

AGREEMENT TO ACCEPT SERVICE BY MAIL – TANF WORKSHOPS

ATLAS Case Number: _____ Court Case Number: _____

Parent's Name: _____

Service Address (No., Street): _____

City: _____ State: _____ ZIP Code: _____

- 1. My name is _____, and I am a party to the above-entitled action, if any is listed.
2. Pursuant to Ariz. R. Fam. Law P. 40(f), I hereby agree to accept service by mail, in the above-referenced action or any child support action filed by the State, any or all of the following document(s) within 180 days of this date, by regular first class mail sent to the address above, instead of having them served formally:
• Petition and Summons in Paternity
• State's Request to Establish Child Support
• State's Request/Petition to Modify
• Child Support
• Order to Appear
• State's Affidavit for Modification
• Child Support Guidelines Worksheet
• Parent's Worksheet Packet
• Notice to Parties re: Modification
• Request for Hearing Packet
• Proposed Judgment and Order
• Blank Affidavit of Financial Information
• Order and Notice to Attend Parent Information Program Class
3. I am aware that by agreeing to service of these court papers by mail and signing this paper, my right to file a written Response is not affected.
4. I understand that accepting service by mail has the same effect as if the documents were served on me by a process server and that if I do not respond to the documents within the applicable time periods, I may lose my right to be heard, and a default may be entered for the relief requested.
5. I am not a servicemember in the military service of the United States of America in any capacity, or I am a servicemember and waive the rights and protections provided by the Servicemembers Civil Relief Act.
6. If I change my place of residence, or wish the State to use another address for service of the document(s), I will so advise the State by contacting the child support office responsible for handling my case at the Division of Child Support Services, P.O. Box 40458, Phoenix, Arizona 85067. Until then, the State may use the above address for such service.
7. I certify under penalty of perjury that the foregoing is true and correct.

Signature: _____ Date: _____

State of _____)
County of _____) ss

Subscribed and sworn or affirmed and acknowledged before me this date: _____

My commission expires: _____

Signature of Notary Public