

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: .....