



Maricopa County Justice Courts, Arizona

Case Number: _____ NCIC #: _____ DPS #: _____

<p>Plaintiff _____</p> <p>v.</p> <p>Defendant _____</p>	<p>DECLARATION OF SERVICE</p> <p>OP/IAH/IAWH Issue Date: _____</p>
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USE THIS FORM ONLY IF YOU ARE A PERSON AUTHORIZED UNDER ARCP 4 OR ARS 13-3602(K) TO SERVE LEGAL PAPERS.

The undersigned declarant, being first duly qualified by law, swears or certifies that a copy of the following was personally served upon

☐ Plaintiff ☐ Defendant on:

Date: _____ Time: _____

at address: _____

- | | |
|--|---|
| <input type="checkbox"/> Petition and Order of Protection (OP) | <input type="checkbox"/> Modified OP, dated _____ |
| <input type="checkbox"/> Petition and Injunction Against Harassment (IAH) | <input type="checkbox"/> Modified IAH, dated _____ |
| <input type="checkbox"/> Petition and Injunction Against Workplace Harassment (IAWH) | <input type="checkbox"/> Modified IAWH, dated _____ |
| <input type="checkbox"/> Notice of Hearing | |
| <input type="checkbox"/> Other _____ | |

Plaintiff advised of service ☐ Yes ☐ No

Declarant is a ☐ registered process server ☐ peace/correction/detention officer
☐ constable ☐ authorized by the court

Print: Name: _____
Agency: _____
Identification number: _____

Charges*: Services \$ _____ Mileage \$ _____ Fees Paid \$ _____ Total \$ _____

*** No charges/fees for any OP or for any IAH that arises from a dating relationship or sexual violence.**

I declare under penalty of perjury that the foregoing is true and correct pursuant to ARCP 80(c).

Date: _____

Signature of Person Serving Document

Defendant description:

Sex	Race	D.O.B.	HT	WT	Eyes	Hair	Driver's License #	State	Distinguishing Features