

**CAREFREE-CAVE CREEK CONSOLIDATED COURT**

**37622 N. Cave Creek Rd., Suite B  
Cave Creek, AZ 85331**

**Ph.: 480-488-1689  
Fax: 480-595-9610**

State of Arizona vs. _____ Name	Case #:  _____	Motion to:  _____
Mailing Address: _____ _____ _____ Phone: _____	Complaint #:  _____	Motion filed by:  _____

Failed to appear date (court date missed): \_\_\_\_\_

Next Court Date: \_\_\_\_\_

Describe why you are requesting the Court to consider the following motion:

**Under penalty of perjury**, I declare that I have examined the above statement(s) made by me and to my knowledge and belief, each and all are true and correct.

Date: \_\_\_\_\_ Submitted by: \_\_\_\_\_