

## **INDEX OF FORMS**

**Information to complete the forms should be TYPED rather than handwritten.**

### **Special Rule for Domestic Relations Cases**

Wherever the terms “Plaintiff” or “Defendant” appear in the attached forms, substitute the terms “Petitioner” or “Respondent.”

<a href="#"><u>Form 1:</u></a>	Notice of Change of Address (Court of Appeals)
<a href="#"><u>Form 2:</u></a>	Notice of Change of Address (Arizona Supreme Court)
<a href="#"><u>Form 3:</u></a>	Notice of Appeal/Notice of Cross-Appeal/Amended Notice of Appeal
<a href="#"><u>Form 4:</u></a>	Caption
<a href="#"><u>Form 5:</u></a>	Caption of a Brief
Form 6:	Deleted
Form 7:	Deleted
<a href="#"><u>Form 8:</u></a>	Case Management Statement with instructions
<a href="#"><u>Form 9:</u></a>	Designation of Partial Transcript
Form 10:	Deleted
Form 11:	Deleted
Form 12:	Deleted
<a href="#"><u>Form 13:</u></a>	Stipulation Fixing Amount of Supersedeas Bond
<a href="#"><u>Form 14:</u></a>	Supersedeas Bond
<a href="#"><u>Form 15:</u></a>	Application for Deferral or Waiver of Court Fees and/or Costs
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<a href="#"><u>Form 23:</u></a>	Petition for Review (filed in the Arizona Supreme Court)
<a href="#"><u>Form 24:</u></a>	Response to Petition for Review (filed in the Arizona Supreme Court)
<a href="#"><u>Form 25:</u></a>	Consent for Electronic Distribution by Clerk of the Court of Appeals
<a href="#"><u>Form 26:</u></a>	Consent for Electronic Distribution by Clerk of the Supreme Court
<a href="#"><u>Form 27:</u></a>	Motion for Extension of Time to File Petition for Review/Response to Petition for Review

COURT'S JURISDICTIONAL NAME

\_\_\_\_\_  
[Name of Plaintiff],

\_\_\_\_\_  
[Appellant/Appellee],

v.

\_\_\_\_\_  
[Name of Defendant],

\_\_\_\_\_  
[Appellant/Appellee].

Supreme Court

Case No. \_\_\_\_\_

CA-CV \_\_\_\_\_

Superior Court

Case No. \_\_\_\_\_

**NOTICE OF CHANGE OF  
ADDRESS**

The party signing this document is the \_\_\_\_\_  
[Appellant/Appellee]. This party advises this Court that \_\_\_\_\_ [his/her]  
address has changed. This party's current address is as follows:

\_\_\_\_\_  
[Full address and phone number].

Dated: \_\_\_\_\_

\_\_\_\_\_  
Name [Appellee/Appellant]

\_\_\_\_\_  
Address

Copy of the foregoing Notice was served by  
[Method of Service, e.g., mail, electronic service or hand-delivery] on  
[Date] to:

---

Name

---

Address

ARIZONA SUPREME COURT

\_\_\_\_\_  
[Name of Plaintiff],

\_\_\_\_\_  
[Appellant/Appellee],

v.

\_\_\_\_\_  
[Name of Defendant],

\_\_\_\_\_  
[Appellant/Appellee].

Supreme Court

Case No. \_\_\_\_\_

CA-CV \_\_\_\_\_

Superior Court

Case No. \_\_\_\_\_

**NOTICE OF CHANGE OF  
ADDRESS**

The party signing this document is the \_\_\_\_\_  
[Appellant/Appellee]. This party advises this Court that \_\_\_\_\_ [his/her]

address has changed. This party's current address is as follows:

\_\_\_\_\_  
[Full address and phone number].

Dated: \_\_\_\_\_

\_\_\_\_\_  
Name [Appellee/Appellant]

\_\_\_\_\_  
Address

Copy of the foregoing Notice was served by  
[Method of Service, e.g., mail, electronic service or hand-delivery] on  
[Date] to:

---

Name

---

Address

Attorney or Party Name  
Law Firm Name (if any)  
State Bar No. (if any)  
Mailing Address  
City, State, Zip Code  
Telephone Number  
Email Address (if required)  
Attorney for \_\_\_\_\_ (party name)

SUPERIOR COURT OF ARIZONA

\_\_\_\_\_ COUNTY

Plaintiff(s)/Petitioner	)	Case number _____
	)	
v.	)	<input type="checkbox"/> Notice of Appeal
	)	<input type="checkbox"/> Notice of Cross-Appeal
	)	<input type="checkbox"/> Amended Notice of Appeal
Defendant(s)/Respondent	)	
_____	)	

**[Use paragraph 1, 2, or 3 as applicable.]**

**1. If the appeal is from the entire Judgment**

Notice is hereby given that the \_\_\_\_\_ [name of party or parties] ☐ appeals or ☐ cross-appeals to the Arizona Court of Appeals from the judgment entered in this case on the \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of ☐ Attorney or ☐ Self-Represented Party

**Certificate of Service**

Copy of the foregoing Appeal was served by  
[Method of Service, e.g., mail, electronic service or hand-delivery] on  
[Date] to:

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

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

## 2. If the appeal is from a part of the Judgment

Notice is hereby given that the \_\_\_\_\_ [name of party or parties] ☐ appeals or ☐ cross-appeals to the Arizona Court of Appeals from the following part of the Judgment entered in this case on the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_. [Specify here the part of the Judgment the party is appealing. \_\_\_\_\_ ]

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of ☐ Attorney or ☐ Self-Represented Party

### Certificate of Service

Copy of the foregoing Appeal was served by  
[Method of Service, e.g., mail, electronic service or hand-delivery] on  
[Date] to:

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

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

## 3. If the appeal is from an Order

Notice is hereby given that the \_\_\_\_\_ [name of party or parties] ☐ appeals or ☐ cross-appeals to the Arizona Court of Appeals from the Order made and entered in this case on the \_\_\_\_ day of \_\_\_\_\_ 20\_\_. [Briefly describe here the Order that the party is appealing. \_\_\_\_\_ ]

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of ☐ Attorney or ☐ Self-Represented Party

### Certificate of Service

Copy of the foregoing Appeal was served by  
[Method of Service, e.g., mail, electronic service or hand-delivery] on  
[Date] to:

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

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

Attorney or Party Name  
Law Firm Name (if any)  
State Bar No. (if any)  
Mailing Address  
City, State, Zip Code  
Telephone Number  
Email Address (if required)  
Attorney for \_\_\_\_\_ (party name)

ARIZONA COURT OF APPEALS

DIVISION \_\_\_\_

ROBERT RED, )  
 )  
Petitioner/Appellee, )  
 )  
v. )  
 )  
ROBERTA RED, )  
 )  
Respondent/Appellant. )  
\_\_\_\_\_ )

No. 1-CA-CV-15-0000

Maricopa County Superior Court  
No. FC-2014-999999

PETITIONER'S MOTION TO  
EXTEND TIME FOR FILING  
OPENING BRIEF

*[Note – If applicable, add:  
“Motion for Procedural Order”]*



ARIZONA COURT OF APPEALS

DIVISION \_\_\_\_

THE TOWN OF CACTUS, a political	)	No. 1-CA-CV 15-0000
subdivision of the State of Arizona; ABC	)	
HOMES, INC., an Arizona corporation;	)	Maricopa County Superior Court
ROBERT RED AND ROBERTA RED,	)	No. CV 2013-999999
husband and wife,	)	
	)	
Plaintiffs/Appellants,	)	
v.	)	
	)	
ARIZONA DEPARTMENT OF	)	
ELECTRONICS (“ADE”), an agency of the	)	
State of Arizona, and BILL BOBB, in his	)	
capacity as Director of ADE	)	
	)	
Defendants/Appellees.	)	
	)	
-----	)	
MOUNTAIN VIEW PRODUCTS, INC., a	)	
Montana corporation,	)	
	)	
Intervenor.	)	
	)	

ANSWERING BRIEF OF DEFENDANTS/APPELLEES ADE AND BOBB

David Done  
Greater Phoenix Law Firm  
State Bar No. 000000  
P.O. Box 000  
Phoenix, Arizona 85090  
(602) 999-9999  
Email Address (if required)  
Attorney for ADE and Bobb

IN THE  
**Court of Appeals**  
STATE OF ARIZONA  
DIVISION ONE

**CASE MANAGEMENT STATEMENT  
INSTRUCTIONS**

Arizona Rule of Civil Appellate Procedure 12(d) requires an appellant to file a Case Management Statement in superior court within 20 days after distribution of the appellate clerk's initial notice under Rule 12(b). The appellant must file a copy of the judgment/order appealed from with the Case Management Statement. In cases involving multiple appellants, the Court encourages appellants to consult with each other and file a single Case Management Statement. A cross-appellant must file a Case Management Statement within 30 days after the appellate clerk's second notice under Rule 12(c).

Copies of the Case Management Statement must be served on all other parties to the appeal. Failure to file or serve the statement within the time prescribed may result in sanctions, including dismissal of the appeal.

The Case Management Statement assists the parties in identifying common procedural and jurisdictional problems prior to briefing and provides the Court of Appeals with information it needs to process the appeal properly. The statement must be completed fully and accurately. The omission of an issue from a Case Management Statement, however, will not by itself support a motion to strike an argument from the opening brief.

IN THE  
**Court of Appeals**  
STATE OF ARIZONA  
DIVISION ONE

**CASE MANAGEMENT STATEMENT**

---

v.

---

1 CA-CV \_\_\_\_\_

\_\_\_\_\_ County Superior Court

Superior Court case number: \_\_\_\_\_

Judge \_\_\_\_\_

\_\_\_\_\_  
Name of Filing Party

\_\_\_\_\_  
Signature of Counsel or Party

\_\_\_\_\_  
Date

## **A. APPELLATE JURISDICTION**

1. State the basis for appellate jurisdiction (*See* A.R.S. § 12-2101):
2. State the date the superior court filed the judgment/order you are appealing and state whether the court signed the ruling.
3. Provide the date each notice of appeal or cross-appeal was filed and identify the filing party.
4. If the time for appeal was extended by one of the motions identified in Arizona Rule of Civil Appellate Procedure 9(e)(1), identify the motion, the date it was filed, the date the superior court filed its ruling on the motion, and state whether the ruling was signed.
5. If any motions are currently pending in superior court, identify the name of each motion and the date it was filed.
6. Is the judgment/order appealed from certified as final pursuant to Arizona Rule of Civil Procedure 54(c)?
7. If any claims remain pending in the superior court, including claims for attorneys' fees, was the judgment/order made appealable pursuant to Arizona Rule of Civil Procedure 54(b) or Arizona Rule of Family Law Procedure 78(B)?

## B. CASE INFORMATION

1. List all parties to the superior court action.
2. List any party in superior court that is not a party to this appeal and explain in detail why the party is not included in this appeal, e.g., the party was dismissed, not served, or other. Include specific relevant references to the record.
3. Describe briefly all claims (including counterclaims, cross-claims and third-party claims) asserted in the superior court and the manner each such claim was resolved in the superior court (i.e., bench trial, jury verdict, dismissal, summary judgment, or default judgment). Include specific relevant references to the record.
4. Identify the issues to be raised on appeal.

5. If this case involves an assertion or allegation that a state statute, ordinance, franchise, or rule is unconstitutional on its face, or that a municipal ordinance or franchise is facially invalid, have you complied with A.R.S. § 12-1841?

### **C. TRANSCRIPTS**

1. State the date you complied with Arizona Rule of Civil Appellate Procedure 11(c)(1) and (2) by ordering the transcript(s) necessary for proper consideration of the issues on appeal.

Identify the certified court reporter or authorized transcriber responsible for preparing the transcript(s): \_\_\_\_\_

Provide the court reporter's estimated date of completion of the transcript(s):  
\_\_\_\_\_

2. State the date you complied with Arizona Rule of Civil Appellate Procedure 11(c)(3) by filing a notice of transcript order and, if applicable, a statement of the issues.

### **D. OTHER PENDING AND PRIOR PROCEEDINGS**

1. If any party to this appeal is the subject of a pending petition in bankruptcy court, identify the court and provide the case name and number.
2. Provide the case name and number of any other appeal, special action, or petition for review filed from the same, or a consolidated, superior court action.

3. Provide the case name and number of any other appeal(s) pending in the Court of Appeals that involve the same parties, events, or transactions giving rise to this appeal.
  
4. Provide the case name and number of any known pending appeals in the Court of Appeals that raise the same or closely related issues.

### E. CONTACT INFORMATION

1. Filing Party

This Case Management Statement is filed by or on behalf of:

Name of Party: \_\_\_\_\_

Counsel: \_\_\_\_\_

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

\_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Check one:    \_\_\_\_\_ Appellant    \_\_\_\_\_ Cross-Appellant    \_\_\_\_\_ Appellee

For a joint statement by multiple appellants, provide contact information for additional appellants on a separate sheet accompanied by certification that they concur in the contents of this statement.

2. Opposing Party

Name of Party: \_\_\_\_\_

Counsel for Opposing Party: \_\_\_\_\_

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

\_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

(List additional counsel/parties on separate sheet if necessary)



## CERTIFICATION OF SERVICE

I certify that on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, I served copies of the above Case Management Statement on all counsel/parties of record by electronic service, hand delivery or by depositing a true copy thereof in the United States mail addressed as follows:

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

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

\_\_\_\_\_

\_\_\_\_\_  
Signature

SUPERIOR COURT OF ARIZONA

\_\_\_\_\_ COUNTY

\_\_\_\_\_  
[Name of Plaintiff],

Plaintiff,

v.

\_\_\_\_\_  
[Name of Defendant],

Defendant.

Superior Court Case  
No. \_\_\_\_\_

**DESIGNATION OF PARTIAL  
TRANSCRIPT**

Pursuant to Arizona Rule of Civil Appellate Procedure 11(c), the  
\_\_\_\_\_[Plaintiff/Defendant] designates the following portions  
of the reporter's transcript to be included in the record on appeal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**[Set forth the date of transcript and pages to be used. Attach additional  
pages if necessary.]**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Name [Plaintiff/Defendant]

\_\_\_\_\_  
Address

Copy of this Designation was served by  
[Method of Service, e.g., mail, electronic service or hand-delivery] on  
[Date] to:

---

Name

---

Address

SUPERIOR COURT OF ARIZONA

\_\_\_\_\_ COUNTY

\_\_\_\_\_  
[Name of Plaintiff],

Plaintiff,

v.

\_\_\_\_\_  
[Name of Defendant],

Defendant.

Superior Court Case  
No. \_\_\_\_\_

**STIPULATION FIXING  
AMOUNT OF SUPERSEDEAS  
BOND**

\_\_\_\_\_ [Plaintiff or Defendant] is appealing the Judgment rendered on \_\_\_\_\_ [Date] and desires to supersede the judgment and stay the execution thereof on appeal. Therefore, it is stipulated between the parties that the supersedeas bond required be in the amount of \$ \_\_\_\_\_ [Dollar Amount] and that a \_\_\_\_\_ [Cashier's Check or Bond] in the form attached hereto may be used for that purpose.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Name [Plaintiff/Defendant]

\_\_\_\_\_  
Address

\_\_\_\_\_  
Attorney Name [for Name Party]

\_\_\_\_\_  
Address

SUPERIOR COURT OF ARIZONA

\_\_\_\_\_ COUNTY

\_\_\_\_\_  
[Name of Plaintiff],

Plaintiff,

v.

\_\_\_\_\_  
[Name of Defendant],

Defendant.

Superior Court Case  
No. \_\_\_\_\_

**SUPERSEDEAS BOND**

KNOW ALL MEN BY THESE PRESENTS:

That \_\_\_\_\_ [Appellant's Name] as principal and \_\_\_\_\_  
[Company's Name] as surety do hereby acknowledge themselves bound to  
\_\_\_\_\_ [Appellee's Name] for the sum of \$ \_\_\_\_\_ [Dollar Amount].  
The principal is appealing the judgment in the above-entitled case entered on  
\_\_\_\_\_ [Date], and desires to supersede that judgment and stay the  
execution thereof on appeal. Therefore, the foregoing bond shall remain in force  
and effect except that if principal satisfies in full the judgment remaining  
unsatisfied, together with the costs, interest and any damages reasonably  
anticipated to flow from the granting of the stay, including damages for delay, if  
for any reason the appeal is dismissed or if the judgment is affirmed, or if the  
principal satisfies in full such modifications of the judgment and costs, interest and  
damages as the appellate court may adjudge and award, then the foregoing bond  
shall be void.

Dated: \_\_\_\_\_

\_\_\_\_\_  
[Name and address of Appellant]

\_\_\_\_\_  
[Name and address of Surety]

**(COURT'S JURISDICTIONAL NAME AND ADDRESS HERE)**

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, and Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Attorney Bar Number (if applicable): \_\_\_\_\_  
Attorney E-mail Address : \_\_\_\_\_  
Representing ☐ Self (Without an Attorney) OR  
☐ Attorney for ☐ Petitioner ☐ Respondent

**STATE OF ARIZONA** )  
**COUNTY OF** \_\_\_\_\_ ) **ss.**

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

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

**APPLICATION FOR DEFERRAL OR WAIVER OF  
COURT FEES OR COSTS AND CONSENT TO  
ENTRY OF JUDGMENT**

\_\_\_\_\_  
**Name of Respondent/Defendant**

**Notice.** A Fee Deferral is only a temporary postponement of the payment of the fees due. You may be required to make payments depending on your income. A Fee Waiver is usually permanent unless your financial circumstances change during the pendency of this court action.

I am requesting a deferral or waiver of all fees including: filing a case, issuance of a summons or subpoena, the cost of attendance at an educational program required by A.R.S. § 25-352, one certified copy of a temporary order in a family law case, one certified copy of the court's final order, preparation of the record on appeal, court reporter's fees of reporters or transcribers, service of process costs, and/or service by publication costs. (I have completed the separate Supplemental Information form if I am asking for service of process costs, or service by publication costs.) I understand that if I request deferral or waiver because I am a participant in a government assistance program, I am required to provide proof at the time of filing. The document(s) submitted must show my name as the recipient of the benefit and the name of the agency awarding the benefit. **Note. All other applicants must complete the financial questionnaire beginning at section 3. If you are a participant in one of the programs in section 1 or 2 (below), you do not need to complete the financial questionnaire, and can proceed to the signature page.**

1. [ ] **DEFERRAL:** I receive government assistance from the state or federal program marked below or am represented by a not for profit legal aid program:

- [ ] Temporary Assistance to Needy Families (TANF)  
[ ] Food Stamps  
[ ] Legal Aid Services

2. [ ] **WAIVER:**

[ ] I receive government assistance from the federal Supplemental Security Income (SSI) program.

**3. FINANCIAL QUESTIONNAIRE**

**SUPPORT RESPONSIBILITIES.** List all persons you support (including those you pay child support and/or spousal maintenance/support for):

**NAME**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RELATIONSHIP**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATEMENT OF INCOME AND EXPENSES**

Employer name: \_\_\_\_\_

Employer phone number: \_\_\_\_\_

[ ] I am unemployed (explain): \_\_\_\_\_

My prior year's gross income: \$ \_\_\_\_\_

**MONTHLY INCOME**

My total monthly gross income: \$ \_\_\_\_\_

My spouse's monthly gross income (if available to me): \$ \_\_\_\_\_

Other current monthly income, including spousal maintenance/support,  
retirement, rental, interest, pensions, and lottery winnings: \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

**MONTHLY EXPENSES AND DEBTS:** My monthly expenses and debts are:

	<b>PAYMENT AMOUNT</b>	<b>LOAN BALANCE</b>
Rent/Mortgage payment	\$ _____	\$ _____
Car payment	\$ _____	\$ _____
Credit card payments	\$ _____	\$ _____
Explain: Other payments & debts	\$ _____	\$ _____
Household	\$ _____	
Utilities/Telephone/Cable	\$ _____	
Medical/Dental/Drugs	\$ _____	
Health insurance	\$ _____	
Nursing care	\$ _____	
Tuition	\$ _____	
Child support	\$ _____	
Child care	\$ _____	
Spousal maintenance	\$ _____	
Car insurance	\$ _____	
Transportation	\$ _____	
Other expenses (explain)	\$ _____	

**TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_

**STATEMENT OF ASSETS:** List only those assets available to you and accessible without financial penalty.

	<b>ESTIMATED VALUE</b>
Cash and bank accounts	\$ _____
Credit union accounts	\$ _____
Other liquid assets	\$ _____

**TOTAL ASSETS** \$ \_\_\_\_\_

The basis for the request is:

4. ☐ **DEFERRAL:**

- A. ☐ My income is insufficient or is barely sufficient to meet the daily essentials of life, and includes no allotment that could be budgeted for the fees and costs that are required to gain access to the court. My gross income as computed on a monthly basis is 150% or less of the current federal poverty level. (Note: Gross monthly income includes your share of community property income if available to you.)

OR

- B. ☐ I do not have the money to pay court filing fees and/or costs now. I can pay the filing fees and/or costs at a later date. **Explain.**

\_\_\_\_\_

OR

- C. ☐ My income is greater than 150% of the poverty level, but have proof of extraordinary expenses (including medical expenses and costs of care for elderly or disabled family members) or other expenses that reduce my gross monthly income to 150% or below the poverty level.

**DESCRIPTION OF EXPENSES**

**AMOUNT**

_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL EXTRAORDINARY EXPENSES**

\$ \_\_\_\_\_

5. ☐ **WAIVER:**

I am permanently unable to pay. My income and liquid assets are insufficient or barely sufficient to meet the daily essentials of life and are unlikely to change in the foreseeable future.

**IMPORTANT**

This "Application for Deferral or Waiver of Court Fees or Costs" includes a "Consent to Entry of Judgment." By signing this Consent, you agree a judgment may be entered against you for all fees and costs that are deferred but remain unpaid thirty (30) calendar days after entry of final judgment. At the conclusion of the case you will receive a *Notice of Court Fees and Costs Due* indicating how much is owed and what steps you must take to avoid a judgment against you if you are still participating in a qualifying program. You may be ordered to repay any amounts that were waived if the court finds you were not eligible for the fee deferral or waiver. If your case is dismissed for any reason, the fees and costs are still due.

**CONSENT TO ENTRY OF JUDGMENT.** By signing this Application, I agree that a judgment may be entered against me for all fees or costs that are deferred but remain unpaid thirty (30) calendar days after entry of final judgment.

**OATH OR AFFIRMATION**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judicial Officer, Deputy Clerk or Notary Public

\_\_\_\_\_  
My Commission Expires/Seal:



ARIZONA COURT OF APPEALS

DIVISION \_\_\_\_\_

\_\_\_\_\_  
**Name of Plaintiff],**

\_\_\_\_\_  
**[Appellant/Appellee],**

v.

\_\_\_\_\_  
**[Name of Defendant],**

\_\_\_\_\_  
**[Appellant/Appellee].**

CA-CV \_\_\_\_\_

Superior Court  
Case No. \_\_\_\_\_

**[APPELLANT’S OPENING BRIEF] [APPELLEE’S ANSWERING BRIEF]  
OR  
[APPELLANT’S REPLY BRIEF]**

\_\_\_\_\_  
Name **[Appellant/Appellee]**

\_\_\_\_\_  
Address

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## **STATEMENT OF THE CASE**

(Add additional sheets of paper as necessary to complete this section.)

## **STATEMENT OF FACTS**

(Add additional sheets of paper as necessary to complete this section.)

**ISSUE(S) PRESENTED**

(Add additional sheets of paper as necessary to complete this section.)

## **ARGUMENT**

(Add additional sheets of paper as necessary to complete this section.)

## **CONCLUSION**

---

**[Date]**

---

**[Name]**

---

**[Address]**

## **PROOF OF SERVICE**

The undersigned \_\_\_\_\_ [Appellant/Appellee]  
on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_, filed an Original and one (1) copy of  
the \_\_\_\_\_ [Appellant's  
Opening Brief, Appellee's Answering Brief, or Appellant's Reply Brief] in the  
Court of Appeals; and served a copy to the following parties in compliance with  
Rule 5(c)(2) of the Arizona Rules of Civil Procedure as follows:

Method of Service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
[Appellant/Appellee or Counsel]

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code



## **CERTIFICATE OF COMPLIANCE**

(See **Form 17** for complete version of Certificate of Compliance to insert here.)

Certificate of Compliance

1. This certificate of compliance concerns:
  - ☐ A brief, and is submitted under Rule 14(a)(5)
  - ☐ An accelerated brief, and is submitted under Rule 29(a)
  - ☐ A motion for reconsideration, or a response to a motion for reconsideration, and is submitted under Rule 22(e)
  - ☐ A petition or cross-petition for review, a response to a petition or cross-petition, or a combined response and cross-petition, and is submitted under Rule 23(h)
  - ☐ An amicus curiae brief, and is submitted under Rule 16(b)(4)
2. The undersigned certifies that the brief/motion for reconsideration/petition or cross-petition for review to which this Certificate is attached uses type of at least 14 points, is double-spaced, and contains \_\_\_\_\_ words.
3. The document to which this Certificate is attached ☐ does not, or ☐ does exceed the word limit that is set by Rule 14, Rule 22, Rule 23, or Rule 29, as applicable.

---

Signature of ☐ Attorney or ☐ Self-Represented Party

---

Printed Name of Attorney or Self-Represented Party

ARIZONA COURT OF APPEALS

DIVISION \_\_\_\_\_

\_\_\_\_\_  
[Name of Plaintiff],

\_\_\_\_\_  
[Appellant/Appellee],

v.

\_\_\_\_\_  
[Name of Defendant],

\_\_\_\_\_  
[Appellant/Appellee].

CA-CV \_\_\_\_\_

Superior Court

Case No. \_\_\_\_\_

**MOTION FOR EXTENSION OF  
TIME TO FILE BRIEF**

\_\_\_\_\_ [Appellant/Appellee] requests an extension of time within which  
to file \_\_\_\_\_ [His/Her] \_\_\_\_\_ [Opening/Answering/Reply] brief from  
\_\_\_\_\_ [Date Currently Due] to \_\_\_\_\_ [New Date] for the reasons that  
\_\_\_\_\_ [Set Forth  
Reasons].

Dated: \_\_\_\_\_

\_\_\_\_\_  
Name [Appellant/Appellee]

\_\_\_\_\_  
Address

Copy of this Motion was served by  
[Method of Service, e.g., mail, electronic service or hand-delivery]  
on **Date** to:

---

Name

---

Address

ARIZONA COURT OF APPEALS

DIVISION \_\_\_\_\_

\_\_\_\_\_  
[Name of Plaintiff],

\_\_\_\_\_  
[Appellant/Appellee],

v.

\_\_\_\_\_  
[Name of Defendant],

\_\_\_\_\_  
[Appellant/Appellee].

CA-CV \_\_\_\_\_

Superior Court

Case No. \_\_\_\_\_

**STIPULATION FOR EXTENSION  
OF TIME TO FILE BRIEF**

The undersigned stipulate and agree that \_\_\_\_\_ [Appellant's/  
Appellee's] time for filing the \_\_\_\_\_ [Opening/Answering/Reply]  
brief in this matter may be extended from \_\_\_\_\_ [Current Due Date] to  
\_\_\_\_\_ [New Date Desired]. This extension is requested because  
[List Reasons].

Dated: \_\_\_\_\_

\_\_\_\_\_  
Name [the Appellant]

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name [the Appellee]

\_\_\_\_\_  
Address

ARIZONA COURT OF APPEALS

DIVISION \_\_\_\_\_

\_\_\_\_\_  
**Name of Plaintiff],**

\_\_\_\_\_  
**[Appellant/Appellee],**

v.

\_\_\_\_\_  
**[Name of Defendant],**

\_\_\_\_\_  
**Appellant/Appellee].**

CA-CV \_\_\_\_\_

Superior Court

Case No. \_\_\_\_\_

**[APPELLEE'S/CROSS-APPELLANT'S ANSWERING BRIEF AND  
OPENING BRIEF ON CROSS-APPEAL]**

**OR**

**[APPELLANT'S/CROSS-APPELLEE'S REPLY BRIEF AND ANSWERING  
BRIEF ON CROSS-APPEAL]**

**OR**

**[APPELLEE'S/CROSS-APPELLANT'S REPLY BRIEF ON CROSS-  
APPEAL]**

NOTE: These Briefs follow the same format as **Form 16** above.

\_\_\_\_\_  
Name **[Appellant/Appellee]**

\_\_\_\_\_  
Address

ARIZONA COURT OF APPEALS

DIVISION \_\_\_\_\_

\_\_\_\_\_  
**Name of Plaintiff],**

\_\_\_\_\_  
**[Appellant/Appellee],**

v.

\_\_\_\_\_  
**[Name of Defendant],**

\_\_\_\_\_  
**[Appellant/Appellee].**

CA-CV \_\_\_\_\_

Superior Court

Case No. \_\_\_\_\_

**REQUEST FOR ORAL  
ARGUMENT**

Pursuant to ARCAP 18, the \_\_\_\_\_ **[Appellant/Appellee]** requests oral argument in the above-entitled matter.

Dated: \_\_\_\_\_

\_\_\_\_\_  
**[Name]**

\_\_\_\_\_  
**[Address]**

Copy of the foregoing Request was served by [Method of Service, e.g., mail, electronic service or hand-delivery] on **Date**] to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

ARIZONA COURT OF APPEALS

DIVISION \_\_\_\_\_

\_\_\_\_\_  
[Name of Plaintiff],

\_\_\_\_\_  
[Appellant/Appellee],

v.

\_\_\_\_\_  
[Name of Defendant],

\_\_\_\_\_  
[Appellant/Appellee].

CA-CV \_\_\_\_\_

Superior Court

Case No. \_\_\_\_\_

STATEMENT OF COSTS

To: The Clerk of this Court and attorneys for the \_\_\_\_\_  
[Appellant/Appellee]:

The undersigned \_\_\_\_\_ [Appellant/Appellee] requests taxation  
of costs in the sum of \$ \_\_\_\_\_ [Dollar Amount] for the following expenses:

1. Clerk's fees .....\$ \_\_\_\_\_
2. Certified copies of record .....\$ \_\_\_\_\_
3. Briefs .....\$ \_\_\_\_\_
4. Reporter's Transcript.....\$ \_\_\_\_\_
5. Attorneys' Fees (if applicable).....\$ \_\_\_\_\_
6. [Other] .....\$ \_\_\_\_\_
- TOTAL .....\$ \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
[Name]

\_\_\_\_\_  
[Address]



Copy of this Statement was served by  
[Method of Service, e.g., mail, electronic service or hand-delivery]  
on **[Date]** to:

---

Name

---

Address

AFFIDAVIT SUPPORTING STATEMENT OF COSTS

STATE OF ARIZONA    )  
  ) ss.  
\_\_\_\_\_COUNTY    )

\_\_\_\_\_ [Name], being first sworn upon oath, deposes and says:

\_\_\_\_\_ [He/She] is \_\_\_\_\_ [Appellant/Appellee] in this action, is better informed than the \_\_\_\_\_ [Appellant/Appellee] of the costs in this appeal. The amounts listed above have actually been expended in connection with this case.

\_\_\_\_\_  
[Signed]

SUBSCRIBED AND SWORN TO before me on [Date].

[seal]

\_\_\_\_\_  
Notary Public

Copy served by  
[Method of Service, e.g., mail, electronic service or hand-delivery]  
on [Date] to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

**[NOTE: LIMIT FOR THIS DOCUMENT IS 3500 WORDS OR 12  
HANDWRITTEN PAGES]**

ARIZONA SUPREME COURT

\_\_\_\_\_  
[Name of Plaintiff],

\_\_\_\_\_  
[Appellant/Appellee],

v.

\_\_\_\_\_  
[Name of Defendant],

\_\_\_\_\_  
[Appellant/Appellee].

CA-CV \_\_\_\_\_

Superior Court

Case No. \_\_\_\_\_

**PETITION FOR REVIEW**

\_\_\_\_\_ [Appellant/Appellee] petitions the Supreme  
Court of Arizona to review the decision of the Court of Appeals in this matter.

- A. Issues Presented for Review.
- B. List of Additional Issues Presented to, but Not Decided by, Court of Appeals and Which May Need to be Decided if Review is Granted.
- C. Statement of Facts.
- D. Reasons for Granting this Petition.

**E. [PARTY FILING THE PETITION FOR REVIEW MUST ATTACH  
A COPY OF THE COURT OF APPEALS DECISION TO THE  
PETITION]**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

**PROOF OF SERVICE**

The undersigned \_\_\_\_\_ [Appellant/Appellee]  
on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, filed an Original and one (1) copy of  
the \_\_\_\_\_ Petition for Review  
in the Supreme Court; and served a copy to the following parties in compliance  
with Rule 5(c)(2) of the Arizona Rules of Civil Procedure as follows:

Method of  
Service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
[Appellant/Appellee or Counsel]

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

## **CERTIFICATE OF COMPLIANCE**

(See **Form 17** for complete version of Certificate of Compliance to insert here.)

**[NOTE: LIMIT FOR THIS DOCUMENT IS 3500 WORDS OR  
12 HANDWRITTEN PAGES]  
ARIZONA SUPREME COURT**

\_\_\_\_\_  
**[Name of Plaintiff],**

\_\_\_\_\_  
**[Appellant/Appellee],**

v.

\_\_\_\_\_  
**[Name of Defendant],**

\_\_\_\_\_  
**[Appellant/Appellee].**

Supreme Court

Case No. \_\_\_\_\_

CA-CV \_\_\_\_\_

Superior Court

Case No. \_\_\_\_\_

**RESPONSE TO PETITION FOR  
REVIEW**

\_\_\_\_\_ **[Appellant/Appellee]** responds to the Petition for Review to the Arizona Supreme Court previously filed to review the decision of the Court of Appeals in this matter.

- A. Issues Presented for Review.
- B. List of Additional Issues Presented to, but Not Decided by, Court of Appeals and Which May Need to be Decided if Review is Granted.
- C. Statement of Facts.

D. Reasons Petition for Review should not be Granted.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

**PROOF OF SERVICE**

The undersigned \_\_\_\_\_ [Appellant/Appellee]  
on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, filed an Original and one (1) copy of the  
\_\_\_\_\_ Response to Petition for  
Review in the Supreme Court; and served a copy to the following parties in  
compliance with Rule 5(c)(2) of the Arizona Rules of Civil Procedure as follows:

Method of Service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
[Appellant/Appellee or Counsel]

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

## **CERTIFICATE OF COMPLIANCE**

(See **Form 17** for complete version of Certificate of Compliance to insert here.)



Party Name  
Mailing Address  
City, State, Zip Code  
Telephone Number

ARIZONA COURT OF APPEALS

DIVISION \_\_\_\_\_

_____ ,	Supreme Court
<b>Appellee,</b>	Case No. _____
	Court of Appeals
v.	Division _____
_____	No. _ - _____
<b>Appellant.</b>	Superior Court
	Case No. _____

The undersigned self-represented party to this appeal, pursuant to Rule 4.2(h) of the Arizona Rules of Civil Appellate Procedure, consents to electronic distribution of court documents by the appellate clerk. The appellate clerk may distribute court documents to the undersigned at the following electronic mailing address: \_\_\_\_\_.

The undersigned is responsible for maintaining this email address, and for checking it on a regular basis.

This consent is effective when it is filed with the appellate clerk. The undersigned understands that this consent is voluntary and that it remains in effect until the undersigned files a written withdrawal of consent with the appellate clerk.

This consent form does not constitute consent to electronic service on the undersigned by another party.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20

---

Printed Name of Self-Represented Party

---

Signature of Self-Represented Party

Party Name  
Mailing Address  
City, State, Zip Code  
Telephone Number

SUPREME COURT OF ARIZONA

_____ ,	Supreme Court
<b>Appellee,</b>	Case No. _____
	Court of Appeals
v.	Division _____
_____	No. _ - _____
<b>Appellant.</b>	Superior Court
	Case No. _____

The undersigned self-represented party to this appeal, pursuant to Rule 4.2(h) of the Arizona Rules of Civil Appellate Procedure, consents to electronic distribution of court documents by the appellate clerk. The appellate clerk may distribute court documents to the undersigned at the following electronic mailing address:\_\_\_\_\_.

The undersigned is responsible for maintaining this email address, and for checking it on a regular basis.

This consent is effective when it is filed with the appellate clerk. The undersigned understands that this consent is voluntary and that it remains in effect until the undersigned files a written withdrawal of consent with the appellate clerk.

This consent form does not constitute consent to electronic service on the undersigned by another party.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

---

Printed Name of Self-Represented Party

---

Signature of Self-Represented Party

SUPREME COURT OF ARIZONA

\_\_\_\_\_,

Appellee,

v.

\_\_\_\_\_,

Appellant.

No. \_\_\_\_\_

No. 1 CA \_\_\_\_\_

Superior Court No. \_\_\_\_\_

**MOTION FOR EXTENSION OF  
TIME TO FILE PETITION FOR  
REVIEW/RESPONSE TO  
PETITION FOR REVIEW**

\_\_\_\_\_ Appellee/Appellant requests an extension of  
time within which to file [Petition for Review] [Response to Petition for  
Review] from \_\_\_\_\_ to \_\_\_\_\_ for the reasons  
that \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

## **PROOF OF SERVICE**

The undersigned \_\_\_\_\_ [Appellant/Appellee]  
on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_, filed an Original and one (1) copy of the  
\_\_\_\_\_ Motion for Extension of  
Time to File Petition for Review/Response to Petition for Review in the Supreme  
Court; and served a copy to the following parties in compliance with Rule 5(c)(2) of  
the Arizona Rules of Civil Procedure as follows:

Method of Service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
[Appellant/Appellee or Counsel]

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code