Pima County Consolidated Justice Court 240 North Stone Avenue Tucson, Arizona 85701 (520)724-3171

Homeless Court Agency Request Form

Date:	
Client's full name (and AKAs):	
Date of Birth:	
Case Numbers of all known pending cases:	
Agency Name:	
Agency Address:	
Case Manager Name:	Phone No:
E-mail:	Fax No:
List the services your agency is providing to thi	s client and summarize client's progress.
Please notify the court if there are any changes	to the information provided above.
Email form to JPHomelessCourt@sc.pima.gov In the subject line indicate: Attn: Homeless Co	ourt Request
Set Homeless Court Hearing: Date:Ti	me
Judge's Signature	_Date:
Note: Case manager is asked to accompany def	endant to court.
□ Copy sent to agency case manager	

□ Copy sent to scanning