

Name of Person Filing: _____
Mailing Address: _____
City, State, and Zip Code: _____
Daytime / Evening Phone: _____
ATLAS Number (if applicable): _____
State Bar Number (if applicable): _____
Representing: Self or Attorney for Petitioner Respondent
(If Attorney, include State Bar Number)

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

Name of Petitioner/Plaintiff

Case Number: _____

Name of Respondent/Defendant

**AFFIDAVIT SUPPORTING SERVICE
by CERTIFIED MAIL**

A.R.C.P. Rule 4.2(c), A.R.C.P. Rule 42

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) or Arizona Rules of Family Law Procedure, Rule 42.

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):

OATH OR AFFIRMATION

**STATE OF ARIZONA)
County of Mohave) ss.**

These court papers were received by the other party as shown by the receipt, a copy of which is attached to this Affidavit as required by Arizona rules of Civil Procedure, Rule 4.2(c) or Arizona Rules of Family Law Procedure, Rule 42.

Sender's Signature

Date

SWORN TO OR AFFIRMED before me this _____ day of _____, 20_____,

by _____
Printed Name of Person Who Signed

My Commission Expires _____

Notary Public / Deputy Clerk