

## AFFIDAVIT OF SERVICE

	Court:	County:	Job:
Plaintiff / Petitioner:		Defendant / Respondent:	
Received by:		For:	
To be served upon:			

I, \_\_\_\_\_, being duly sworn, depose and say: I am over the age of 18 years and not a party to this action, and that within the boundaries of the state where service was effected, I was authorized by law to make service of the documents and informed said person of the contents herein

**Recipient Name / Address:**

**Manner of Service:**

**Documents:**

**Additional Comments: Attempt Information**

- 1) Time \_\_\_\_\_ Date \_\_\_\_\_ Address \_\_\_\_\_ Served Yes \_\_\_\_\_ No \_\_\_\_\_
- 2) Time \_\_\_\_\_ Date \_\_\_\_\_ Address \_\_\_\_\_ Served Yes \_\_\_\_\_ No \_\_\_\_\_
- 3) Time \_\_\_\_\_ Date \_\_\_\_\_ Address \_\_\_\_\_ Served Yes \_\_\_\_\_ No \_\_\_\_\_

*Subscribed and sworn to before me by the affiant who is personally known to me.*

\_\_\_\_\_

Date

\_\_\_\_\_

Notary Public

\_\_\_\_\_

Date

Commission Expires