(1) Person Filing: _____
Street Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self

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

(2) Petitioner: _____ Case Number: DO_____

# REQUEST FOR A HEARING ON A REQUEST TO ADJUST OR TERMINATE AN ORDER OF ASSIGNMENT

Respondent: _____ (3) ATLAS Number: _____

(4) I, [ ] Petitioner or [ ] Respondent, request a hearing on the other party's Request to Adjust or Terminate an Order of Assignment.

**Certificate of Service:** I will mail or hand-deliver a copy of this document to the other party on the day I file it.

(5) Date: _____ Signature: _____