
Name of Court

Plaintiff/Petitioner

Vs.

Defendant/Respondent

**RETURN OF SERVICE
AFFIDAVIT**

Index No. _____

I _____, being first duly sworn, depose and say; that I am over the age of 18 years of age 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 perform said service certify that I served

Name of person/Entity being served

With the following documents:

Manner of Service:

___ By personally handing the True & Correct documents to the above Defendant/Respondent

___ By leaving with _____
Name Relationship

___ By posting copies in a conspicuous manner to the front door of the person/entity being served

___ Residence _____

Address City/State

___ Business _____

Address City/State

On _____ At _____
Date Time

Description of person served: Age ___ Sex ___ Race ___ Height ___ Weight ___ Hair ___
Beard ___ Mustache ___ Glasses ___ ID ___

Signature of Process Server

SUBSCRIBED AND SWORN TO before me on this _____ day of _____ year _____

Signature of Notary Public

Notary Public for the state of _____

My Commission Expires: _____