

Name of Person Filing: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
ATLAS Number (if applicable): \_\_\_\_\_  
Representing  Self (Without an Attorney) OR  
Attorney for  Plaintiff OR  Defendant



For Clerk's Use Only

**SUPERIOR COURT OF ARIZONA  
IN MARICOPA COUNTY**

\_\_\_\_\_  
(Name of Plaintiff)

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

**APPLICATION AND AFFIDAVIT  
FOR DEFAULT**

\_\_\_\_\_  
(Name of Defendant)

**NOTICE: THIS IS AN IMPORTANT COURT DOCUMENT.** When this document is properly completed and filed, Default has been applied for and entered. The Default will be effective ten (10) working days after the filing of this completed document, unless the Defendant files an Answer/Response or otherwise defends before the ten working day period expires.

**UNDER OATH OR BY AFFIRMATION**

1. I am the Plaintiff in this court case. I understand and make the following statements under oath or by affirmation. I give notice that I am requesting entry of default against the other party, the Defendant, because the Defendant has **not** filed an Answer/Response.
2. Service of the court papers on Defendant has been accomplished as follows: (check **ONLY** one box)  
 The Defendant has signed an **“Acceptance of Service”** and has accepted service of the **“Summons,”** Complaint and other papers. The Defendant has **not** filed an **“Answer/Response”**, or otherwise appeared or defended in this court case. Default may be entered.  

**OR**

 I have served the Defendant according to law with the **“Summons,”** Complaint and other papers. Defendant has **not** appeared, answered, responded or otherwise defended in the time required by law.
3. The Defendant is either **not** in the active military service of the United States or has otherwise waived his/her rights under the Service Members Civil Relief Act (formerly “Soldiers and Sailor’s Civil Relief Act”).
4. By completing the Certificate of Mailing or Delivery at the bottom of this form, I certify that I am mailing or delivering a copy of this Application and Affidavit to the Defendant as notice that I have applied for default and default has been entered in this court case.
5. Check all boxes that are true:  
 I have mailed a copy of this Application and Affidavit to the Defendant at his/her last known address, **OR**

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

**IF** I know the Defendant, who I claim to be in default, is represented by an attorney, I have **also** mailed a copy of this Application and Affidavit to that attorney, **OR**

I have **not** mailed a copy of this Application and Affidavit to the Defendant because I do **not** know his/her location or whereabouts and do not believe the Defendant is represented by an attorney. **(You can only check this box, if the Defendant was served by publication.)**

**Note:** If the Defendant fails to file a responsive pleading or otherwise defend in this action within **10 working days** of the filing of this Application, a default judgment will be entered.

The Plaintiff must still attend the default hearing at the court.

### UNDER OATH OR BY AFFIRMATION

\_\_\_\_\_  
**Plaintiff Signature** (sign in front of Court Clerk/Notary)

\_\_\_\_\_  
Date

Sworn to or Affirmed before me:

\_\_\_\_\_  
Date

\_\_\_\_\_  
My Commission Expires/Seal (below)

\_\_\_\_\_  
Deputy Clerk or Notary Public

### CERTIFICATE OF MAILING OR DELIVERY

On (date) \_\_\_\_\_ copy of this document was: (check **ONLY** one box)

mailed postage pre-paid, **OR**  delivered by \_\_\_\_\_ (name of person who did the delivery) to the Defendant at the following:

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

**Signed:** \_\_\_\_\_