

Person Filing: _____
 Mailing Address: _____
 City, State, Zip: _____
 Phone: () - _____
 Representing: Self Attorney Other State Bar No. _____



Maricopa County Justice Courts, Arizona

CASE NUMBER: _____

CERTIFICATE OF SERVICE

Petitioner / Plaintiff Judgment Creditor Judgment Debtor Name / Address / Email / Phone

Respondent / Defendant Judgment Creditor Judgment Debtor Name / Address / Email / Phone

Garnishee Name / Address / Email / Phone

On _____, I: *check all boxes that are true*

- Mailed by regular mail (*postage prepaid*)
- Mailed by Certified mail (*return receipt attached*)
- Hand-delivered by (*name of person*) _____

a copy of the following documents:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

to the following person(s):

Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
_____	_____	_____

Date: _____

 Signature of Creditor or Authorized Agent

State of Arizona)
 County of _____) ss.

Subscribed and sworn or affirmed before me on _____

My Commission Expires: _____
 _____ Notary Public or Clerk of the Court _____