

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 CASE NUMBER: DO2

AFFIDAVIT OF SERVICE BY CERTIFIED MAIL

Name of Respondent HONORABLE: _____

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, pursuant to Arizona Rules of Civil Procedure, Rule 4.2(c).

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. The following documents were sent to the other party by certified mail (**List all of the documents sent to the other party**):

These court papers were received by the other party as shown by the **original RETURN** receipt that is attached to this Affidavit.

Date Signature

State of Arizona)

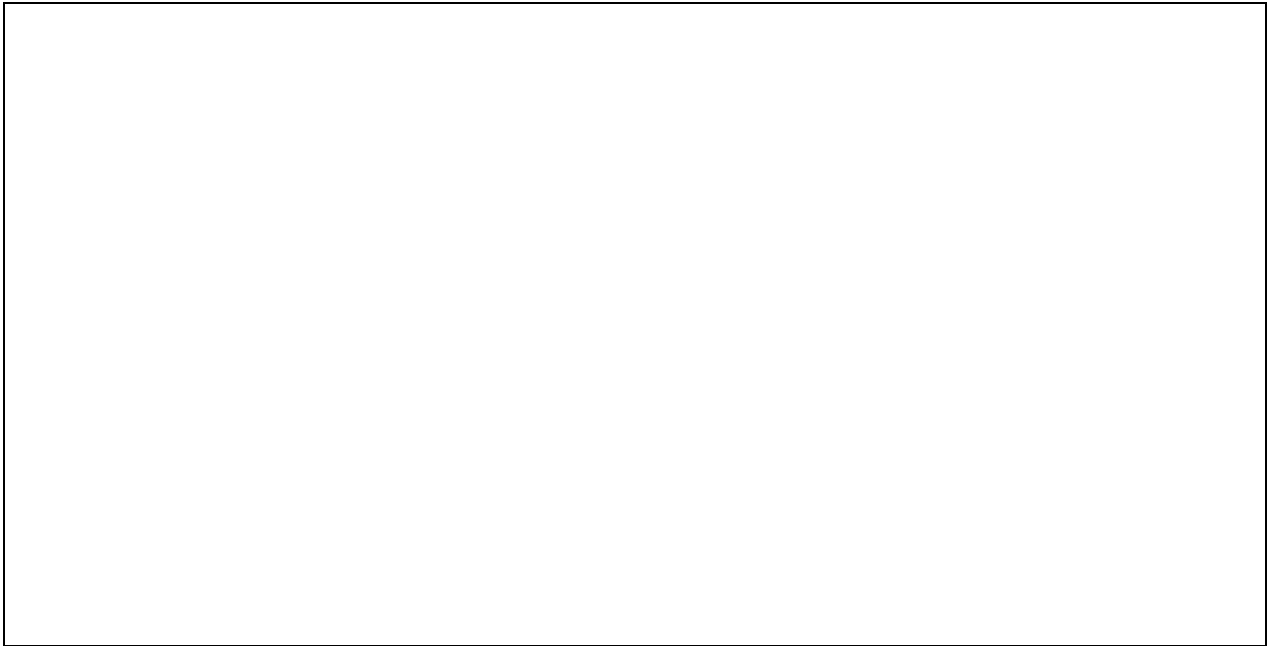
County of _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 _____

by _____
Name of Signer

Commission Expires

Notary Public



ATTACH THE ORIGINAL MAIL RETURN RECEIPT HERE