

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 IN FAMILY COURT CASES

\_\_\_\_\_  
(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) Court business days after the filing of this completed document, unless the Respondent files an Answer/Response or otherwise defends before the ten Court business 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 (on the next page), I certify to the Court that on the date of filing this document I will mail a copy of this **Application and Affidavit** to the Respondent at his or her current or last known address *even if that is my own address* and/or I have served the other party by publication, and if applicable, to his or her attorney as notice that I have applied for default.

- 5. I UNDERSTAND THAT I WILL **NOT QUALIFY FOR DEFAULT** if:  
 I fail to mail this document, and/or  
 I fail to complete the Certificate of Mailing below.

**CERTIFICATE OF MAILING**

As required by Arizona Rules of Court (A.R.C.P. 55(a) and A.R.F.L.P. 44(A)).

A copy of this ***Application and Affidavit for Default*** will be mailed on the day of filing, postage-prepaid, to the Respondent\* at his/her  **current address**, OR  **last known address** (if current address is unknown) of:

\_\_\_\_\_ (street and number, including the apartment number, city and state, and zip code)

\* Mailing to current or last known address **must** be done even if last known address is your address and/or you know the Respondent is no longer at the last known address.

- (If applicable)  
 I believe the Respondent whom I believe to be in default is represented by an attorney and have ***also*** mailed a copy of this ***Application and Affidavit for Default*** to that attorney.

**DECLARATION UNDER PENALTY OF PERJURY**

I state to the court under penalty of perjury that the contents of this document are true and correct.

\_\_\_\_\_  
Date this document was filed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

<p><b><u>WARNING</u></b></p> <ol style="list-style-type: none"> <li>1. If the Respondent fails to file a responsive pleading or otherwise defend this action within <b><u>10 working days</u></b> after the filing of this Application, A DEFAULT JUDGMENT MAY BE ENTERED.</li> <li>2. The Petitioner must still attend the default hearing at the court UNLESS you qualify, apply for and complete the process to obtain a default decree without a hearing pursuant to A.R.F.L.P 44(B)(1).</li> <li>3. A DEFAULT HEARING WILL <b><u>NOT</u></b> BE SCHEDULED IF THIS APPLICATION AND AFFIDAVIT FOR DEFAULT IS MISSING INFORMATION OR NOT COMPLETED CORRECTLY.</li> </ol>
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