

Name of Person Filing Document: _____
 Your Address: _____
 Your City, State, Zipcode: _____
 Your Telephone Number: _____
 ATLAS Number (if applicable): _____
 Attorney Bar Number (if applicable): _____
 Representing Self (Without a Lawyer) OR Attorney for Petitioner OR Respondent

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

 Name of Petitioner/Plaintiff

Case Number: _____

AFFIDAVIT of SERVICE by CERTIFIED MAIL

 Name of Respondent/Defendant

A.R.C.P. Rule 4.2(c)
 (Non Family court cases only)

STATE OF ARIZONA)
 County of Maricopa)ss.

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. I know that the other party is located outside the State of Arizona. 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 receipt, a copy of which is attached to this Affidavit as required by Arizona Rules of Civil Procedure, Rule 4.2(c).

_____ Date Sworn to or Affirmed: _____ by _____ Date My Commission Expires _____ Or Seal below	_____ Sender's Signature _____ Printed Name of Person Who Signed _____ Deputy Clerk or Notary Public
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