



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

City or County

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

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

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

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

*Plaintiff*

*Defendant*

**AFFIDAVIT OF SERVICE**  
**(Certified Mail)**  
**(DOM REL56)**

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

- Writ of summons
- Complaint/Petition/Motion: \_\_\_\_\_  
List name of complaint/petition/motion
- Domestic Case Information Report (DCIR Form)
- Financial Statement
- Show Cause Order and Petition: \_\_\_\_\_  
List type of petition
- Other: \_\_\_\_\_  
List all other documents served

which were previously filed with this Court upon \_\_\_\_\_  
Name of person served

on \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_  
Date Street Address City State Zip Code

by certified mail, restricted delivery, return receipt requested. The **original** return receipt signed by \_\_\_\_\_  
Name of person served is attached. **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 City State Zip Code  
person certifying service

( \_\_\_\_\_ ) - \_\_\_\_\_  
Area Code Telephone Number of person certifying service