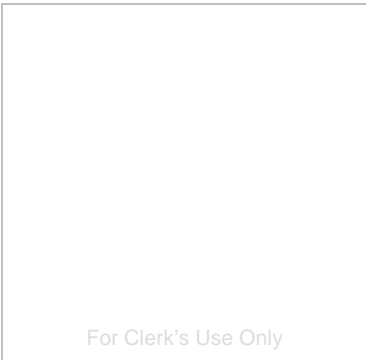


Name of Person Filing: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
ATLAS Number (if applicable): \_\_\_\_\_  
Representing  Self (Without an Attorney) OR  
Attorney for  Petitioner OR  Respondent



For Clerk's Use Only

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
(Name of Petitioner)

Case No. \_\_\_\_\_

### APPLICATION AND AFFIDAVIT FOR DEFAULT

\_\_\_\_\_  
(Name of Respondent)

**NOTICE: THIS IS AN IMPORTANT COURT DOCUMENT.** When this document is properly completed and filed, Default has been applied for and entered. The Default will be effective ten (10) working days after the filing of this completed document, unless the Defendant/Respondent files an Answer/Response or otherwise defends before the ten working day period expires.

1. I am the Petitioner in this court case. I understand and make the following statements under oath or by affirmation. I give notice that I am requesting entry of default against the other party, the Respondent, because the Respondent has **not** filed an Answer/Response.
  
2. Service of the court papers on Respondent has been accomplished as follows:  
(check **ONLY** one box)  
 The Respondent has signed an **“Acceptance of Service”** and has accepted service of the **“Summons,”** Complaint or Petition and other papers. The Respondent has **not** filed an **“Answer/Response”**, or otherwise appeared or defended in this court case. Default may be entered.  

**OR**

 I have served the Respondent according to law with the **“Summons,”** Complaint or Petition and other papers. Respondent has **not** appeared, answered, responded or otherwise defended in the time required by law.
  
3. The Respondent is either **not** in the active military service of the United States or has otherwise waived his/her rights under the Service Members Civil Relief Act (formerly “Soldiers and Sailor’s Civil Relief Act”).
  
4. By completing the Certificate of Mailing or Delivery at the bottom of this form, I certify that I am mailing or delivering a copy of this Application and Affidavit to the Respondent as notice that I have applied for default and default has been entered in this court case.
  
5. Check all boxes that are true:  
 I have mailed a copy of this Application and Affidavit to the Defendant/Respondent at his/her last known address, **OR**

Case No. \_\_\_\_\_

- IF** I know the Respondent, who I claim to be in default, is represented by an attorney, I have **also** mailed a copy of this Application and Affidavit to that attorney, **OR**
- I have **not** mailed a copy of this Application and Affidavit to the Respondent because I do **not** know his/her location or whereabouts and do not believe the Respondent is represented by an attorney. **(You can only check this box, if the Respondent was served by publication.)**

**WARNING**

1. If the Respondent fails to file a responsive pleading or otherwise defend in this action within 10 working days of the filing of this Application, a default judgment will be entered.
2. The Plaintiff or Petitioner must still attend the default hearing at the court.

**OATH OR AFFIRMATION**

I swear or affirm the contents of this document are true and correct under penalty of perjury.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Affirmed before me this: \_\_\_\_\_ by \_\_\_\_\_  
(Date) Printed Name of Person Who Signed

My Commission Expires:  
or Seal (below) : \_\_\_\_\_  
Deputy Clerk or Notary Public

**CERTIFICATE OF MAILING OR DELIVERY**

On (date) \_\_\_\_\_ a copy of this document was: (check ONLY one box)

mailed postage pre-paid, OR  delivered by \_\_\_\_\_  
(name of person who made the delivery)

to the Defendant/Respondent at the following address:

Address: \_\_\_\_\_

Your signature : \_\_\_\_\_