| Circuit Court for City or C | | | | | ounty | | Case No | | | |
|-----------------------------|-------------------|---------------------------------------|----------------|---------------|-----------------|--------------------------------|--------------|-------------------|--------------|------------|
| | | | | City of C | Junty | | | | | |
| Name | | | | | | Name | | | | |
| | | | | | VS. | | | | | |
| Street Add | ress | | Apt. # | PO Box | | Street Add | dress | | Apt. # | PO Box |
| City | State | Zip Code | Area Code | Telephone | е | City | State | , | Area Code | Telephone |
| | | Plaintiff | | | | | | Defendant | | |
| | | 1 | AFFI. | DAV] (Cei | | Mail) | ,RVI | CE | | |
| I certify | y that I s | served the f | ollowing | docume | nts (<i>Ch</i> | eck all ti | hat appl | (y): | | |
| | Writ of Compla | Summons int/Petition | /Motion | | | | | | | |
| | Domest Financi | nc Case Int al Statemer | ormation it | Report (| DCIR | Form) | | | | |
| | Silow C | Cause Order | and ren | | (List type | e of petition). | | | | |
| Ц | Other: _ | (List a | II other docu | ments served) |). | | | | | |
| which | were pre | eviously file | ed with th | nis Court | upon | | | | | |
| | | | | | | | | | | |
| on | Date | · · · · · · · · · · · · · · · · · · · | | . , at | Street Ac | ddress | City | State | Zip Cod | de |
| by cert | ified ma | il, restricte | d deliver | y, return | receipt | requeste | ed. The | original re | eturn rece | ipt signed |
| by | | | | | ia | attachad | Also A | uttaahad is | a conv of | f ann |
| by | Name of per | rson served | 11 .1 | <i>C</i> , | 15 | · 1 C | . Also (| | a copy oj | uny |
| summo | ons (*pro | ocess") issu | ed by the | e Court, i | the ori | ginal of | which I | included i | n the ceri | tified mai |
| service | upon th | he person s | erved. I | certify th | at I am | over eig | ghteen (| 18) years o | f age and | I am not |
| the Pla | intiff or | the Defend | ant. | | | | | | | |
| | | AFFIRM to best of my l | | - | - | | | ntents of the | e foregoir | ng paper |
| Date | | | | | Name of | person certify | ying service | (signature) | | |
| | | | | | Name of | person certify | ying service | (printed or typed | i) | |
| | | | | | Street Aco | ddress n certifying se) | | City | State | Zip Code |
| | | | | | Area Co | de Telepho | ne Number | of person certify | ing service | |