|  |  |
| --- | --- |
| State of \_\_\_\_\_\_\_\_\_\_ |  |
| **AFFIDAVIT OF SERVICE** |

State of \_\_\_\_\_\_\_\_\_\_

County of \_\_\_\_\_\_\_\_\_\_

I, the undersigned, being duly sworn, hereby affirm that:

1. My name is \_\_\_\_\_\_\_\_\_\_;

2. I reside at \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_;

3. I am not a party to this action;

4. I am over 18 years of age;

5. I am not related to the parties in this action by way of blood, adoption, marriage, or employment.

6. On \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, I served \_\_\_\_\_\_\_\_\_\_ [Papers served] upon \_\_\_\_\_\_\_\_\_\_ [Party being served] located at \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_, County of \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_.

7. The description of the recipient is as follows: (Optional)

a. Age: \_\_\_\_\_\_\_\_\_\_

b. Gender: [ ]  Female [ ]  Male

c. Race: \_\_\_\_\_\_\_\_\_\_

d. Height: \_\_\_\_\_\_\_\_\_\_

e. Weight: \_\_\_\_\_\_\_\_\_\_

f. Hair color: \_\_\_\_\_\_\_\_\_\_

g. Glasses: [ ]  Yes [ ]  No

8. I completed service by: (Check all that apply)

[ ]  Delivering a true copy of the aforesaid documents personally; I knew said party so served to be the party described.

[ ]  Depositing a true copy of the aforesaid documents in a postpaid properly addressed envelope at a postal office or official depository under the exclusive care and custody of the United States Postal Service.

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| --- | --- | --- |
|  |  |  |
|  |  | Signature of Process Server |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  | Printed Name |

**NOTARY ACKNOWLEDGMENT**

|  |  |
| --- | --- |
| State of \_\_\_\_\_\_\_\_\_\_  | ) |
|  | )     **(Seal)** |
| County of \_\_\_\_\_\_\_\_\_\_  | ) |

The foregoing instrument was acknowledged before me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, by the undersigned, \_\_\_\_\_\_\_\_\_\_, who is personally known to me or satisfactorily proven to me to be the person whose name is subscribed to the within instrument.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_