

**SUPERIOR COURT OF ARIZONA  
GILA COUNTY**

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

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

AND

**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: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**The Court completes the following section.**

**IT IS ORDERED** scheduling a hearing on the above matter.

Hearing Date: \_\_\_\_\_

Hearing Time: \_\_\_\_\_

Hearing Location:

- Gila County Courthouse, 1400 E. Ash St., Globe, AZ
- Gila County Court Complex, 714 S. Beeline Highway, Suite 104, Payson, AZ

before the Honorable: \_\_\_\_\_

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

\_\_\_\_\_  
Judicial Officer / Commissioner

Mailed/handed to applicant on \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_