

Name of Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Day/Evening Telephone: _____
Attorney Bar Number (if applicable) _____
Representing: Self (No Attorney) OR
Attorney for Petitioner Respondent

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

In the Matter of the Emancipation of:

Case Number: _____

PROOF OF SERVICE

A Minor

Pursuant to Arizona Rules of Civil Procedure, Rule 4.2(c), the following party has been served a filed copy of the **Petition for Emancipation** in the above case. Attached is the Return Receipt and supporting information to document the **Proof of Service**.

Person served: _____

Address of person served: _____

Date of original mailing: _____

Date of receipt by person served: _____

Attachment of Service:

Case No. _____

STATE OF ARIZONA)
COUNTY OF MOHAVE) ss.

SIGNATURE: _____ Date: _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

By _____

My Commission Expires: _____

Notary Public / Deputy Clerk