

Name of Person Filing Document: _____
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Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing Self or Attorney for _____

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

In the Matter of

Case Number: MH _____

**PROOF OF SERVICE, DELIVERY OR MAILING
OF PETITION FOR RESTORATION OF RIGHT
TO POSSESS FIREARMS PURSUANT TO
A.R.S. § 13-925**

STATE OF ARIZONA)
COUNTY OF MARICOPA)ss.

I hereby certify that I have **served** a copy of the Petition for Restoration of Right to Possess Firearms Pursuant to A.R.S. § 13-925 on the _____ day of _____, 200__ (date) according to the requirements of law as follows:

To either:

- The Office of the Maricopa County Attorney for proceedings held at Desert Vista Behavioral Health Hospital in Mesa, Arizona, or to
- The Arizona Attorney General for proceedings held at the Arizona State Hospital.

I hereby certify that I have delivered or mailed by first class mail, postage prepaid a copy of the Petition for Restoration of Right to Possess Firearms Pursuant to A.R.S. § 13-925 on the _____ day of _____, 200__ (date) according to the requirements of law as follows:

- A. To any person who filed a written demand for notice with the court pursuant to A.R.S. 36-541.01.
- B. To the Arizona Department of Public Safety.

Signature _____

Print Name _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____,
by _____.

My Commission Expires:

Deputy Clerk/Notary Public