



FORT MOJAVE TRIBAL COURT
 Fort Mojave Indian Tribe of Arizona, California & Nevada Reservation
 Physical & Mailing Address:
 8492 South Highway 95, Mohave Valley, Arizona 86440
 Telephone: (928) 346-5200 Fax: (928) 346-5287

PETITIONER: _____
 Address: _____
 City, State, Zip: _____
 Phone: Home: _____ Work: _____ Mobile: _____
 v.

**COURT USE
ONLY**

RESPONDENT: _____
 Address: _____
 City/State/Zip: _____
 Phone: Home: _____ Work: _____ Mobile: _____

Case Number

Division: **CIVIL**

PROOF OF SERVICE

This form shall be properly completed when Proof of Service by Mail or Personal Delivery is required.

Part 1: Proof of Service by Mail

I mailed a true and correct copy of the document(s) to _____ by placing the document(s) in an envelope with sufficient postage in the United States mail at the Post Office located in the City of _____, State of _____, at the person's last known address of _____

Part 2: Personal Delivery

I, _____, being sworn, state that I am at least
 (Name of Person Who Hand-Delivered Documents)
 18 years of age and that on _____, I served the _____
 (Date) (List All Papers Handed to the Other Party)
 Upon _____ by handing a true and correct copy of the documents to him/her.
 (Name of Other Party)

Dated: _____

Signature of Person Who Served Documents

(Sign only in front of Notary Public or Clerk of the Court.)

Sworn/affirmed before me this
_____ day of _____

Name: _____

Address: _____

City/State/Zip: _____

Telephone: () _____

Notary Public or Clerk of the Court