

# SUPERIOR COURT OF ARIZONA – MOHAVE COUNTY

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 2225 TRANE RD BULLHEAD CITY AZ 86442 (928)758-0730  
 2001 COLLEGE DR LAKE HAVASU CITY AZ 86403 (928)453-0701

_____ Plaintiff Birth Date: _____  vs  _____ Defendant	_____ Case No.	<b>DECLARATION OF SERVICE</b>  OP/IAH/IAWH Issue Date _____
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**USE THIS FORM ONLY IF YOU ARE A PERSON AUTHORIZED UNDER A.R.C.P. 4 OR ARS § 13-3602(Q) TO SERVE LEGAL PAPERS.**

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

- |  |   |
|--|---|
| <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 _____   |   |

upon  Plaintiff  Defendant on \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.  
(Date) (Time)

\_\_\_\_\_  
 (address)

Declarant is a:  Registered Process Server OR  Peace/Correction/Detention Officer

\_\_\_\_\_  
 Print the following: Name/Agency/Identification No.

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

**\* No charges/fees of any type for IAH that arises from a dating relationship or any OP.**

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

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Defendant description:**

Sex	Race	DOB	HT	WT	Eyes	Hair	Driver's License #	State	Distinguishing Features