

Name of Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Phone Number: _____
Email Address: _____
AZCARES Number (if applicable): _____
Representing: ☐ Self, Without a Lawyer OR
Attorney for: ☐ Petitioner ☐ Respondent

SUPERIOR COURT OF ARIZONA MOHAVE COUNTY

(Name of Petitioner)

AND

(Name of Respondent)

Case Number: _____

**FAMILY COURT
ELECTRONIC DISTRIBUTION
OPT OUT OR CONSENT**

The Mohave County Superior Court will electronically distribute all documents in this case unless you opt out. PLEASE CHECK ONE:

☐ I **consent** to distribution of court documents by the clerk to this action.

Email Address: _____

☐ I **opt out** of electronic distribution, and ask that all documents be mailed by U.S. mail to: _____

Other parties may send your copy of documents electronically if you consent in this form. PLEASE CHECK ONE:

☐ I **consent** to electronically receive my copy of all court documents filed by the other party under Rule 43.

Email Address: _____

☐ I **opt out** of electronic distribution, and ask that all documents be mailed by U.S. mail to: _____

Each party is responsible for maintaining the provided email address, and for checking it on a regular basis.

This form is effective when it is filed with the clerk and remains in effect until a new form is filed with the clerk and notice is provided to the other party.

This person filing this form is sending a copy to the other party on this date: _____, at this address:

Date

Signature