Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self

**SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO**

Petitioner: _____ Case Number: DO_____

Respondent: _____

# REQUEST FOR A DEFAULT HEARING

I, Petitioner, ask the court to set a default hearing in this case. Respondent has defaulted, and all applicable time periods have passed.

Date: _____ Petitioner's Signature: _____