

DATED this _____ day of _____, 20____.

Signature
Printed Name: _____
Address: _____
Phone Number: _____

CERTIFICATE OF SERVICE

I certify that on _____ (date) a true and accurate copy of this document was served on the other party by Hand Delivery OR Faxed to this number _____ OR by placing it in the United States mail, postage pre-paid, and addressed to the following:

(Print Other Party's/Other Party's Attorney's Name and Address)

TO: _____

Your signature

Print name