

Person Filing: _____

Mailing Address (if not protected): _____

City, State, Zip Code: _____

Telephone Number: _____

AZCARES Number (if applicable) _____

☐ Representing Self (No Attorney) OR ☐ Represented by Attorney

If Attorney, Bar Number: _____

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

Name of Petitioner/Plaintiff

Case Number: _____

**AFFIDAVIT SUPPORTING SERVICE
by CERTIFIED MAIL**

Name of Respondent/Defendant

1. I am familiar with the facts stated in this Affidavit, and I make this Affidavit to show that I have served the court papers on the other party by certified mail, postage prepaid, return receipt requested.

Person served (name of other party): _____

Address where other party was served: _____

Date of receipt by the other party: _____

Date of return of receipt to sender: _____

2. I know that the other party is located outside the State of Arizona. The following documents were sent to the other party by certified mail: (List all of the documents sent to the other party):

I declare under penalty of perjury that the foregoing is true and correct.

Signature: _____ Date: _____