

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

## AFFIDAVIT OF SERVICE

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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.

\_\_\_\_\_  
Signature of Process Server

\_\_\_\_\_  
Printed Name



