	FOR CLERK'S USE ONLY		
Name of Person Filing Document:  Mailing Address: City, State, Zip Code: Phone Number: Email Address: Representing in Pro Per:			
IN THE SUPERIOR COURT OF THE STATE OF ARIZONA IN AND FOR THE COUNTY OF MOHAVE			

	Case No	
(Nam	e of Petitioner/Plaintiff  REQUEST TO	
AND	APPEAR or TESTIFY REMOTELY	
(Nam	e of Respondent/Defendant)	
Rega	rding the following court date:	
Name	of Proceeding:	
Date:	Time:	
	I ask the Court to let me attend remotely by video via Zoom.	
	OR	
	I ask the Court to let me attend remotely by telephone.	
	I am prevented from attending in person because:	
	It would be a burdensome expense for me to attend in person because:	
_	Other:	
	The other party/the other party's attorney does not object to this Request.	
	The other party/the other party's attorney objects to this Request.	
	I do not know whether the other party / the other party's attorney objects to this Request.  I attempted to find out by:	
CERT I will	TIFICATE OF SERVICE: ☐ mail or ☐ hand-deliver a copy of this document on the day I file it to the other party / the other party's	
attorr	ey at the following address:	
Date	Signature	

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