

Person Filing: _____

Address (if not protected): _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Lawyer's Bar Number: _____

Licensed Fiduciary Number: _____

Representing Self without a Lawyer or Attorney for Petitioner OR Respondent

**AFFIDAVIT STATE OF ARIZONA
MARICOPA COUNTY**

STATE OF ARIZONA)
MARICOPA COUNTY)

By signing this affidavit, I swear or affirm under penalty of perjury that its contents are true and correct.

OATH OR AFFIRMATION: The contents of this document are true and correct under penalty of perjury.

Signature of Person Making Affidavit

Date

Printed Name

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ by
(date)

_____.

(notary seal)

Notary Public