



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