**AFFADAVIT OF SERVICE**

**State of: Rhode Island**

**County of:** [COUNTY]

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

My name is [NAME], residing at [ADDRESS]. I am over 18 years of age, and not party to this action. I am not related to the parties in this action by way of blood, adoption, marriage, or employment.

On [DATE], I served [PAPERS SERVED] upon [PARTY BEING SERVED], located at [LOCATION & COUNTY].

The description of the recipient is as follows: [OPTIONAL]

Age:

Gender

Race:

Height:

Weight:

Hair color:

Glasses [YES OR NO]:

I completed service by: [INSERT 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.]

**Recipient Rejection** [INSERT IF APPLICABLE]

I delivered the documents to the Recipient in person, who ultimately did not accept delivery.

|  |
| --- |
|  |
| Signature of Process Server |
|  |
| Printed Name |

**NOTARY ACKNOWLEDGMENT**

|  |  |
| --- | --- |
| State of Rhode Island  | ) |
|  | ) **(Seal)** |
| County of [COUNTY]  | ) |

The foregoing instrument was acknowledged before me this day of [DATE], by the undersigned, [NAME], 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_