

Name of Person Filing: _____
 Mailing Address: _____
 City, State, and Zip Code: _____
 Daytime Phone Number: _____
 Evening Phone Number: _____
 ATLAS Number (if applicable): _____
 State Bar Number (if applicable): _____
 Representing: Self Petitioner Respondent

**SUPERIOR COURT OF ARIZONA
 MOHAVE COUNTY**

 (Name of Petitioner/Plaintiff)

Case Number: _____

 (Title of Form)

AND

 (Name of Respondent/Defendant)

COMES NOW _____ in the above captioned case to request the Court to:
 (Name)

For the following reason(s):

OATH OR AFFIRMATION

STATE OF ARIZONA)
) ss.
County of Mohave)

I declare under penalty of perjury that the information on this form is true and correct to the best of my knowledge and belief.

Signature

Date

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20_____.

By: _____

My commission Expires: _____

Deputy Clerk / Notary Public

Copy sent to: _____ **(other party)**
_____ **(address)**
_____ **(city, state, zip)**
on: _____ **(date)**