

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Representing  Self or  Lawyer for \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_

For Clerk's Use Only

**IN THE SUPERIOR COURT OF ARIZONA  
IN COCHISE COUNTY**

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

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

-vs-

**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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

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

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

**I CERTIFY** that I mailed/delivered a copy of this document to:

Applicant  at the above address,  in court,  hand delivered,  by email

Applicant's attorney  at the above address,  in court,  hand delivered,  by email

\_\_\_\_\_

Date

By \_\_\_\_\_

Clerk