

IN THE (name of court) _____

STATE OF ARIZONA

_____)	
(Name of Appellant))	
)	_____)
)	(Arizona Supreme Court Case Number,)
)	if applicable))
v.)	
)	_____)
)	(Court of Appeals Case Number))
)	
_____)	_____)
(Name of Appellee))	(Name of Superior Court and Case Number))
)	
_____)	

VICTIM REQUEST FOR DECISION OR OPINION

(Your name) _____, (check one) ___the victim in this case/___an attorney representing the victim in this case, requests that a copy of the court’s memorandum decision or opinion be sent to (check one) ___me/___my client by email or regular mail at the same time the decision or opinion is released to the parties.

CONTACT INFORMATION(Do not supply more than one contact person per form.)

Name _____ Telephone _____

Email Address _____

Mailing Address _____

PLEASE NOTE: Email is the court’s preferred method of immediate notification, and the email address should be provided if you have one. The memorandum decision or opinion will be sent by regular mail only if no email address is provided. IT IS THE RESPONSIBILITY OF THE REQUESTER TO INFORM THE COURT PROMPTLY OF ANY CHANGE IN THE INFORMATION PROVIDED ABOVE.

DATED THIS _____ day of _____, _____.
(day) (month) (year)

Your Completed Form may be sent to _____
Arizona Supreme Court: (Your Signature)

Suite 402, 1501 W. Washington Street, Phoenix AZ 85007 -- or -- scclerk@courts.az.gov