Person Filing:	
Address (if not protected):	
City, State, Zip Code:	For Clerk's Use Only
Telephone:	
Email Address:	
Representing [] Self or [] Lawyer for	
Lawyer's Bar Number:	
SUPERIOR	COURT OF ARIZONA
IN YU	UMA COUNTY
	Case Number:
Name of Petitioner/Plaintiff	-
V.C	REQUEST AND ORDER FOR
-VS-	HEARING
Name of Respondent/Defendant	
Check at least one of the following:	
[] I request a hearing on the denial of my	y supplemental application for waiver or further deferral.
[] I do not agree with the amount of unpotential the court. I request a hearing on the care	aid fees and costs on the itemized statement provided by alculation of the unpaid fees and costs.
Date	Applicant's Signature
	Applicant's Printed Name

	Case Number:
The C	Court completes the following section.
T IS ORDERED scheduling a l	hearing on the above matter.
Hearing Date:	Hearing Time:
DATED:	
	[] Judicial Officer [] Special Commissioner
I CERTIFY that I mailed/deliv	vered a copy of this document to:
	above address, [] in court, [] hand delivered, [] by email v [] at the above address, [] in court, [] hand delivered, [] by email
	By
Date	Clerk