Mohave County Clerk of the Superior Court

Pro Per Litigant(s) Electronic Distribution Application

☐ NEW APPLICATION
☐ UPDATE APPLICATION
☐ WITHDRAW APPLICATION

☐ PETITIONER ☐ RESPONDENT
☐ PLAINTIFF ☐ DEFENDANT
☐ PARENT
☐ OTHER: (PLEASE SPECIFY)

***** To receive court documents electronically (via e-mail), please complete all required information below. *****

CASE NUMBER(S): _____

NAME (Contact person): _____

MAILING ADDRESS: _____

_____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____
(List only one e-mail address)

This E-mail registration does not expire without written modification or withdrawal from the applicant.

PC REQUIREMENTS: IMAGE VIEWER
FOR ADDITIONAL INFORMATION, PLEASE CHECK THIS BOX ☐

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*I am applying for **electronic distribution** of Mohave County Superior Court case file documents. Pursuant to the Supreme Court Administrative Order No. 2009-43, I _____ hereby:*

☐ CONSENT TO ☐ WITHDRAW FROM

electronic service of documents from the court. I agree to inform the Clerk of Superior Court of any changes in the e-mail address listed on this application.

Dated this _____ day of _____, 20_____

Signature: _____

RETURN THIS FORM TO: Mohave County Clerk of the Superior Court, P.O. BOX 7000, Kingman, Arizona 86402-7000

**** FOR DISTRIBUTION CLERK OF SUPERIOR COURT USE ONLY ****		*Effective Date:*	
	Added / Updated / Removed: MCSC Contacts	*Deputy Clerk:*	
	SPN#'s:		