

Name of Person Filing: _____
 Street Address: _____
 City, State, Zip Code: _____
 Telephone Number: _____
 Email Address: _____
 ATLAS Number (if applicable) _____
 Representing Self (No Attorney) or Represented by Attorney
 If Attorney, Bar Number: _____

**SUPERIOR COURT OF ARIZONA
 PINAL COUNTY**

 (Name of Petitioner / Plaintiff)

CASE NUMBER: _____

AFFIDAVIT (CERTIFICATE) OF SERVICE

 (Name of Respondent / Defendant)

HONORABLE: _____

STATE OF ARIZONA)
 COUNTY OF PINAL)ss.

_____ being first duly sworn, deposes and says as follow, I do hereby certify that I received the documents in this action described below:

And that I personally served the same on those named below and at the places, times and dates, and in the manner hereinafter set forth, to wit.

<u>NAME</u>	<u>DATE</u>	<u>TIME</u>	<u>PLACE</u>	<u>MANNER</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

By _____
 (AFFIANT)

SUBSCRIBED AND SWORN to before me, this _____ day of _____, _____

My Commission Expires: _____
 (NOTARY PUBLIC)