

Name of Person Filing: _____
 Mailing Address (if not protected): _____
 City, State, Zip Code: _____
 Phone Number(s): _____
 AZCARES Number (if applicable): _____
 Attorney Bar Number (if applicable): _____
 Representing Self (Without a Lawyer) OR
 Attorney for Petitioner/Plaintiff OR Respondent/Defendant

**SUPERIOR COURT OF ARIZONA
 MOHAVE COUNTY**

 Name of Petitioner/Plaintiff

Case Number _____

MOTION TO EXTEND DISMISSAL DATE

 Name of Respondent/Defendant

I, _____ (your name) request an extension of the dismissal date because:

- I have not been able to serve the other party or service is not complete.
- I have served the other party but need to wait the required 60 days to finalize this case.
- I have served the other party and filed an Affidavit of Default but need to allow more time for the other party to file a response.
- I have not yet completed the Parental Information Program (PIP).
- I have not been able to complete this case for other reasons and request the court schedule a Resolution Management Conference to assist me.
- For this (these) reason(s): _____

For the reason or reasons listed above, please extend the dismissal deadline until this date (specify a month, date, year): _____

Date: _____

Your Signature: _____

A copy of this request (Motion) was mailed this Month/Date/Year: _____

TO: _____

