

1 Name of Person Filing: _____

Your Address: _____

2 Your City, State, Zip Code: _____

Your Telephone Number: _____

3 Email Address: _____

Attorney Bar Number (if applicable): _____

4 Representing: Self (without Legal Practitioner)
Or Legal Practitioner for Plaintiff Defendant

5 **IN THE JUDICIAL COURT OF THE TOHONO O’ODHAM NATION**
6 **CIVIL DIVISION**

7 _____)
8 Plaintiff) Case No.: _____
9 vs.) **PROOF OF SERVICE**
10 _____)
11 Defendant)
_____)

12 1. I am the Legal Practitioner or the Plaintiff / Defendant in this action. I make this
13 Proof of Service to show that I have served the court papers on the other party as required by
14 Rule 3(f) of the Tohono O’odham Rules of Civil Procedure.

15 2. A copy of the summons and the petition or complaint were served on the following persons
16 by the indicated method, with the required documentation attached:

17 **Name:** _____

18 **Method:** **Personal Service**

Name of Server: _____

19 Date, Time, Location: _____

20 _____

21 _____

Name of person accepting service: _____

22 Person Served Refused to Sign OR

23 Signature of served person: _____

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If not the individual to be served, I affirm that the individual accepting service was of suitable discretion and age sixteen (16) or older.

Mail

Address used: _____

Mail Delivery Service used: _____

Date mailed: _____

Proof attached: return receipt other delivery documentation

Publication

By newspaper. Printed copy of the publication with an affidavit indicating the manner and dates of publication are attached.

By community posting. Printed copy of the publication including a copy of any documents that were posted following Rule of Civil Procedure 3.1(f)(6), with an affidavit indicating the manner and dates of publication are attached.

Name: _____

Method: **Personal Service**

Name of Server: _____

Date, Time, Location: _____

Name of person accepting service: _____

Person Served Refused to Sign OR

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Signature of served person: _____

If not the individual to be served, I affirm that the individual accepting service was of suitable discretion and age sixteen (16) or older.

Mail

Address used: _____

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Publication

By newspaper. Printed copy of the publication with an affidavit indicating the manner and dates of publication are attached.

By community posting. Printed copy of the publication including a copy of any documents that were posted following Rule of Civil Procedure 3.1(f)(6), with an affidavit indicating the manner and dates of publication are attached.

RESPECTFULLY SUBMITTED this _____ day of _____,
20____.

Signature

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VERIFICATION

STATE OF ARIZONA)
) ss.
COUNTY OF _____)

_____, having
been first duly sworn upon his/her Oath deposes and states as follows:

I, _____,
hereby state and affirm upon the penalty of perjury that the statements in this Proof of
Service are accurate to the best of my information, knowledge, and belief.

Signature

Subscribed and Sworn before me by _____,
this _____ day of _____, 20_____.

Notary Public

My Commission Expires: