

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)

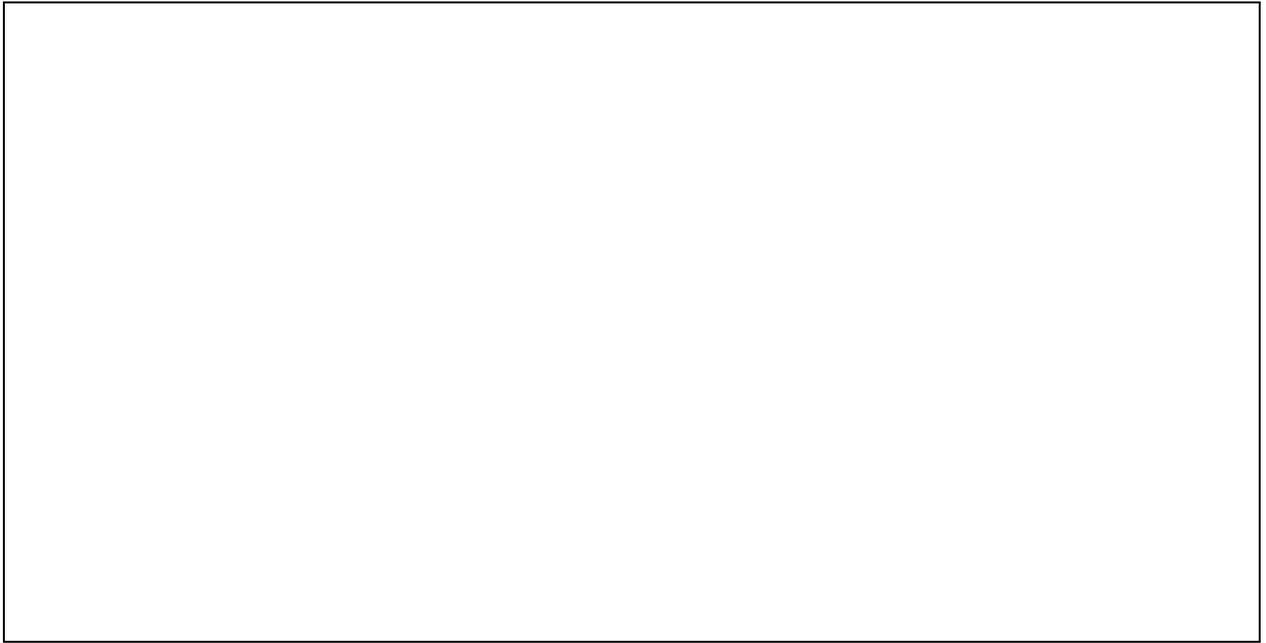
County of _____)

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