|  |  |
| --- | --- |
| Yellow text on a black background  Description automatically generated with medium confidence |  |

File no.: ……………………….
Court: ……………………………………
Applicant .....................................................................
Respondent .....................................................................
Other party (if applicable) .....................................................................

1.Person serving documents (Full name) ...............................................................

Occupation.....................................................

Address ...................................................................................................................

2.Person served (Full name) .......................................................

3. Date the documents were served ..............................

4.What documents were served? .................................................................................................................

5. How were they served? ………………………………………………………………………….

6. How was the person served identified? …………………………………………………………

I swear/ affirm that the facts stated out above are true.

Sworn / Affirmed by the deponent at (address) ..................................... on (date) ........../.........../..............

Signature of deponent ………………………………..

Signature of witness ………………………………………..

Full name of witness: .....................................

Qualification of witness: .....................................