

Each Defendant on the form must sign and print their name, current addresses and phone number.

Check if you need more room and file the *Additional Defendant Signatures, Names, & Addresses* with this form.

In **1a**, enter the name, mailing address, and email address of the party or lawyer to whom you sent the document.

In **1b**, check the box to show how you sent the document, and fill in any other information required on the blank lines.

**CAUTION:** If the other party does not have a lawyer, you may send the document by email only if the other party has listed their email address on a court

In **c**, fill in the date and time that you sent the document.

In **2**, if you sent the document to more than 1 party or lawyer, fill in **a**, **b**, and **c**. Otherwise leave **2** blank.

City	State	ZIP	Phone
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Defendant Signature	Defendant Printed Name
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Street Address, Apt #			
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City	State	ZIP	Phone
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Defendants have attached the *Additional Defendant Signatures, Names, & Addresses*

## PROOF OF DELIVERY

1. I sent this document:

a. To:

Name: _____	First	Middle	Last
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Address: \_\_\_\_\_

Street, Apt #	City	State	ZIP
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Email address: \_\_\_\_\_

b. By:  Personal hand delivery

Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

\_\_\_\_\_ Address of Post Office or Mailbox

Third-party commercial carrier, with delivery paid for at:

\_\_\_\_\_ Name (for example, FedEx or UPS ) and office address

The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)

Email (not through an EFM or EFSP)

Mail from a prison or jail at:

\_\_\_\_\_ Name of prison or jail

c. On:

\_\_\_\_\_ Date

At: \_\_\_\_\_  a.m.  p.m.

\_\_\_\_\_ Time

2. I sent this document:

a. To:

Name: _____	First	Middle	Last
-------------	-------	--------	------

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

Street, Apt #	City	State	ZIP
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Email address: \_\_\_\_\_

b. By:  Personal hand delivery

Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

Address of Post Office or Mailbox

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Mail from a prison or jail at:

Name of prison or jail

c. On: \_\_\_\_\_  
Date \_\_\_\_\_

At: \_\_\_\_\_  a.m.  p.m.  
Time \_\_\_\_\_

In 3, if you sent the document to more than 2 parties or lawyers, fill in a, b, and c. Otherwise leave 3 blank.

3. I sent this document:

a. To:

Name: \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_  
Street, Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email address: \_\_\_\_\_

b. By:  Personal hand delivery

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Mail from a prison or jail at:

Name of prison or jail

c. On: \_\_\_\_\_  
Date \_\_\_\_\_

At: \_\_\_\_\_  a.m.  p.m.  
Time \_\_\_\_\_

I have attached an Additional Proof of Delivery form.

If you sent your document to more than 3 parties or lawyers, check the box and file the Additional Proof of Delivery form with this form.