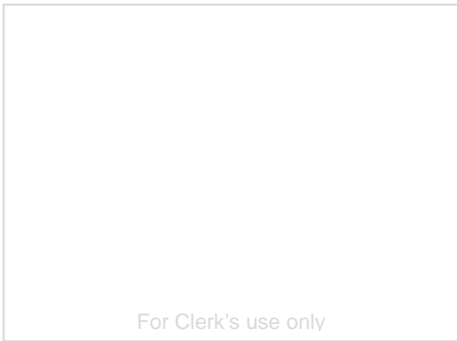


Name of Person Filing: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
[ ] Representing Self (No Attorney), or [ ] Represented by Attorney  
If Attorney, Bar Number: \_\_\_\_\_



**IN THE SUPERIOR COURT OF ARIZONA  
IN AND FOR THE COUNTY OF YAVAPAI**

In the Matter of:

**Case Number:** 1300CV

**Division:** \_\_\_\_\_

**NOTICE OF HEARING REGARDING  
APPLICATION FOR CHANGE OF NAME**

\_\_\_\_\_  
Name(s) of person(s) requesting name change

**READ THIS NOTICE CAREFULLY.**

An important court proceeding that affects your rights has been scheduled.  
If you do **not** understand this Notice or the other court papers, contact an attorney for legal advice.

1. **NOTICE:** An application for Change of Name has been filed with the Court by the person(s) named above. A hearing has been scheduled where the Court will consider whether to grant or deny the requested change. If you wish to be heard on this issue, you must appear at the hearing at the date and time indicated below.
2. **COURT HEARING.** This matter is set for a hearing before \_\_\_\_\_ (Judicial Officer) at the following date, time and place:

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Place:** \_\_\_\_\_

Requests for reasonable accommodation for persons with disabilities must be made to the division assigned to the case by parties at least five (5) business days in advance of a scheduled court proceeding. If you require the services of an interpreter of a spoken language or for the hearing impaired, your request must be made immediately to the division assigned to the case.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Judicial Officer