

Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Day/Evening Phone: _____ / _____
Person Filing is: SELF (No Attorney) OR Attorney
If Attorney, Bar No.: _____ Atty. Phone: _____

SUPERIOR COURT OF ARIZONA
IN _____ COUNTY JUVENILE COURT

In the Matter of the Emancipation of: _____

Case Number: _____

PROOF OF SERVICE

A Minor

Pursuant to Arizona Rules of Civil Procedure, Rule 4.2(c), the following party has been served a filed copy of the ***Petition for Emancipation*** in the above case. Attached is the Return Receipt and supporting information to document the Proof of Service.

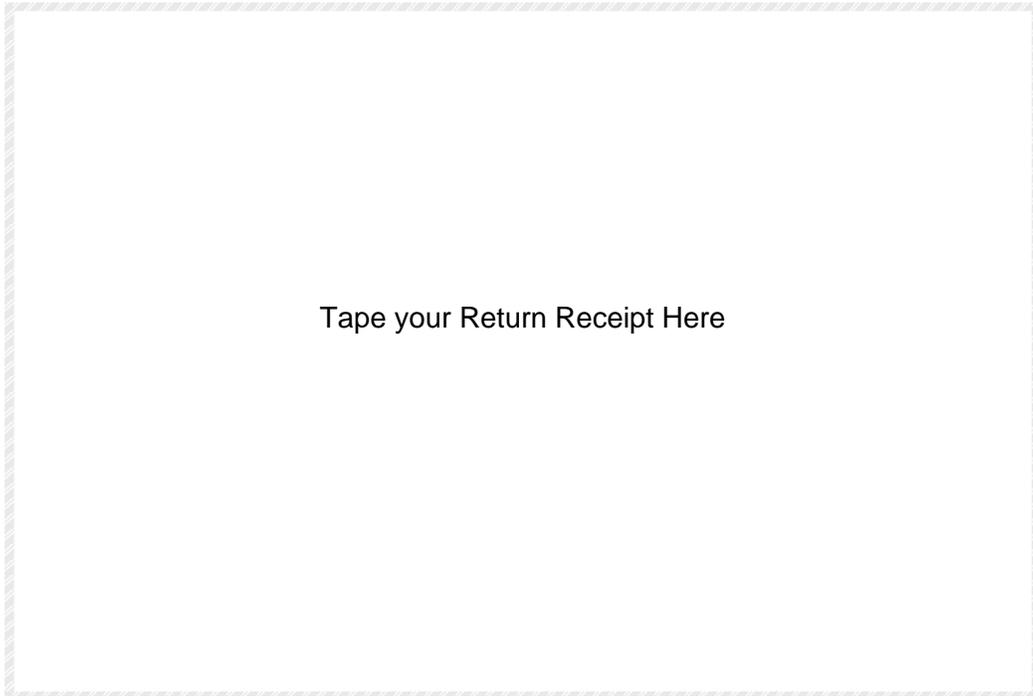
Person Served: _____

Address of Person Served: _____

Date of original mailing: _____

Date of receipt by Person Served: _____

Attachment of Service:



Tape your Return Receipt Here

Case Number: _____

OATH OR AFFIRMATION OF INDIVIDUAL COMPLETING SERVICE

I swear or affirm that the information provide above is true and correct to the best of my knowledge, information, and belief, under penalty of law.

Signature

Date

Subscribed and sworn to or affirmed before me this date: _____

Clerk of Superior Court

OR

Notary
My Commission Expires: _____

Deputy Clerk