

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA  
IN AND FOR THE COUNTY OF PIMA**

IN THE MATTER OF: \_\_\_\_\_ No MH - \_\_\_\_\_

DOB: \_\_\_\_\_

**NOTICE OF FILING  
CONFIRMATION OF RECEIPT**

COT DATE: \_\_\_\_\_

Re: Mental Health Services

Defense Attorney: \_\_\_\_\_

Defense Attorney Phone Number: \_\_\_\_\_

**WARNING TO CLIENT:**

If you do not request a hearing, your court order could be continued. If you choose to have a hearing be advised that if you knowingly choose not to appear for the hearing, the hearing may proceed in your absence and orders may be entered contrary to your interests including continuing court order for mental health treatment.

Notice is hereby given of abovementioned individual's receipt of Petition for Continued Treatment

Individual's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Individual's Address: \_\_\_\_\_

Individual's Phone: \_\_\_\_\_

NOTE: If address information was completed by a person other than the individual named, the individual must initial the information to indicate the address is correct.

Provider Agency: \_\_\_\_\_

Case Manager (Print Name): \_\_\_\_\_

Case Manager Phone: \_\_\_\_\_

Respectfully Submitted: \_\_\_\_\_

\_\_\_\_\_  
Legal Counsel

Copies to: BUHP

Defense Attorney: \_\_\_\_\_