

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**

Name of Plaintiff / Petitioner

vs.

Name of Defendant / Respondent

Case Number: _____

PROOF OF SERVICE

The following party has been served a filed copy of the _____ in the above case.

Person served: _____

Address of person served: _____

Date person was served: _____

**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