PROOF OF SERVICE

**MATTER #: DC NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Documents served:

1. Complaint filed on date\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Summons Upon Complaint filed on date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Affidavit of [insert name of deponent] sworn on [insert date] and filed [insert date]

Documents Received by:……………………………………………………………………………………

Occupation:……………………………………………………………………………………………………….

Address of Service:…………………………………………………………………………………………….

Date& Time of Service:…………DAY OF…………………………2019 at …………..am/pm

I, the above named, hereby acknowledge receipt of the documents served herein and sign…………………………………………………………………………………………………………………

Name of person serving documents:…………………………………………………………………

Occupation:…………………….………………………………………………………………………………..

Signature of Process Server:………………………………………………………………………………

Date:………………………………………………………………………………………………………………….