Person Filing: _____

Address (if not protected): _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Lawyer's Bar Number: _____

For Clerk's Use Only

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Plaintiff OR ☐ Defendant

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

_____ Case Number: _____

Name of Plaintiff

APPLICATION AND AFFIDAVIT FOR
ENTRY OF DEFAULT (Civil Cases Only)

_____

Name of Defendant

NOTICE: This is an important Court Document. Properly complete and file this Application and Affidavit. Filing of this Application constitutes "Entry" of Default. The Default is effective ten (10) working days after you file this completed Application, unless the Defendant files an Answer/Response or otherwise defends before the ten working day period expires.

Under the authority of Arizona Rule of Civil Procedure 55(a)(2), an application has been filed requesting entry of default against _____(Defendant's Name). **If** _____(Defendant's Name) **pleads or otherwise defends within 10 days after the application is filed, default does not become effective, and the court may not enter a default judgment against that party. The 10-day period begins the day after the application is filed with the court, it does not include Saturdays, Sundays, or holidays, and no additional time is added for service by mail.**

APPLICATION FACTS:

1. Identification of Parties:

☐ I am the Plaintiff in this court case. I understand and make the following statements under oath or by affirmation. I give notice that I am applying for default against the other party, the Defendant, because the Defendant has not filed an Answer/Response.

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☐ I am seeking a default against, Defendant, _____, in this case. (name of defendant)

(Check all that apply)

☐ Defendant has not filed an Answer/Response, and has failed to appear, plead, or defend within the time allowed by A.R.C.P Rule 55.

☐ Defendant is not in the active military service of the United States, or has otherwise waived his/her rights under the Service Members Civil Relief Act (formerly "Soldiers and Sailor's Civil Relief Act").

☐ Defendant is not a minor and is not incompetent.

☐ Defendant's last-known mailing address is: _____

_____

☐ I have reasonable belief that the party claimed to be in default can be contacted by email. In addition to sending by mail, I will transmit (send) the Application for Entry of Default to the other party by email at this email address:

_____

☐ I do not know Defendant's last-known mailing address, or the Defendant's whereabouts.

2. IDENTIFICATION of PARTIES' ATTORNEYS:

(Check One)

☐ I have no attorney.

☐ I am represented by an attorney whose name and address is:

_____

(Check One)

☐ Defendant is not represented by an attorney that I know of.

☐ Defendant is represented by an attorney whose name and address is:

_____

☐ I do not know the identity and address of the attorney known to represent the Defendant in this action or a related action.

3. PROOF OF SERVICE: I served Defendant as follows:

(Check One)

☐ Defendant signed an Acceptance of Service form, and accepted service of the "*Summons,"* "*Complaint,"* and other papers.

☐ I attached the Acceptance of Service form to this Application as proof of service.

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☐ Defendant signed a Waiver of Service form, and waived service of the Summons, Complaint, and other papers.

☐ I attached the Waiver of Service form to this Application as proof of service.

☐ I served the Defendant by process server, alternative service, or by publication, with the Summons, Complaint, and other papers.

☐ I attached the proof of service to this Application.

4. NOTICE:
(Check all that apply)

☐ To the Defendant

☐ I know the Defendant's address, and mailed a copy of the Application and Affidavit for Entry of Default to his/her last known address giving NOTICE of default; even if the Defendant is represented by an attorney who has entered an appearance in this action.

☐ I do not know the Defendant's last-known mailing address and have sent the Application and Affidavit for Entry of Default to his/her email address giving NOTICE of default; even if the Defendant is represented by an attorney who has entered an appearance in this action.

☐ I have not mailed a copy of this Application and Affidavit for Entry of Default to the Defendant because I do not know Defendant's address or whereabouts, and I do not believe the Defendant is represented by an attorney. (You can only check this box, if you served the Defendant by publication.)

☐ To the Attorney of the Defendant: I mailed and emailed a copy of the Application and Affidavit for Entry of Default to Defendant's attorney, giving NOTICE of Default whether or not the attorney has formally appeared in this action.

☐ To Other Parties (If applicable): I mailed a copy of the Application and Affidavit for Entry of Default to all other parties who have appeared in this action, which gives the parties NOTICE of default.

☐ Time of Notice: I mailed a copy of this Application and Affidavit for Entry of Default to the Defendant on the date that I filed this Application, or as soon as practicable after its filing, thus giving NOTICE. Please see the Affidavit and Certificate of Mailing or Delivery at the bottom of this form.

APPLICATION REQUEST:

1. I file this Application and Affidavit to give notice to all parties in this action, and the Court, that I am beginning default proceedings against the named Defendant, who has failed to answer, plead, or otherwise defend this action.

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2. With this document, I apply for Entry of Default. I understand my filing of this document at the Office of the Clerk of the Superior Court constitutes "Entry of Default."

AFFIDAVIT:

I, _____, the Plaintiff in this action, hereby swear or affirm that:

- ☐ _____ is the Defendant in this action.
- ☐ I served the Summons, Complaint, and other court documents to the above-named Defendant according to law.
- ☐ Defendant is the party against whom I seek a judgment for affirmative relief.
- ☐ Defendant has failed to answer, plead or otherwise defend in this action.
- ☐ I filed this Application and Affidavit for Default on _____ (date) which constitutes the official Entry of Default.

Under Oath or By Affirmation

I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

_____ _____

Date Petitioner's Signature

_____

Printed Name

STATE OF _____

COUNTY OF _____

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

_____.

_____

(notary seal) Deputy Clerk or Notary Public

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Case No. _____

CERTIFICATE OF MAILING: On (date) _____20_____, a copy of this Application and Affidavit for Entry of Default was mailed, postage-prepaid, to the Defendant at:

☐ last-known address (as listed below),

_____

(address, city, state)

OR *(if address is unknown)*

☐ his/her last email address, as listed below:

_____

(email address)

☐ IF I know the Defendant, who I claim to be in default, is represented by an attorney, I have also mailed and emailed a copy of this Application and Affidavit to that attorney.

_____

Name of Attorney

_____

(address, city, state)

_____

(Attorney's email address)

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