

**Name of Person Filing:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City, State, Zip Code:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**ATLAS Number (if applicable):** \_\_\_\_\_  
**Representing:**     Self, Without a Lawyer OR  
**Attorney for:**     Petitioner     Respondent

**SUPERIOR COURT OF ARIZONA  
MOHAVE COUNTY**

\_\_\_\_\_  
(Name of Petitioner)

AND

\_\_\_\_\_  
(Name of Respondent)

**Case Number:** \_\_\_\_\_

**FAMILY COURT  
ELECTRONIC DISTRIBUTION  
OPT OUT OR CONSENT**

**The Mohave County Superior Court will electronically distribute all documents in this case unless you opt out. PLEASE CHECK ONE:**

I **consent** to distribution of court documents by the clerk to this action.

Email Address: \_\_\_\_\_

I **opt out** of electronic distribution, and ask that all documents be mailed by U.S. mail to:

**Other parties may send your copy of documents electronically if you consent in this form. PLEASE CHECK ONE:**

I **consent** to electronically receive my copy of all court documents filed by the other party under Rule 43.

Email Address: \_\_\_\_\_

I **opt out** of electronic distribution, and ask that all documents be mailed by U.S. mail to:

Each party is responsible for maintaining the provided email address, and for checking it on a regular basis.

This form is effective when it is filed with the clerk and remains in effect until a new form is filed with the clerk and notice is provided to the other party.

This person filing this form is sending a copy to the other party on this date: \_\_\_\_\_, at this address:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature