

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

**AFFIDAVIT IN SUPPORT OF APPLICATION TO RESTRICT PUBLIC ACCESS TO
ADDRESS AND TELEPHONE NUMBERS IN SPECIFIED PUBLIC RECORDS
PURSUANT TO A.R.S. §§ 11-483, 11-484, 16-153, AND/OR 28-454
FOR USE ONLY BY PERSONS PROTECTED BY AN ORDER OR PROTECTION OR
INJUNCTION AGAINST HARASSMENT**

**PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM AND
PRINT ALL REQUIRED INFORMATION IN BLACK INK**

1. I, _____, make the
Full legal name
following statements under oath:

2. I submit this affidavit pursuant to *(check only the types of records you are seeking to protect)*:
 - (For County Recorder records)* A.R.S. §11-483, and request that the Court Order sealed for five years my residential address and phone number appearing in instruments and writings recorded by the County Recorder and the unique identifiers and recording dates contained in indexes of recorded instruments maintained by the County Recorder.

 - (For County Assessor records)* A.R.S. §11-484, and request that the Court Order sealed for five years my residential address and phone number appearing in instruments, writings and information maintained by the County Assessor.

 - (For County Treasurer records)* A.R.S. §11-484, and request that the Court Order sealed for five years my residential address and phone number appearing in instruments, writings and information maintained by the County Treasurer.

 - (For voter registration records)* A.R.S. §16-153, and request that the Court Order sealed for five years my residential address and phone number and voting precinct number and those of any individuals identified in item 10 that appear in voter registration records.

 - (For Motor Vehicle Division records)* A.R.S. §28-454, and request that the Court Order sealed my residential address and phone number and those of any individuals identified in item 12 that appear in Motor Vehicle Division records. I understand that the Order to seal MVD records has no automatic expiration.

3. I am a person protected by an Order of Protections or Injunction Against Harassment. In support of my claim, I have attached to this affidavit a true and correct copy of the Order of Protection or Injunction Against Harassment naming me as a protected person.

4. I believe that my life or safety or that of my family or other persons living at my primary residence is in danger of physical harm for the following reasons:

5. (Optional – complete this item ONLY if you need immediate record protection) I request immediate action for the following reasons:

6. Restricting public access to the records I selected in item 2 above will serve to reduce the danger I described in item 4 for the following reasons:

7. My primary residential address and telephone number are:

Street Address	City	State	Zip	Phone Number
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8. (For County Recorder, Assessor and/or Treasurer records only) The identifying numbers relating to my primary residential address are:

Parcel Number: _____ Book & Map Number: _____

Full Legal Description: _____

9. (For County Recorder, Assessor and/or Treasurer records only) The document locator number and date of recordation of each document for which I request public access restriction pursuant to A.R.S. §§11-483 and/or 11-484 are as follows. I have attached a copy of pages from each document that show the document locator number, and either my full legal name and primary residential address or my full legal name and telephone number:

Document locator number	Date of recordation
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Document locator number	Date of recordation
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Document locator number	Date of recordation
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Document locator number	Date of recordation
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Document locator number	Date of recordation
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Document locator number	Date of recordation
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- 10.** *(For voter registration records only – see the instruction sheet for more information)*
 The following are the names and birth dates for each registered voter who resides with me and whose voter registration records should also be redacted. I have informed these individuals that I have applied to have their addresses protected and that they will need to vote by mail in the future in order to keep this information out of the public record. I have also informed them that if they vote in-person at a polling location, they will be required to vote a provisional ballot. I have checked the box for each voter who is requesting to be added to the Permanent Early Voting List (PEVL) to automatically receive an early ballot by mail, and I have attached their completed voter registration forms so they can be added to the PEVL.

_____	_____	<input type="checkbox"/> add to PEVL
Full legal name	Month/Day/Year of Birth	
_____	_____	<input type="checkbox"/> add to PEVL
Full legal name	Month/Day/Year of Birth	
_____	_____	<input type="checkbox"/> add to PEVL
Full legal name	Month/Day/Year of Birth	
_____	_____	<input type="checkbox"/> add to PEVL
Full legal name	Month/Day/Year of Birth	
_____	_____	<input type="checkbox"/> add to PEVL
Full legal name	Month/Day/Year of Birth	
_____	_____	<input type="checkbox"/> add to PEVL
Full legal name	Month/Day/Year of Birth	

- 11.** *(For your MVD records)* My name, birth date, and driver's license or state identification number are:

_____	_____	_____
Full legal name	Month/Day/Year of Birth	Driver's License or State I.D. Number

- 12.** *(For protecting other household members' MVD records only)* The following individuals and/or entities (such as partnerships or corporations) have MVD records that display my primary residential address and/or telephone number and therefore should also be redacted (*see the instruction sheet regarding household members who are peace officers*):

_____	_____	_____
Full legal name	Month/Day/Year of Birth	Driver's License or State I.D. Number
_____	_____	_____
Full legal name	Month/Day/Year of Birth	Driver's License or State I.D. Number
_____	_____	_____
Full legal name	Month/Day/Year of Birth	Driver's License or State I.D. Number
_____	_____	_____
Full legal name	Month/Day/Year of Birth	Driver's License or State I.D. Number
_____	_____	_____
Full legal name	Month/Day/Year of Birth	Driver's License or State I.D. Number

On the basis of the facts set forth herein, I respectfully request the Court to order the sealing of the information and records identified by me in item 2 above.

OATH OR AFFIRMATION

STATE OF ARIZONA)
) ss.
County of Mohave)

I declare under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

Affiant's Signature

Date

Subscribed and sworn to (or affirmed) before me on the _____ day of _____, 20_____
by _____.

My Commission Expires: _____

Notary Public / Deputy Clerk