



Pinal County Justice Courts, State of Arizona

Name of Person Filing / Address / Phone /
Email

For Clerk's Use Only

REQUEST (Small Claims) ARSCP 12	
Case Number: _____	
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
Plaintiff(s) Name / Address / Phone / Email	Defendant(s) Name / Address / Phone / Email

I am the Plaintiff Defendant

I am requesting a Telephonic Hearing Continuance Other _____

I would like the court to grant this request because (please attach additional pages if necessary):

Case Number: _____

Optional: I have attached supporting documentation for my request.

I am making a making a request for a telephonic hearing. If the court grants my request, I can be reached at the following phone number on the date and time of the hearing: _____

Date

Signature

NOTICE: Requests to reschedule your hearing or have a telephonic hearing must be made at least 15 days before the hearing date. You must appear at your scheduled hearing unless the court orders otherwise.

I certify that a copy of this document will be provided by

hand-delivery

first-class mail

electronic means on _____ to all other parties to the lawsuit.

Date

Filing Party's Signature