



# Maricopa County Justice Courts, Arizona

STATE OF ARIZONA

CASE NUMBER: \_\_\_\_\_

VS.

Deputy County Attorney / Address / Phone /Email

Defendant(s) Name / Address / Email / Phone

Attorney for Defendant(s) Name / Address / Phone /Email

## MOTION TO TRANSFER TO VETERANS TREATMENT COURT

I am requesting that my case be transferred from this Court ("the originating court") for possible participation in the Maricopa County Justice Court Veterans Treatment Court Program. In making this request, I understand and acknowledge that I have a right to a speedy trial as set forth in Rule 8 of the Arizona Rules of Criminal Procedure, and that I agree to waive that right as part of participation in the Veterans Treatment Court Program. I acknowledge and understand that all time under Rule 8 of the Arizona Rules of Criminal Procedure while I am in the Veterans Treatment Court process will be suspended. Should I later choose to leave the Veterans Treatment Court Program or choose to have my case returned to the regular court process after completing the Veterans Treatment Court Program, I understand that time under Rule 8 of the Arizona Rules of Criminal Procedure will continue to be suspended until my case is returned to the regular court docket of the originating court and the Rule 8 will commence at the first court setting of the originating court.

A complete and signed ROI and 1010 form MUST be included with this Motion. These forms can be found at:

<https://justicecourts.maricopa.gov/vtc>

Date: \_\_\_\_\_  
☐ Defendant ☐ Defendant's Attorney (Type /s/ in front of your name indicating an e-signature).

☐ I have no objection to the above motion ☐ Time excluded ☐ I object to the above motion because:

Date: \_\_\_\_\_  
Attorney for the State (Type /s/ in front of your name indicating an e-signature).

## RULING ON MOTION

**IT IS ORDERED:** ☐ Granting said motion ☐ Denying said motion

This matter is reset for: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Time is ordered excluded ☐ Release Conditions to Remain the Same

Date: \_\_\_\_\_  
Justice of the Peace (Type /s/ in front of your name indicating an e-signature).

I have received a copy of this form. I understand standard conditions and all other conditions of my release, and the consequences of violating this order. I agree to comply fully with each of the conditions imposed on my release and to notify the court promptly in the event I change my place of residence.

Date: \_\_\_\_\_ (Type /s/ in front of your name indicating an e-signature).

Defendant

Be in court at least 15 minutes before the scheduled hearing.

YOU MUST CHECK IN AT THE FRONT COUNTER BEFORE ENTERING THE COURT ROOM.

REQUESTS FOR REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES SHOULD BE MADE TO THE COURT AS SOON AS POSSIBLE.

If an interpreter is needed, please contact the court listed above to request an interpreter be provided.

I CERTIFY that a copy of this document has been or will be provided on \_\_\_\_\_ to:

☐ The State ☐ Defendant ☐ at the above address ☐ in court ☐ Defendant's Attorney ☐ at the above address ☐ in court

Date: \_\_\_\_\_ Clerk \_\_\_\_\_