

1 [DEFENDANT LAWYER'S NAME]
2 [LAWYER'S ADDRESS]
3 Telephone: [LAWYER'S PHONE NUMBER]
4 [LAWYER'S E-MAIL ADDRESS]
5 Fax: [LAWYER'S FAX NUMBER]

6 **STATE OF ARIZONA**
7 **MARICOPA COUNTY SUPERIOR COURT**

8 _____, a [single/married
9 man/woman],

10 **Plaintiff,**

11 **v.**

12 **[Name of Defendant] and Jane Doe [last**
13 **name of defendant], husband and wife;**
14 **JOHN DOES 1-5; JANE DOES 1-5;**
15 **BLACK CORPORATIONS 1-5; and**
16 **WHITE PARTNERSHIPS 1-5,**

17 **Defendants.**

Case No. CV _____

**NOTICE OF INDEPENDENT
MEDICAL EXAMINATION**

**(Assigned to the Honorable
[name of the judge])**

18 Defendant [Name], by and through counsel undersigned, hereby provides notice that [Plaintiff's
19 Name] is to appear, pursuant to Rule 35[c], Arizona Rules of Civil Procedure, for an Independent
20 Medical Examination to be conducted on the following date and time at the place designated herein
21 below:

22 Date and Time:

23 Location:

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25 If for any reason you are unable to keep this appointment, you must advise the doctor's
26 office and defendant's counsel no later than five [5] business days prior to your appointment or you
27 will be required to pay a "no show" fee.
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DATED this _____ day of _____, 2015.

[YOUR NAME]

By: _____
[Defendant lawyer's name]
[Defendant lawyer's address]

ORIGINAL of the foregoing emailed
this _____ day of _____, 2015, to:

[Your name]
[Your address]
[Your e-mail address]

With copy to:

[Doctor's name]
[Doctor's Address]
