

SUPREME COURT OF ARIZONA

\_\_\_\_\_,  
 Appellant/Appellee,  
 v.  
 \_\_\_\_\_,  
 Appellee/Appellant.

No. CV-\_\_\_\_\_

No. \_\_ CA \_\_\_\_\_

Superior Court  
No. \_\_\_\_\_

**MOTION FOR PROCEDURAL  
ORDER 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[ ] I have contacted \_\_\_\_\_ and they [ ] consent [ ] object to this Motion.  
[ ] I was unable to contact \_\_\_\_\_ before filing this motion for the  
following reason. \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

**CERTIFICATE OF SERVICE**

The undersigned party \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, filed an Original and one (1) copy of the [ ] Motion [ ] Petition for Review [ ] Response [ ] \_\_\_\_\_ in the Supreme Court; and served a copy to the following parties in compliance with Rule 4(f) of the Arizona Rules of Civil Appellate Procedure as follows:

Party name:	Party name:	Party name:
_____	_____	_____
Method of Service:	Method of Service:	Method of Service:
<input type="checkbox"/> Hand-Delivery	<input type="checkbox"/> Hand-Delivery	<input type="checkbox"/> Hand-Delivery
<input type="checkbox"/> Electronic Delivery	<input type="checkbox"/> Electronic Delivery	<input type="checkbox"/> Electronic Delivery
<input type="checkbox"/> Mail (Address below)	<input type="checkbox"/> Mail (Address below)	<input type="checkbox"/> Mail (Address below)
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Attorney or Self-Represented Litigant's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address