

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Fax: _____

For Clerk's Use Only

LA PAZ COUNTY JUSTICE COURT

PRECINCT 1506 / 1105 W. ARIZONA AVE, PARKER, AZ 85344

PH: (928) 669-2504 / parkerjusticecourt@courts.az.gov / www.lapazcountyjusticecourt.com

Case Number: _____

**PROOF OF SERVICE BY
REGISTERED OR CERTIFIED MAIL
(SMALL CLAIMS) (ARSCP 5(b))**

() _____

vs.

() _____

Plaintiff(s) Name / Address / Phone / Email
(The person, business, or entity that is suing)

Defendant(s) Name / Address / Phone / Email
(The person, business, or entity being sued)

A copy of the summons, complaint, and Notice to Plaintiff and Defendant in this action was served by registered or certified mail to the above-named defendant.

[] The return receipt is attached (green card or return receipt printed from the postal or delivery service website).

The date of service is:

[] The date of delivery, as shown on the attached return receipt.

[] The date the return receipt is filed with the court because the date of delivery was not entered or the date is illegible.

ATTACH RETURN
RECEIPT HERE