

1) Name of Person Filing: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Phone Number(s): \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing  Self (Without a Lawyer) OR  
 Attorney for  Plaintiff OR  Defendant

## SUPERIOR COURT OF ARIZONA MOHAVE COUNTY

2) \_\_\_\_\_  
 Plaintiff

3) Case Number: \_\_\_\_\_

### APPLICATION AND AFFIDAVIT FOR DEFAULT in Complaint to Foreclose the Right to Redeem a Tax Lien

4) \_\_\_\_\_  
 Defendant(s)

**5) 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) days after the filing of this completed document, unless the Defendant(s) file an Answer/Response or otherwise defends before the ten day period expires.

1. I am the Plaintiff in this court case. I understand and make the following statements under oath. I give notice that I am requesting entry of default against the other party, the Defendant(s), because the Defendant(s) have not filed an Answer/Response.
2. I have served the Defendant(s) according to law with the Summons, Complaint and other papers. The Defendant(s) have not appeared, answer, responded or otherwise defended in the time required by law.
3. The Defendant(s) are either not in the active military service of the United States or have otherwise waived their rights under the Service Members Civil Relief Act (formerly known as the Soldier's 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 Defendant(s) as notice that I have applied for default and default has been entered in this court case.
5. Check all that are true:  
 I have mailed a copy of this Application and Affidavit to the Defendant(s) at their last known address, OR  
 IF I know the Defendant(s), who I claim to be in default, are 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 Defendant(s) because I do not know their location or whereabouts and do not believe the Defendant(s) are represented by an attorney.  
**(You can only check here if the Defendant(s) were served by publication.)**

**NOTE:** If the Defendant(s) fail to file a responsive pleading or otherwise defend in this action within ten (10) days of the filing of this Application, a default judgment will be entered. The Plaintiff must still attend the default hearing.

**OATH OR AFFIRMATION**

**State of** \_\_\_\_\_ )

**County of** \_\_\_\_\_ ) **ss.**

I swear or affirm that the information on this document is true and correct under penalty of perjury.

\_\_\_\_\_  
Plaintiff's Signature

\_\_\_\_\_  
Date

Sworn to or Affirmed before me this date: \_\_\_\_\_

By \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk or Notary Public

**CERTIFICATE OF MAILING OR DELIVERY**

On (date) \_\_\_\_\_ a copy of this document was mailed postage pre-paid to the Defendant(s) at the following:

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

Plaintiff Signature: \_\_\_\_\_