

Affidavit of Process Server

NAME OF COURT

CASE NUMBER

I _____, being first duly sworn, depose and say: that I am over the age of 18 years and not a party to this action, and that within the boundaries of the state where service was effected, I was authorized by law to perform said service.

Service: I ☐ served ☐ was unable to serve: _____

NAME OF THE PERSON/ENTITY SERVED

with (list documents) _____

By leaving with _____ At

NAME

RELATIONSHIP/POSITION

☐ Residence _____

ADDRESS

CITY/STATE

☐ Business _____

ADDRESS

CITY/STATE

On _____ at _____

DATE

TIME

☐ Inquired if subject was a member of the U.S. Military and was informed they are not.

Thereafter copies of the documents were mailed by prepaid, first class mail on _____

DATE

from _____

CITY

STATE

ZIP

Manner of Service:

☐ **Personal:** By personally delivering copies to the person being served.

☐ **Substituted at Residence:** By leaving copies at the dwelling house or usual place of abode of the person being served with a member of the household over the age of _____ and explaining the general nature of the papers.

☐ **Substituted at Business:** By leaving, during office hours, copies at office of the person/entity being served with the person apparently in charge thereof

☐ **Corporate:** By personally delivering copies to the person named above.

☐ **Posting:** By posting copies in a conspicuous manner to the front door of the person/entity being served.

☐ **Non-service:** After due search, careful inquiry and diligent attempts at the address(es) listed above, I have been unable to effect process upon the person/entity being served because of the following reason(s):

Service Attempts: Service was attempted on: (1) _____ (2) _____

DATE

TIME

DATE

TIME

(3) _____ (4) _____ (5) _____

DATE

TIME

DATE

TIME

DATE

TIME

Other Notes: _____

SIGNATURE OF PROCESS SERVER

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20__, by _____,

Proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

SIGNATURE OF NOTARY PUBLIC

NOTARY PUBLIC for the state of _____

Hoosier Process Service, LLC