Maili City, Dayt ATLA State Repr Attoi	ne of Person Filing: ling Address: c, State, and Zip Code: time / Evening Phone: .AS Number (if applicable): e Bar Number (if applicable): resenting:  Self (Without Attorney) OR orney for  Petitioner  Respondent ttorney, include State Bar Number)	
	SUPERIOR COURT OF MOHAVE COUN	
Rega	arding the matter of	Case Number:
		ACCEPTANCE OF SERVICE
(Nam	me)	
1.	I acknowledge that I have voluntarily accepted a copy of the	following legal papers: (List)
	I waive formal service of process (personal service), and und	derstand by accepting these papers, it is the same
2.	I am aware that my accepting service of these court papers a reduce my rights or obligation to file a written objection or cor	
3.	I am not in the military forces of the United States of America Soldiers and Sailors Relief Act.	a in any capacity or I waive the protection of the
<u>0A1</u>	TH AND VERIFICATION	
Cou	ATE OF ARIZONA ) ) ss. unty of Mohave )	
	vear or affirm under penalty of perjury that I have read and unders rmation I have provided is true and correct to the best of my know	
Signa	nature	Date
	SSCRIBED AND SWORN to before me this day of	, 20,
My C	Commission Expires	Notary Public / Deputy Clerk

2/11/2010 Page 1 of 1