Person Filing:		
Mailing Address:		
City, State, Zip:		
Day/Evening Phone:/		
Person Filing is: [] SELF (No Attorney) OR		
If Attorney, Bar No.: Atty. Pho	ne:	For Clerk's Use Only
	R COURT OF ARIZO	
In the Matter of the Emancipation of:	Case Number: _	1300JE
	PROOF OF S	ERVICE
A Minor		
Pursuant to Arizona Rules of Civil Proce a filed copy of the <i>Petition for Emancip</i> Receipt and supporting information to do	pation in the above case	. Attached is the Return
Person Served:		
Address of Person Served:		
Date of original mailing:		
Date of receipt by Person Served:		
Attachment of Service:		
Tano you	ur Return Receipt Here	
Tape you	ur Keturr Keceipt Here	

	Case Number: 1300JE
OATH OR AFFIRMATION OF IN	DIVIDUAL COMPLETING SERVICE ON
	OF PETITION FOR EMANCIPATION
Name of person served	OF PERMISON AND N
I swear or affirm that the informati	ion provided above is true and correct to the best of my
knowledge, information and belief	
Signature	 Date
Signature	Date
Subscribed and sworn to or affirmed	before me on this date:
	Donna McQuality, Clerk of the Superior Court
	OR Deputy Clerk
Notary	
My Commission Expires:	
wiy Commission Expires.	