



**I certify that a copy of this document was ( ) mailed ( ) faxed and mailed ( ) e-mailed ( ) hand delivered to the person(s) listed below on (date) \_\_\_\_\_.**

**Other party or his/her attorney:**

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

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

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Designated E-mail Address(es): \_\_\_\_\_

\_\_\_\_\_

Signature of Party

Printed Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_

Designated E-mail Address(es): \_\_\_\_\_

\_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:**

(fill in all blanks) This form was prepared for the {choose only one} ( ) Petitioner ( ) Respondent

**This form was completed with the assistance of:**

{name of individual} \_\_\_\_\_

{name of business} \_\_\_\_\_

{address} \_\_\_\_\_

{city} \_\_\_\_\_, {state} \_\_\_\_\_, {zip code} \_\_\_\_\_. {telephone number} \_\_\_\_\_