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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: .....................................