



Circuit Court for \_\_\_\_\_

Case No. \_\_\_\_\_

City or County

Name \_\_\_\_\_ VS. Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_ Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Area Code \_\_\_\_\_ Telephone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Area Code \_\_\_\_\_ Telephone \_\_\_\_\_

Plaintiff

Defendant

AFFIDAVIT OF SERVICE

(Certified Mail)

(DOM REL 56)

All Blanks Must Be Completed

I certify that I served the following documents (Check all that apply):

- Writ of summons
Complaint/Petition/Motion:
Domestic Case Information Report (DCIR Form)
Financial Statement
Show Cause Order and Petition:
Other:

which were previously filed with this Court upon \_\_\_\_\_

on \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_

by certified mail, restricted delivery, return receipt requested. The original return receipt signed by

\_\_\_\_\_ is attached and who is (1) a resident of the above-listed address: or

(2) a person of suitable age and discretion in a relationship to the defendant of \_\_\_\_\_

\_\_\_\_\_ and that: (3) the above-listed address is the defendant's residence or usual

place of abode. Also attached is a copy of any summons ('process') issued by the Court, the original of

which I included in the certified mail service upon the person served. I certify that I am over eighteen

(18) years of age and I am not the Plaintiff or the Defendant.

I SOLEMNLY AFFIRM under penalties of perjury that the contents of the foregoing paper are true to the best of my knowledge, information, and belief.

\_\_\_\_\_ Date

\_\_\_\_\_ Name of person certifying service (signature)

\_\_\_\_\_ Name of person certifying service (printed or typed)

Street Address of person certifying service \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) - Area Code Telephone Number of person certifying service