[COURT NAME]

[COUNTY], [STATE]

[Plaintiff / Petitioner Name],

Plaintiff/Petitioner,

v.

[Defendant / Respondent Name],

Defendant/Respondent.

Case No.: [Case Number]

Division: [Division]

PROOF OF SERVICE

I, _____, declare under penalty of perjury under the laws of the State of [State] that the following statements are true and correct:

1. **Server Information:** I am over the age of 18 and not a party to the above-entitled action. My contact and identification details are as follows:

   Street Address: [Server Street Address]

   City, State, Zip: [Server City, State, Zip]

   Phone Number: [Server Phone Number]

   Email Address: [Server Email Address]

   [If applicable: Professional License/Registration Number: [License Number], County of [County]]

2. **Documents Served:** I personally delivered and served true and correct copies of the following documents:

- _____
- _____
- _____

3. **Recipient Information:** The documents were served upon the following designated recipient:

Recipient Name: [Recipient Full Legal Name]

Capacity / Role: _____

4. **Date, Time, and Place of Service:**

Date of Service: _____

Time of Service: [Time of Service, e.g., 10:30 AM]

Service Address:

Street Address: [Service Street Address]

City, State, Zip: [Service City, State, Zip]

5. **Method of Service:** Service was executed in the following manner:

[Describe method of service, e.g., Personal Service: By delivering the documents directly into the hands of the recipient at the address listed above.]

6. **Physical Description of Recipient:** At the time of personal service, the individual accepting service was identified as the recipient or authorized representative, matching the following general description:

Gender: [Gender]

Approximate Age: [Age]

Approximate Height: [Height]

Approximate Weight: [Weight]

Hair Color: [Hair Color]

Other Identifying Features: [Other Features or "None"]

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: _____

Signature: _____

Printed Name: _____

Capacity: _____