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Representing  Self or  Attorney for \_\_\_\_\_

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**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