

PIMA COUNTY CONSOLIDATED JUSTICE COURT
240 N. Stone Avenue, Tucson, AZ 85701 (520) 724-3171

PLAINTIFF (Name/Address/Phone): ATTORNEY (If Stipulation Filed)	CASE NO. <hr/> SMALL CLAIMS DIVISION REQUEST FOR CONTINUANCE AND ORDER	DEFENDANT (Name and Address): ATTORNEY (If Stipulation Filed)
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REQUEST FOR CONTINUANCE

A **REQUEST FOR A CONTINUANCE** filed on a Small Claims Hearing requires a filing fee (Refer to civil fee schedule). **You must provide a self-addressed stamped envelope for all of the parties when filing a continuance.** It must be filed **at least ten business days prior to the hearing date.** If it is not timely filed, the **REQUEST FOR A CONTINUANCE** will be placed in the file and considered at the time of the Hearing.

Continuances of hearings shall be granted only for the most serious of reasons.

I, _____ the Plaintiff Defendant
in this action, request a Continuance because:

Date

Signature

CERTIFICATE OF MAILING

I CERTIFY that I have mailed a copy of this Request for Continuance on this same day to:

Plaintiff Defendant

Date: _____ Signature _____

Plaintiff Defendant

You are required to keep the court informed of your current address and contact phone number.

ORDER

IT IS ORDERED that the foregoing Request for Continuance is: GRANTED DENIED

Date

Justice of the Peace/Hearing Officer