

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the matter of:

Case Number: JA

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

### CERTIFICATE OF READINESS AND REQUEST FOR ACCELERATED HEARING

Petitioner(s): \_\_\_\_\_

Hearing Date and Time: \_\_\_\_\_

Assigned Judicial Officer: \_\_\_\_\_

Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

By filing this *Certificate of Readiness and Request for Accelerated Hearing*, Petitioner(s) avow that all required items have been filed with the Court and the matter is ready for hearing. Petitioners request that the Final Adoption Hearing listed above be accelerated if possible for the following reason:

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

Case #: \_\_\_\_\_

Participants are available on short notice if a hearing date becomes available: ☐ YES ☐ NO

IF NO, participants need \_\_\_\_\_ days notice to be available for the hearing

This document shall be filed with the Clerk of Superior Court and a copy provided to the assigned judicial officer.

By signing this document, Petitioner or attorney for Petitioner verifies that all the information provided is true and accurate to the best of his or her ability.

Signature: \_\_\_\_\_

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

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

**NOTE: The Court will accommodate requests for accelerated hearings only when all necessary items have been filed and when there is time available on a judicial calendar. It may not be possible to accommodate all requests for accelerated hearings.**