Form 2. Caption for Appellate Special Action in the Court of Appeals

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)

ARIZONA COURT OF APPEALS

DIVISION [ONE OR TWO]

_____,	) Court of Appeals
	) Division [One or Two]
	) No. 1 CA-[__] - ____
Petitioner[s],	)
	) [Name] County Superior Court
v.	) No. CV-____-_____
	) Assigned to the Honorable _____
_____,	)
	) PETITION FOR SPECIAL ACTION
Respondent[s].	)
	)
_____	)