

1 Name of Person Filing: \_\_\_\_\_

Your Address: \_\_\_\_\_

2 Your City, State, Zip Code: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_

3 Your Email Address: \_\_\_\_\_

Attorney Bar Number (if applicable): \_\_\_\_\_

4 Representing:  Self (without Legal Practitioner)  
Or Legal Practitioner for  Petitioner  Proposed Guardian(s)

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

7 In Re: \_\_\_\_\_ )  
(Estate of: or Child's or Adult's Name) )

Case No.: \_\_\_\_\_

8 \_\_\_\_\_ )  
(Additional Child's or Adult's Name) )

9 \_\_\_\_\_ )  
(Additional Child's or Adult's Name) )

10 \_\_\_\_\_ )  
(Additional Child's or Adult's Name) )

11 \_\_\_\_\_ )  
(Additional Child's or Adult's Name) )

**PROOF OF SERVICE**

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

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

**Name:** \_\_\_\_\_

16 **Method:**  **Personal Service**

17 Name of Server: \_\_\_\_\_

18 Date, Time, Location: \_\_\_\_\_

19 \_\_\_\_\_  
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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail Delivery Service used: \_\_\_\_\_

Date mailed: \_\_\_\_\_

Proof attached:  return receipt     other delivery documentation

**Publication**

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RESPECTFULLY SUBMITTED this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
Signature

**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: