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| * County Court District Court

 County, Colorado Court Address:Plaintiff/Petitioner(s): v.Defendant/Respondent(s): | **COURT USE ONLY** |
| Attorney or Party Without Attorney (Name and Address):Phone Number: E-mail:FAX Number: Atty. Reg. #: | Case Number:Division Courtroom |
| **AFFIDAVIT OF SERVICE** |

I declare under oath that I am 18 years or older and not a party to the action and that I served THE FOLLOWING DOCUMENTS on the Defendant/Respondent in (name of County/State) on (date) at \_\_ (time) at the following location: .

* By handing the documents to a person identified to me as the Defendant/Respondent: (print name of person served).
* By identifying the documents, offering to deliver them to a person identified to me as the Defendant/Respondent who refused service, and then leaving the documents in a conspicuous place.
* By leaving the documents at the Defendant/Respondent’s usual place of abode with

 (Name of Person) who is a member of the Defendant/Respondent’s family and whose age is 18 years or older. (Identify family relationship) .)

* By leaving the documents at the Defendant/Respondent’s usual workplace with

 (Name of Person) who is the Defendant/Respondent’s secretary, administrative assistant, bookkeeper, or managing agent. (Circle title of person served.)

* By leaving the documents with (Name of Person), who as

 (title) is authorized by appointment or by law to receive service of process for the Defendant/Respondent.

* By serving the documents as follows (other service permitted by C.R.C.P 4(g) or C.R.C.P. 304(c)(d) and (e):

 .

# For Eviction Cases Only.

I have made diligent efforts such as (list personal service attempts) but have been unable to make personal service on the Defendant/Respondent(s) and I have made service of the within summons and complaint by posting a copy of them in a conspicuous place upon the premises described therein.

# I have charged the following fees for my services in this matter:

* Private process server
* Sheriff, County

Fee $ Mileage $

* By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
* By checking this box, I am acknowledging that I have made a change to the original content of this form.

**VERIFICATION**

# I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the day of , (date) (month) (year)

(city or other location, and state OR country)

(Printed Signature) Signature Date