
<input type="checkbox"/> Defendant at the above address	<input type="checkbox"/> Defendant's attorney
Date: _____	By _____
	Signature

