

Name of Person Filing: _____
 Mailing Address (if not protected): _____
 City, State, Zip Code: _____
 Day/Evening Telephone: _____
 AZCARES Number (if applicable) _____
 Attorney Bar Number (if applicable) _____
 Representing: Self Petitioner Respondent

SUPERIOR COURT OF ARIZONA MOHAVE COUNTY

Petitioner,

vs.

Respondent.

Case Number: _____

PROOF OF NOTICE

The undersigned states that copies of the following documents were mailed on the _____ day of _____, 20____.

Sent to: _____
(Name of Party)

Address: _____

Sent by: _____

Date Mailed: _____

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