Form 1. Caption for Original Special Action in the Superior Court

Attorney or Party Name
Law Firm Name (if any)
State Bar No. (if any)
Mailing Address
City, State, Zip Code
Telephone Number
Email Address (if required)
Attorney for (party name)

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

[NAME] COUNTY

_____,	)	[Name] County Superior Court
	)	
Plaintiff(s),	)	No. CV-____-_____
	)	
v.	)	COMPLAINT FOR SPECIAL
	)	ACTION
_____,	)	(A.R.S. § ##-####)
	)	
Defendant(s).	)	
	)	
_____	)	