

Name of Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Day Phone Number: _____
Evening Phone Number: _____
Attorney Bar Number (if applicable): _____
Representing **Self (Without a Lawyer) OR**
Attorney for **Plaintiff / Petitioner OR** **Defendant / Respondent**

**SUPERIOR COURT OF ARIZONA
 MOHAVE COUNTY**

 Name of Plaintiff

Case Number _____

**CERTIFICATE OF COMPULSORY
 ARBITRATION**

 Name of Defendant AND
 Mohave County Treasurer (per ARS § 42-18201)

The undersigned certifies that he knows the dollar limits and any other limitations set forth by the local rules of practice for Mohave County Superior Court, and further certifies that this case is or is not subject to compulsory arbitration, as provided by Rules 72 through 76 of the Arizona Rules of Civil Procedure.

Dated this _____ day of _____, 20_____

 Signature of Person Filing Document