

Name of Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Day/Evening Telephone: _____
ATLAS Number (if applicable) _____
Attorney Bar Number (if applicable) _____
Representing: Self Petitioner Respondent

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

Petitioner,

vs.

Respondent.

Case Number: _____

PROOF OF NOTICE

The undersigned states that copies of the following documents were mailed on the _____ day of _____, 20____.

Sent to: _____
(Name of Party)

Address: _____

Sent by: _____

Date Mailed: _____

STATE OF ARIZONA)
) **ss.**
COUNTY OF MOHAVE)

SIGNATURE:_____ Date:_____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

By _____

My Commission Expires:_____

Notary Public / Deputy Clerk