

SERVICE

() I certify that I served this summons on Respondent as follows:
(Check appropriate box, and complete information below.)

() **Individual Respondent – Personal**

By leaving a copy and a copy of the complaint with named Respondent
_____ personally on _____.

() **Individual Respondent-Abode**

By leaving a copy and a copy of the complaint at the usual place of abode of
named Respondent with a person of his family, of the age of 13 years or upwards,
informing that person of the contents and also sending a copy of the summons in a
sealed envelope with postage fully prepaid, addressed to named Respondent at his
usual place of abode.

Name of Respondent _____

Date of Service _____ Time _____

Name of Person Summons given to _____

Gender _____ Race _____ Approximate Age _____

Date of Mailing _____

Place of Service _____

() Respondent not found in this County.

() Service by mailing notice, postage, fully pre-paid on _____, at _____
am/pm,

date

_____ and addressed to _____, _____,
Place of mailing Respondent's name Street
_____, _____
City, State Zip

(S.Ct. Rule 11 (c)(3) and 12(b)(4). Service is complete four days after mailing)

() I certify that Respondent was served while incarcerated at _____.

Sheriff _____

By Deputy _____

Date _____