

INSTRUCTIONS TO COMPLETE THE OBJECTION FORM

In the Matter of: **COURT ORDERED - RESIDENTIAL PLACEMENT FEES**

THIS FORM IS **ONLY** FOR THE APPEAL OF COURT ORDERED RESIDENTIAL PLACEMENT FEES AND **MUST** BE RECEIVED BY THE MARICOPA COUNTY JUVENILE PROBATION DIVISION WITHIN **25 CALENDAR DAYS OF THE DATE THE COURT ORDER WAS FILED.**

(THE FILING DATE IS LOCATED ON THE UPPER RIGHT CORNER OF THE COURT ORDER.)

Match the numbered instructions to the number on the Objection Form.

TYPE or PRINT and USE ONLY BLACK INK

1. Name, Address and Phone number of the person filing document. Your phone number should be the number where you can be reached Monday through Friday from 8:00 a.m. to 5:00 p.m. **or** where a message may be left for you.
2. If you have obtained the service of an attorney, the attorney must provide his/her State Bar number.
3. If you have obtained the service of an attorney, mark attorney and list attorney's name. **Note: It is not necessary to have legal representation for this process.**
4. Juvenile's Name and JV Number. (The JV number is located in the upper left area of the court order)
5. Name of the assessed party.
6. Date that the order for the assessment of residential placement fees was **signed** by the Court. (located towards the bottom of the court order)
7. Check the box which indicates: If you are requesting a hearing **or** if you do not request a hearing.
8. Juvenile's Name and JV Number. (As listed on page 1 - Item #4)
9. Briefly explain why you are objecting to the Court's Order for the assessment of residential placement fees.
10. Briefly explain your proposed solution to the objection.
11. Your Signature and current date.

The Court will keep the original document - Please make a copy for your records

RETURN COMPLETED FORM TO

Maricopa County Superior Court
Juvenile Probation Division –Treatment Service
Resource Specialist
3125 W. Durango Phoenix, Arizona 85009

OR

Maricopa County Superior Court
Juvenile Probation Division –Treatment Service
Resource Specialist
1810 S. Lewis Street Mesa, Arizona 85210

Distribution: Treatment Service Resource Specialist

Person Filing: (1) _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
ATLAS Number: _____
Lawyer's Bar Number: _____



Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY JUVENILE PROBATION DIVISION

OBJECTION FORM

In the Matter of: **COURT ORDERED - RESIDENTIAL PLACEMENT FEES**

(4) Juvenile's Name: _____ JV Number: _____

(5) I, _____, object to the Placement Assessment
(Name of Assessed Party)

Fee as Ordered and entered on the (6) _____ day of _____, 20_____,
by this Court.

FURTHER, I request the court to review my objection.

(7) _____ I request the court to schedule a hearing.

_____ I do not request the court to schedule a hearing. I understand that the court
will consider my objection without a formal hearing.

OBJECTION FORM
In the Matter of: COURT ORDERED - RESIDENTIAL PLACEMENT FEES
Continued

(8) Juvenile's Name: _____ JV Number: _____

(9) The Objection is based upon the following: _____

Attach an additional page if more space is needed

(10) Proposed solution to Objection is the following: _____

(Attach an additional page if more space is needed)

Respectfully Submitted,

(11) Signature

Date

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3125 W. Durango, Phoenix, Arizona 85009 OR
1810 S. Lewis Street, Mesa, Arizona 85210

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