

Court of Appeals, Division One

State of Arizona

<p>Filer Information</p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State, Zip Code: _____</p> <p>Telephone: _____</p> <p>Email: _____</p> <p><input type="checkbox"/> I am self-represented <i>(if checked, skip attorney info below)</i></p> <p>Attorney for: _____</p> <p>Law firm name: _____</p> <p>State Bar number: _____</p>	<p style="text-align: center;"><i>For Court Use Only</i></p>
<p>Appellant/Petitioner <i>(party who filed the appeal):</i></p>	<p>Court of Appeals case number:</p> <p>1 CA-</p>
<p>Appellee/Respondent <i>(party responding to the appeal):</i></p>	<p>Court/agency appealed from:</p> <p>Case number(s):</p>
<p>_____</p> <p><i>(Brief Title)</i></p>	

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STATEMENT OF THE CASE
(Attach additional pages if necessary)

STATEMENT OF FACTS
(Attach additional pages if necessary)

ISSUE(S) PRESENTED

(Attach additional pages if necessary)

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(Attach additional pages if necessary)

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Signature

Printed Name

Date

REMEMBER:

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Give a copy of your completed form and certificates to every other party in this appeal.