

## DECLARATION

I, \_\_\_\_\_, declare as follows:

1. On \_\_\_\_\_, 202\_\_\_\_, I assisted \_\_\_\_\_  
(the "Signer") in completing a petition for the Arizona Abortion Access Act,  
I-05-2024. The Signer requested my assistance in completing information on the  
petition sheet because they represented that they had a disability or infirmity that  
impeded the Signer's ability to fill out the petition.
2. Based on the Signer's request and representations, I completed information on the  
petition sheet numbered \_\_\_\_\_ on the Signer's behalf.
3. The Signer can be reached at the following telephone number or email address:

\_\_\_\_\_.

I declare under penalty of perjury that the foregoing is true and correct. Executed  
on \_\_\_\_\_, 202\_\_\_\_\_.

Signature: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

