

(1) Your Name: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Attorney Bar Number (if applicable): \_\_\_\_\_  
Representing  Self or  Attorney  Other \_\_\_\_\_



**SUPERIOR COURT OF ARIZONA  
MOHAVE COUNTY**

(2) \_\_\_\_\_  
Petitioner/Plaintiff

(5) Case Number: \_\_\_\_\_

VS

**CERTIFICATE OF SERVICE  
(FORM 21)**

(3) \_\_\_\_\_  
Respondent/Defendant

AND

(4) \_\_\_\_\_  
Garnishee

(6) **Petitioner/Plaintiff**  Judgment Creditor  Judgment Debtor

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone(s): \_\_\_\_\_

(7) **Respondent/Defendant**  Judgment Creditor  Judgment Debtor

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone(s): \_\_\_\_\_

(8) **Garnishee**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone(s): \_\_\_\_\_  
Attorney: \_\_\_\_\_

(9) On \_\_\_\_\_ (date),

(10) I (check all boxes that are true):

