

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: _____

ACCEPTANCE OF SERVICE

(Name of Respondent)

HONORABLE: _____

I _____ do hereby accept service of the following documents:

(DATE)

(SIGNATURE)

STATE OF ARIZONA)
COUNTY OF PINAL)ss.

Subscribed and sworn or affirmed and acknowledged before me this date: _____.

(NOTARY PUBLIC)