INDEX OF FORMS

Information to complete the forms should be TYPED rather than hand-written.

Special Rule for Domestic Relations Cases

Wherever the terms "Plaintiff" or "Defendant" appear in the attached forms, substitute the terms "Petitioner" or "Respondent."

Form 1: Notice of Change of Address (Court of Appeals)
Form 2: Notice of Change of Address (Arizona Supreme Court)
Form 3: Notice of Appeal/Notice of Cross-Appeal/Amended Notice of Appeal
Form 4: Caption
Form 5: Caption of a Brief
Form 6: Deleted
Form 7: Deleted
Form 8: Case Management Statement with instructions
Form 9: Designation of Partial Transcript
Form 10: Deleted
Form 11: Deleted
Form 12: Deleted
Form 13: Stipulation Fixing Amount of Supersedeas Bond
Form 14: Supersedeas Bond
Form 15: Application for Deferral or Waiver of Court Fees and/or Costs
Form 16: Form of Brief
Form 17: Certificate of Compliance
Form 18: Motion for Extension of Time to File Brief
Form 19: Stipulation for Extension of Time to File Brief
Form 20: Cover Sheet for Combined Brief on Cross-Appeal
Form 21: Request for Oral Argument
Form 22: Statement of Costs
Form 23: Petition for Review (filed in the Arizona Supreme Court)
Form 24: Response to Petition for Review (filed in the Arizona Supreme Court)
Form 25: Consent for Electronic Distribution by Clerk of the Court of Appeals
Form 26: Consent for Electronic Distribution by Clerk of the Supreme Court
Form 27: Motion for Extension of Time to File Petition for Review/Response to Petition for Review

COURT'S JURISDICTIONAL NAME

_____ [**Name of Plaintiff**], _____ [**Appellant/Appellee**], v. _____ [**Name of Defendant**], _____ [**Appellant/Appellee**].	Supreme Court Case No. _____ CA-CV _____ Superior Court Case No. _____ **NOTICE OF CHANGE OF ADDRESS**

The party signing this document is the _____ [**Appellant/Appellee**]. This party advises this Court that _____ [**his/her**] address has changed. This party's current address is as follows: _____

_____

[**Full address and phone number**].

Dated: _____

_____
Name [**Appellee/Appellant**]

_____
Address

Copy of the foregoing Notice was served by
[Method of Service, e.g., mail, electronic service or hand-delivery] on
[Date] to:

_____
Name

_____
Address

ARIZONA SUPREME COURT

_____ [**Name of Plaintiff**], _____ [**Appellant/Appellee**], v. _____ [**Name of Defendant**], _____ [**Appellant/Appellee**].	Supreme Court Case No. _____ CA-CV _____ Superior Court Case No. _____ **NOTICE OF CHANGE OF ADDRESS**

The party signing this document is the _____ [**Appellant/Appellee**]. This party advises this Court that _____ [**his/her**] address has changed. This party's current address is as follows: _____

_____

[**Full address and phone number**].

Dated: _____

_____
Name [**Appellee/Appellant**]

_____
Address

Copy of the foregoing Notice was served by
[Method of Service, e.g., mail, electronic service or hand-delivery] on
[Date] to:

_____
Name

_____
Address

Attorney or Party Name
Law Firm Name (if any)
State Bar No. (if any)
Mailing Address
City, State, Zip Code
Telephone Number
Email Address (if required)
Attorney for _____ (party name)

SUPERIOR COURT OF ARIZONA

_____ COUNTY

Plaintiff(s)/Petitioner	)	Case number _____
v.	)	[] **Notice of Appeal** [] **Notice of Cross-Appeal** [] **Amended Notice of Appeal**
Defendant(s)/Respondent	)	

[<u>Use paragraph 1, 2, or 3 as applicable.</u>]

1. If the appeal is from the entire Judgment

Notice is hereby given that the _____ [name of party or parties] [] appeals or [] cross-appeals to the Arizona Court of Appeals from the judgment entered in this case on the ___ day of _____ 20__.

Dated this __ day of _____, 20__

_____
Signature of [] Attorney or [] Self-Represented Party

Certificate of Service

Copy of the foregoing Appeal was served by
[Method of Service, e.g., mail, electronic service or hand-delivery] on
[Date] to:

Name:_____

Address:_____

2. If the appeal is from a part of the Judgment

Notice is hereby given that the _____ [name of party or parties] [] appeals or [] cross-appeals to the Arizona Court of Appeals from the following part of the Judgment entered in this case on the ___ day of _____ 20__. [Specify here the part of the Judgment the party is appealing. _____]

Dated this __ day of _____, 20__

_____
Signature of [] Attorney or [] Self-Represented Party

Certificate of Service
Copy of the foregoing Appeal was served by
[Method of Service, e.g., mail, electronic service or hand-delivery] on
[Date] to:

Name:_____

Address:_____

3. If the appeal is from an Order

Notice is hereby given that the _____ [name of party or parties] [] appeals or [] cross-appeals to the Arizona Court of Appeals from the Order made and entered in this case on the ___ day of _____ 20__. [Briefly describe here the Order that the party is appealing. _____]

Dated this __ day of _____, 20__

_____
Signature of [] Attorney or [] Self-Represented Party

Certificate of Service
Copy of the foregoing Appeal was served by
[Method of Service, e.g., mail, electronic service or hand-delivery] on
[Date] to:

Name:_____

Address:_____

Caption/Form 4

Attorney or Party Name
Law Firm Name (if any)
State Bar No. (if any)
Mailing Address
City, State, Zip Code
Telephone Number
Email Address (if required)
Attorney for _____ (party name)

ARIZONA COURT OF APPEALS

DIVISION __

ROBERT RED,	)	No. 1-CA-CV-15-0000
	)	
Petitioner/Appellee,	)	Maricopa County Superior Court
	)	No. FC-2014-999999
v.	)	
	)	PETITIONER'S MOTION TO
ROBERTA RED,	)	EXTEND TIME FOR FILING
	)	OPENING BRIEF
Respondent/Appellant.	)	
_____	)	*[Note – If applicable, add: "Motion for Procedural Order"]*

Caption of a Brief/Form 5

ARIZONA COURT OF APPEALS

DIVISION __

THE TOWN OF CACTUS, a political subdivision of the State of Arizona; ABC HOMES, INC., an Arizona corporation; ROBERT RED AND ROBERTA RED, husband and wife, Plaintiffs/Appellants, v. ARIZONA DEPARTMENT OF ELECTRONICS ("ADE"), an agency of the State of Arizona, and BILL BOBB, in his capacity as Director of ADE Defendants/Appellees. ---------- MOUNTAIN VIEW PRODUCTS, INC., a Montana corporation, Intervenor.	)	No. 1-CA-CV 15-0000 Maricopa County Superior Court No. CV 2013-999999

ANSWERING BRIEF OF DEFENDANTS/APPELLEES ADE AND BOBB

David Done
Greater Phoenix Law Firm
State Bar No. 000000
P.O. Box 000
Phoenix, Arizona 85090
(602) 999-9999
Email Address (if required)
Attorney for ADE and Bobb

IN THE

Court of Appeals

STATE OF ARIZONA

DIVISION ONE

CASE MANAGEMENT STATEMENT INSTRUCTIONS

Arizona Rule of Civil Appellate Procedure 12(d) requires an appellant to file a Case Management Statement in the Court of Appeals within 20 days after distribution of the appellate clerk's initial notice under Rule 12(b). The appellant must file a copy of the judgment/order appealed from with the Case Management Statement. In cases involving multiple appellants, the Court encourages appellants to consult with each other and file a single Case Management Statement. A cross-appellant must file a Case Management Statement within 30 days after the appellate clerk's second notice under Rule 12(c).

Copies of the Case Management Statement must be served on all other parties to the appeal. Failure to file or serve the statement within the time prescribed may result in sanctions, including dismissal of the appeal.

The Case Management Statement assists the parties in identifying common procedural and jurisdictional problems prior to briefing and provides the Court of Appeals with information it needs to process the appeal properly. The statement must be completed fully and accurately. The omission of an issue from a Case Management Statement, however, will not by itself support a motion to strike an argument from the opening brief.

IN THE

Court of Appeals

STATE OF ARIZONA

DIVISION ONE

CASE MANAGEMENT STATEMENT

_____

v.

_____

1 CA-CV _____

_____ County Superior Court

Superior Court case number: _____

Judge _____

_____

Name of Filing Party

_____

Signature of Counsel or Party

_____

Date

A. APPELLATE JURISDICTION

1. State the basis for appellate jurisdiction (*See* A.R.S. § 12-2101):

2. State the date the superior court filed the judgment/order you are appealing and state whether the court signed the ruling.

3. Provide the date each notice of appeal or cross-appeal was filed and identify the filing party.

4. If the time for appeal was extended by one of the motions identified in Arizona Rule of Civil Appellate Procedure 9(e)(1), identify the motion, the date it was filed, the date the superior court filed its ruling on the motion, and state whether the ruling was signed.

5. If any motions are currently pending in superior court, identify the name of each motion and the date it was filed.

6. Is the judgment/order appealed from certified as final pursuant to Arizona Rule of Civil Procedure 54(c)?

7. If any claims remain pending in the superior court, including claims for attorneys' fees, was the judgment/order made appealable pursuant to Arizona Rule of Civil Procedure 54(b) or Arizona Rule of Family Law Procedure 78(B)?

B. CASE INFORMATION

1. List all parties to the superior court action and, if represented, provide the names of their counsel.

2. List any party in superior court that is not a party to this appeal and explain in detail why the party is not included in this appeal, e.g., the party was dismissed, not served, or other. Include specific relevant references to the record.

3. Describe briefly all claims (including counterclaims, cross-claims and third-party claims) asserted in the superior court and the manner each such claim was resolved in the superior court (i.e., bench trial, jury verdict, dismissal, summary judgment, or default judgment). Include specific relevant references to the record.

4. Identify the issues to be raised on appeal.

5. If this case involves an assertion or allegation that a state statute, ordinance, franchise, or rule is unconstitutional on its face, or that a municipal ordinance or franchise is facially invalid, have you complied with A.R.S. § 12-1841?

C. TRANSCRIPTS

1. State the date you complied with Arizona Rule of Civil Appellate Procedure 11(c)(1) and (2) by ordering the transcript(s) necessary for proper consideration of the issues on appeal.

   Identify the certified court reporter or authorized transcriber responsible for preparing the transcript(s): _____

   Provide the court reporter's estimated date of completion of the transcript(s): _____

2. State the date you complied with Arizona Rule of Civil Appellate Procedure 11(c)(3) by filing a notice of transcript order and, if applicable, a statement of the issues.

D. OTHER PENDING AND PRIOR PROCEEDINGS

1. If any party to this appeal is the subject of a pending petition in bankruptcy court, identify the court and provide the case name and number.

2. Provide the case name and number of any other appeal, special action, or petition for review filed from the same, or a consolidated, superior court action.

3. Provide the case name and number of any other appeal(s) pending in the Court of Appeals that involve the same parties, events, or transactions giving rise to this appeal.

4. Provide the case name and number of any known pending appeals in the Court of Appeals that raise the same or closely related issues.

E. CONTACT INFORMATION

1. Filing Party

This Case Management Statement is filed by or on behalf of:

Name of Party: _____

Counsel: _____

Address: _____

_____

Email address: _____

Telephone: _____

Check one: _____ Appellant _____ Cross-Appellant _____ Appellee

For a joint statement by multiple appellants, provide contact information for additional appellants on a separate sheet accompanied by certification that they concur in the contents of this statement.

2. Opposing Party

Name of Party: _____

Counsel for Opposing Party: _____

Address: _____

_____

Email address: _____

Telephone: _____

(List additional counsel/parties on separate sheet if necessary

CERTIFICATION OF SERVICE

I certify that on the _____ day of _____, _____, I served copies of the above Case Management Statement on all counsel/parties of record by email or by depositing a true copy thereof in the United States mail addressed as follows:

Name: _____

Address: _____

_____

_____
Signature

Revised April 2019

SUPERIOR COURT OF ARIZONA

_____COUNTY

_____ [**Name of Plaintiff**], Plaintiff, v. _____ [**Name of Defendant**], Defendant.	Superior Court Case No._____ **DESIGNATION OF PARTIAL TRANSCRIPT**

Pursuant to Arizona Rule of Civil Appellate Procedure 11(c), the _____[**Plaintiff/Defendant**] designates the following portions of the reporter's transcript to be included in the record on appeal:

_____

_____

_____

[**Set forth the date of transcript and pages to be used. Attach additional pages if necessary**.]

Dated: _____

_____
Name [**Plaintiff/Defendant**]

_____
Address

Copy of this Designation was served by
[Method of Service, e.g., mail, electronic service or hand-delivery] on
[**Date**] to:

_____
Name

_____
Address

SUPERIOR COURT OF ARIZONA

_____COUNTY

_____ [**Name of Plaintiff**], Plaintiff, v. _____ [**Name of Defendant**], Defendant.	Superior Court Case No._____ **STIPULATION FIXING AMOUNT OF SUPERSEDEAS BOND**

_____[**Plaintiff or Defendant**] is appealing the Judgment rendered on_____[**Date**] and desires to supersede the judgment and stay the execution thereof on appeal. Therefore, it is stipulated between the parties that the supersedeas bond required be in the amount of $ [**Dollar Amount**] and that a _____[**Cashier's Check or Bond**] in the form attached hereto may be used for that purpose.

Dated: _____

_____ _____

Name [**Plaintiff/Defendant**] Attorney Name [**for Name Party**]

_____ _____

Address Address

SUPERIOR COURT OF ARIZONA

_____COUNTY

_____ [**Name of Plaintiff**], Plaintiff, v. _____ [**Name of Defendant**], Defendant.	Superior Court Case No._____ **SUPERSEDEAS BOND**

KNOW ALL MEN BY THESE PRESENTS:

That_____[**Appellant's Name**] as principal and _____ [**Company's Name**] as surety do hereby acknowledge themselves bound to _____ [**Appellee's Name**] for the sum of $_____[**Dollar Amount**]. The principal is appealing the judgment in the above-entitled case entered on _____ [**Date**], and desires to supersede that judgment and stay the execution thereof on appeal. Therefore, the foregoing bond shall remain in force and effect except that if principal satisfies in full the judgment remaining unsatisfied, together with the costs, interest and any damages reasonably anticipated to flow from the granting of the stay, including damages for delay, if for any reason the appeal is dismissed or if the judgment is affirmed, or if the principal satisfies in full such modifications of the judgment and costs, interest and damages as the appellate court may adjudge and award, then the foregoing bond shall be void.

Dated: _____

_____
[**Name and address of Appellant**]

_____
[**Name and address of Surety**]

(COURT'S JURISDICTIONAL NAME AND ADDRESS HERE)

Name of Person Filing Document: _____
Your Address: _____
Your City, State, and Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Attorney E-mail Address : _____
Representing ☐ Self (Without an Attorney) OR
☐ Attorney for ☐ Petitioner ☐ Respondent

STATE OF ARIZONA)
COUNTY OF _____) ss.

_____
Name of Petitioner/Plaintiff

Case Number:_____

APPLICATION FOR DEFERRAL OR WAIVER OF COURT FEES OR COSTS AND CONSENT TO ENTRY OF JUDGMENT

_____
Name of Respondent/Defendant

Notice. A Fee Deferral is only a temporary postponement of the payment of the fees due. You may be required to make payments depending on your income. A Fee Waiver is usually permanent unless your financial circumstances change during the pendency of this court action.

I am requesting a deferral or waiver of all fees including: filing a case, issuance of a summons or subpoena, the cost of attendance at an educational program required by A.R.S. § 25-352, one certified copy of a temporary order in a family law case, one certified copy of the court's final order, preparation of the record on appeal, court reporter's fees of reporters or transcribers, service of process costs, and/or service by publication costs. (I have completed the separate Supplemental Information form if I am asking for service of process costs, or service by publication costs.) I understand that if I request deferral or waiver because I am a participant in a government assistance program, I am required to provide proof at the time of filing. The document(s) submitted must show my name as the recipient of the benefit and the name of the agency awarding the benefit**. Note. All other applicants must complete the financial questionnaire beginning at section 3. If you are a participant in one of the programs in section 1 or 2 (below), you do not need to complete the financial questionnaire, and can proceed to the signature page.**

1. [ ] **DEFERRAL:** I receive government assistance from the state or federal program marked below or am represented by a not for profit legal aid program:

[ ] Temporary Assistance to Needy Families (TANF)
[ ] Food Stamps
[ ] Legal Aid Services

2. [ ] **WAIVER:**

[ ] I receive government assistance from the federal Supplemental Security Income (SSI) program.

3. FINANCIAL QUESTIONNAIRE
SUPPORT RESPONSIBILITIES. List all persons you support (including those you pay child support and/or spousal maintenance/support for):

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____

STATEMENT OF INCOME AND EXPENSES

Employer name:_____

Employer phone number:_____

[ ] I am unemployed (explain):_____

_____

My prior year's gross income: $_____

MONTHLY INCOME

My total monthly gross income: $_____

My spouse's monthly gross income (if available to me): $_____

Other current monthly income, including spousal maintenance/support, retirement, rental, interest, pensions, and lottery winnings: $_____

TOTAL MONTHLY INCOME $_____

MONTHLY EXPENSES AND DEBTS: My monthly expenses and debts are:

		PAYMENT AMOUNT	LOAN BALANCE
	Rent/Mortgage payment	$_____	$_____
	Car payment	$_____	$_____
	Credit card payments	$_____	$_____
Explain:	Other payments & debts	$_____	$_____
	Household	$_____	
	Utilities/Telephone/Cable	$ _____	
	Medical/Dental/Drugs	$_____	
	Health insurance	$_____	
	Nursing care	$_____	
	Tuition	$_____	
	Child support	$_____	
	Child care	$_____	
	Spousal maintenance	$_____	
	Car insurance	$_____	
	Transportation	$_____	
	Other expenses (explain)	$_____	

_____

TOTAL MONTHLY EXPENSES $_____

STATEMENT OF ASSETS: List only those assets available to you and accessible without financial penalty.

	ESTIMATED VALUE
Cash and bank accounts	$_____
Credit union accounts	$_____
Other liquid assets	$_____

TOTAL ASSETS $_____

The basis for the request is:

4. [ ] **DEFERRAL:**

A. [ ] My income is insufficient or is barely sufficient to meet the daily essentials of life, and includes no allotment that could be budgeted for the fees and costs that are required to gain access to the court. My gross income as computed on a monthly basis is 150% or less of the current federal poverty level. (Note: Gross monthly income includes your share of community property income if available to you.)

OR

B. [ ] I do not have the money to pay court filing fees and/or costs now. I can pay the filing fees and/or costs at a later date. **Explain.**

_____

_____

OR

C. [ ] My income is greater than 150% of the poverty level, but have proof of extraordinary expenses (including medical expenses and costs of care for elderly or disabled family members) or other expenses that reduce my gross monthly income to 150% or below the poverty level.

DESCRIPTION OF EXPENSES	**AMOUNT**
_____	$_____
_____	$_____
_____	$_____
TOTAL EXTRAORDINARY EXPENSES	$_____

5. [ ] **WAIVER:**

I am permanently unable to pay. My income and liquid assets are insufficient or barely sufficient to meet the daily essentials of life and are unlikely to change in the foreseeable future.

IMPORTANT

This *"Application for Deferral or Waiver of Court Fees or Costs"* includes a *"Consent to Entry of Judgment."* By signing this Consent, you agree a judgment may be entered against you for all fees and costs that are deferred but remain unpaid thirty (30) calendar days after entry of final judgment. At the conclusion of the case you will receive a *Notice of Court Fees and Costs Due* indicating how much is owed and what steps you must take to avoid a judgment against you if you are still participating in a qualifying program. You may be ordered to repay any amounts that were waived if the court finds you were not eligible for the fee deferral or waiver. If your case is dismissed for any reason, the fees and costs are still due.

CONSENT TO ENTRY OF JUDGMENT. By signing this Application, I agree that a judgment may be entered against me for all fees or costs that are deferred but remain unpaid thirty (30) calendar days after entry of final judgment.

OATH OR AFFIRMATION

I declare under penalty of perjury that the foregoing is true and correct.

_____ Date

_____ Signature

_____ Applicant's Printed Name

_____ Date

_____ Judicial Officer, Deputy Clerk or Notary Public

_____ My Commission Expires/Seal:

ARIZONA COURT OF APPEALS

DIVISION _____

_____ **Name of Plaintiff**], _____ [**Appellant/Appellee**], v. _____ [**Name of Defendant**], _____ [**Appellant/Appellee**].	CA-CV _____ Superior Court Case No. _____

[APPELLANT'S OPENING BRIEF] [APPELLEE'S ANSWERING BRIEF]
OR
[APPELLANT'S REPLY BRIEF]

_____
Name [**Appellant/Appellee**]

_____
Address

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B.....

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STATEMENT OF THE CASE

(Add additional sheets of paper as necessary to complete this section.)

STATEMENT OF FACTS

(Add additional sheets of paper as necessary to complete this section.)

ISSUE(S) PRESENTED

(Add additional sheets of paper as necessary to complete this section.)

ARGUMENT

(Add additional sheets of paper as necessary to complete this section.)

CONCLUSION

_____

[**Date**]

_____

[**Name**]

_____

[**Address**]

PROOF OF SERVICE

The undersigned _____ [Appellant/Appellee] on the ____ day of _____, 20___, filed an Original and one (1) copy of the _____ [Appellant's Opening Brief, Appellee's Answering Brief, or Appellant's Reply Brief] in the Court of Appeals; and served a copy to the following parties in compliance with Rule 5(c)(2) of the Arizona Rules of Civil Procedure as follows:

Method of Service:_____
_____
_____

_____
[Appellant/Appellee or Counsel]

_____
Address

_____
City, State, Zip Code

CERTIFICATE OF COMPLIANCE

(See **Form 17** for complete version of Certificate of Compliance to insert here.)

Certificate of Compliance

1. This certificate of compliance concerns:

   [] A brief, and is submitted under Rule 14(a)(5)

   [] An accelerated brief, and is submitted under Rule 29(a)

   [] A motion for reconsideration, or a response to a motion for reconsideration, and is submitted under Rule 22(e)

   [] A petition or cross-petition for review, a response to a petition or cross-petition, or a combined response and cross-petition, and is submitted under Rule 23(h)

   [] An amicus curiae brief, and is submitted under Rule 16(b)(4)

2. The undersigned certifies that the brief/motion for reconsideration/petition or cross-petition for review to which this Certificate is attached uses type of at least 14 points, is double-spaced, and contains _____ words.
3. The document to which this Certificate is attached [] does not, or [] does exceed the word limit that is set by Rule 14, Rule 22, Rule 23, or Rule 29, as applicable.

_____

Signature of [] Attorney or [] Self-Represented Party

_____

Printed Name of Attorney or Self-Represented Party

ARIZONA COURT OF APPEALS

DIVISION _____

_____ [**Name of Plaintiff**], _____ [**Appellant/Appellee**], v. _____ [**Name of Defendant**], _____ [**Appellant/Appellee**].	CA-CV _____ Superior Court Case No. _____ **MOTION FOR EXTENSION OF TIME TO FILE BRIEF**

_____[**Appellant/Appellee**] requests an extension of time within which to file____[**His/Her**]_____[**Opening/Answering/Reply**] brief from _____ [**Date Currently Due**] to_____[**New Date**] for the reasons that _____ [**Set Forth Reasons**].

Dated: _____

_____
Name [**Appellant/Appellee**]

_____
Address

Copy of this Motion was served by
[Method of Service, e.g., mail, electronic service or hand-delivery]
on **Date**] to:

_____
Name

_____
Address

ARIZONA COURT OF APPEALS

DIVISION _____

_____ [**Name of Plaintiff**], _____ [**Appellant/Appellee**], v. _____ [**Name of Defendant**], _____ [**Appellant/Appellee**].	CA-CV _____ Superior Court Case No. _____ **STIPULATION FOR EXTENSION OF TIME TO FILE BRIEF**

The undersigned stipulate and agree that _____ [**Appellant's/ Appellee's**] time for filing the_____ [**Opening/Answering/Reply**] brief in this matter may be extended from _____ [**Current Due Date**] to _____ [**New Date Desired**]. This extension is requested because [**List Reasons**].

Dated: _____

_____ Name [**the Appellant**]	_____ Name [**the Appellee**]
_____ Address	_____ Address

ARIZONA COURT OF APPEALS

DIVISION _____

_____ **Name of Plaintiff**], _____ [**Appellant/Appellee**], v. _____ [**Name of Defendant**], _____ **Appellant/Appellee**].	CA-CV _____ Superior Court Case No. _____

[APPELLEE'S/CROSS-APPELLANT'S ANSWERING BRIEF AND OPENING BRIEF ON CROSS-APPEAL]
OR
[APPELLANT'S/CROSS-APPELLEE'S REPLY BRIEF AND ANSWERING BRIEF ON CROSS-APPEAL]
OR
[APPELLEE'S/CROSS-APPELLENT'S REPLY BRIEF ON CROSS-APPEAL]

NOTE: These Briefs follow the same format as **Form 16** above.

_____
Name [**Appellant/Appellee**]

_____
Address

ARIZONA COURT OF APPEALS

DIVISION _____

_____ **Name of Plaintiff**], _____ [**Appellant/Appellee**], v. _____ [**Name of Defendant**], _____ [**Appellant/Appellee**].	CA-CV _____ Superior Court Case No. _____ **REQUEST FOR ORAL ARGUMENT**

Pursuant to ARCAP 18, the_____ **[Appellant/Appellee]** requests oral argument in the above-entitled matter.

Dated:_____

_____
[**Name**]

_____
[**Address**]

Copy of the foregoing Request was served by [Method of Service, e.g., mail, electronic service or hand-delivery] on **Date**] to:

_____
Name

_____
Address

ARIZONA COURT OF APPEALS

DIVISION _____

_____ [**Name of Plaintiff**], _____ [**Appellant/Appellee**], v. _____ [**Name of Defendant**], _____ [**Appellant/Appellee**].	CA-CV _____ Superior Court Case No. _____ **STATEMENT OF COSTS**

To: The Clerk of this Court and attorneys for the _____ [**Appellant/Appellee**]:

The undersigned_____[**Appellant/Appellee**] requests taxation of costs in the sum of $_____[**Dollar Amount**] for the following expenses:

1. Clerk's fees .....$_____
2. Certified copies of record .....$_____
3. Briefs .....$_____
4. Reporter's Transcript.....$_____
5. Attorneys' Fees (if applicable) .....$_____
6. [Other] .....$_____

TOTAL ..... $_____

Dated: _____

_____
[**Name**]

_____
[**Address**]

Copy of this Statement was served by
[Method of Service, e.g., mail, electronic service or hand-delivery]
on [**Date**] to:

_____
Name

_____
Address

AFFIDAVIT SUPPORTING STATEMENT OF COSTS

STATE OF ARIZONA)
) ss.
_____COUNTY)

_____ [**Name**], being first sworn upon oath, deposes and says:

_____ [**He/She**] is _____ [**Appellant/Appellee**] in this action, is better informed than the_____[**Appellant/Appellee**] of the costs in this appeal. The amounts listed above have actually been expended in connection with this case.

_____
[**Signed**]

SUBSCRIBED AND SWORN TO before me on [**Date**].

[seal]

_____
Notary Public

Copy served by
[Method of Service, e.g., mail, electronic service or hand-delivery]
on [**Date**] to:

_____
Name

_____
Address

[NOTE: LIMIT FOR THIS DOCUMENT IS 3500 WORDS OR 12 HANDWRITTEN PAGES]

ARIZONA SUPREME COURT

_____ [**Name of Plaintiff**], _____ [**Appellant/Appellee**], v. _____ [**Name of Defendant**], _____ [**Appellant/Appellee**].	CA-CV _____ Superior Court Case No. _____ **PETITION FOR REVIEW**

_____[**Appellant/Appellee**] petitions the Supreme Court of Arizona to review the decision of the Court of Appeals in this matter.

A. Issues Presented for Review.

B. List of Additional Issues Presented to, but Not Decided by, Court of Appeals and Which May Need to be Decided if Review is Granted.

C. Statement of Facts.

D. Reasons for Granting this Petition.

E. [**PARTY FILING THE PETITION FOR REVIEW MUST ATTACH A COPY OF THE COURT OF APPEALS DECISION TO THE PETITION**]

Dated: _____

_____
Name

_____
Address

PROOF OF SERVICE

The undersigned _____ [Appellant/Appellee] on the ____ day of _____, 20___, filed an Original and one (1) copy of the _____ Petition for Review in the Supreme Court; and served a copy to the following parties in compliance with Rule 5(c)(2) of the Arizona Rules of Civil Procedure as follows:

Method of
Service:_____
_____
_____

_____
[Appellant/Appellee or Counsel]

_____
Address

_____
City, State, Zip Code

CERTIFICATE OF COMPLIANCE

(See **Form 17** for complete version of Certificate of Compliance to insert here.)

[NOTE: LIMIT FOR THIS DOCUMENT IS 3500 WORDS OR 12 HANDWRITTEN PAGES]

ARIZONA SUPREME COURT

_____ [**Name of Plaintiff**], _____ [**Appellant/Appellee**], v. _____ [**Name of Defendant**], _____ [**Appellant/Appellee**].	Supreme Court Case No. _____ CA-CV _____ Superior Court Case No. _____ **RESPONSE TO PETITION FOR REVIEW**

_____ [**Appellant/Appellee**] responds to the Petition for Review to the Arizona Supreme Court previously filed to review the decision of the Court of Appeals in this matter.

A. Issues Presented for Review.

B. List of Additional Issues Presented to, but Not Decided by, Court of Appeals and Which May Need to be Decided if Review is Granted.

C. Statement of Facts.

D. Reasons Petition for Review should not be Granted.

Dated: _____

_____
Name

_____
Address

PROOF OF SERVICE

The undersigned _____ [Appellant/Appellee] on the ____ day of _____, 20___, filed an Original and one (1) copy of the _____ Response to Petition for Review in the Supreme Court; and served a copy to the following parties in compliance with Rule 5(c)(2) of the Arizona Rules of Civil Procedure as follows:

Method of Service:_____
_____
_____

_____
[Appellant/Appellee or Counsel]

_____
Address

_____
City, State, Zip Code

CERTIFICATE OF COMPLIANCE

(See **Form 17** for complete version of Certificate of Compliance to insert here.

Party Name
Mailing Address
City, State, Zip Code
Telephone Number

ARIZONA COURT OF APPEALS

DIVISION ____

_____, **Appellee**, v. _____ **Appellant**.	Supreme Court Case No. _____ Court of Appeals Division _____ No. _ - _____ Superior Court Case No. _____

The undersigned self-represented party to this appeal, pursuant to Rule 4.2(h) of the Arizona Rules of Civil Appellate Procedure, consents to electronic distribution of court documents by the appellate clerk. The appellate clerk may distribute court documents to the undersigned at the following electronic mailing address:_____.

The undersigned is responsible for maintaining this email address, and for checking it on a regular basis.

This consent is effective when it is filed with the appellate clerk. The undersigned understands that this consent is voluntary and that it remains in effect until the undersigned files a written withdrawal of consent with the appellate clerk.

This consent form does not constitute consent to electronic service on the undersigned by another party.

Dated this ____ day of _____, 20

_____
Printed Name of Self-Represented Party

_____
Signature of Self-Represented Party

Party Name
Mailing Address
City, State, Zip Code
Telephone Number

SUPREME COURT OF ARIZONA

_____, **Appellee**, v. _____ **Appellant**.	Supreme Court Case No. _____ Court of Appeals Division _____ No. _ - _____ Superior Court Case No. _____

The undersigned self-represented party to this appeal, pursuant to Rule 4.2(h) of the Arizona Rules of Civil Appellate Procedure, consents to electronic distribution of court documents by the appellate clerk. The appellate clerk may distribute court documents to the undersigned at the following electronic mailing address:_____.

The undersigned is responsible for maintaining this email address, and for checking it on a regular basis.

This consent is effective when it is filed with the appellate clerk. The undersigned understands that this consent is voluntary and that it remains in effect until the undersigned files a written withdrawal of consent with the appellate clerk.

This consent form does not constitute consent to electronic service on the undersigned by another party.

Dated this ____ day of _____, 20__

_____
Printed Name of Self-Represented Party

_____
Signature of Self-Represented Party

SUPREME COURT OF ARIZONA

_____, Appellee, v. _____, Appellant.	No. _____ No. 1 CA_____ Superior Court No. _____ **MOTION FOR EXTENSION OF TIME TO FILE PETITION FOR REVIEW/RESPONSE TO PETITION FOR REVIEW**

_____ Appellee/Appellant requests an extension of time within which to file [Petition for Review] [Response to Petition for Review] from _____ to _____for the reasons that _____

_____

_____

Dated: _____

_____
Print Name

_____
Signature

_____
Address

PROOF OF SERVICE

The undersigned _____ [Appellant/Appellee] on the ____ day of _____, 20___, filed an Original and one (1) copy of the _____ Motion for Extension of Time to File Petition for Review/Response to Petition for Review in the Supreme Court; and served a copy to the following parties in compliance with Rule 5(c)(2) of the Arizona Rules of Civil Procedure as follows:

Method of Service:_____
_____
_____

_____
[Appellant/Appellee or Counsel]

_____
Address

_____
City, State, Zip Code