

STATE OF ARIZONA

v.

DEFENDANT

No. CR _____

(List all cases, incl. NWWH)

**SETTLEMENT CONFERENCE ON DEMAND
CALENDARING FORM**

This completed **Settlement Conference on Demand Calendaring Form** should be emailed to **settlement@jbazmc.maricopa.gov**.

The parties hereby avow to the Court that the following items have occurred in this case (the matter is only eligible for a settlement conference if each item is checked):

- EITHER The State has extended a plea offer which expires _____ and has been communicated to the defendant, OR:
- The State has not extended a plea offer, but defendant submitted a plea offer/deviation request
- The parties have negotiated in good faith and believe the assistance of a judicial officer will further settlement efforts.
- The prosecutor who attends the settlement conference will have the authority to settle the case, including the authority to make changes to the plea agreement.
- The Court's intervention is needed for some identified, tangible reason(s) (*i.e.*, asking the judge to "explain the ranges" is not sufficient). The reason(s) are as follows: _____
- The parties are requesting that the hearing be held:
- All parties remote All parties in person hybrid (parties present remotely or in person)
- If Defendant is out of custody: Defense counsel has been in contact with the defendant or will be able to communicate with the defendant prior to the hearing to ensure the defendant's appearance.
- EITHER No prior settlement conference has been held, OR:
- A prior settlement conference was held on _____ and another settlement conference is needed because _____
- Defendant requires a lesser used language (LUL) interpreter. Language requested: _____
(LUL requires a time specific setting for a SCF)

Available Dates / Preferred Times

1. _____ AM PM Either Specific Time: _____
2. _____ AM PM Either Specific Time: _____
3. _____ AM PM Either Specific Time: _____

Prosecutor

Name: s/ _____

Bar Number: _____

Email: _____

Telephone: _____

Defense Counsel or

Self-Represented Defendant

Name: s/ _____

Bar Number: _____

Email: _____

Telephone: _____

Date Submitted: _____