Person Filing:	
Address (if not protected):	
City, State, Zip Code:	
Telephone:	
Email Address:	
ATLAS Number:	
Lawyer's Bar Number:	For Clerk's Use Only
Representing Self, without a Lawyer OR	Attorney for Petitioner OR Respondent
	OURT OF ARIZONA COPA COUNTY
	Case Number:
Petitioner/Party A Respondent/Party B	AFFIDAVIT OF SERVICE BY ALTERNATIVE MEANS For Family Cases A.R.F.L.P. Rule 41
,	ed by a Judicial Officer authorizing you to attempt alternative means.
_	d by a Judicial Officer authorizing me to serve by Order is dated: (date).
• the Order from the Court author	g the other party to appear in court, AND rizing service by alternative means, AND with the Court to initiate this case or current petition,
I sent the following papers (the "Doc Order:	uments") to the other party in accordance with the

	rnative Means of Service: I served the other party, as authorized in the Order, using the wing methods: (select all that apply)
	mailed the Documents to the other Party's last-known address:
on th	nis date:
	☐ This is the other Party's last-known business address, to the best of my belief. ☐ This is the other Party's last-known residential address, to the best of my belief.
	posted the Documents on the door of the other Party's last-known address: ress:
on th	nis date:
	emailed a copy of the Documents to the other Party: il address:
	nis date:
	texted a copy of the Documents to the other party: ne number: on this date:
	sent a Direct Message (DM) containing the Documents to the other party's social ia account:
	Social Media Platform:
	Account:
	on this date:
	Social Media Platform:
	Account:
	on this date:

Case No.

Social Media Platform:			
Account:			
on this date:	·		
Other Method: I sent the Documents	Other Method: I sent the Documents to the other party by:		
-			
4. Affiant's Statement:			
OATH OR AFFIRMATION: By signing below the contents of this document are true and corre	y, I swear or affirm under penalty of perjury that ect to the best of my knowledge and belief.		
Date	Signature of Person Sending Documents		
STATE OF	_		
COUNTY OF	<u>_</u>		
Subscribed and sworn to or affirmed before me			
	(date)		
by	·		
(Notarial Officer's Stamp or Seal)	Notarial Officer		
ATTACH a copy of any proof of service to the	end of this document:		
If you sent emails or messages, attach a documents.	screenshot of the messages showing you sent the		
If you left the documents at a business or at the address.	residence, attach a photo of the paperwork posted		

Case No. _____