

IN THE JUSTICE COURT OF THE STATE OF OREGON
FOR THE COUNTY OF DESCHUTES

)	Case No. _____
)	
Plaintiff,)	AFFIDAVIT OF SERVICE
vs.)	<input type="checkbox"/> Personal Service (ORCP 7D(2)(a))
)	<input type="checkbox"/> Substitute Service (ORCP 7D(2)(b))
)	<input type="checkbox"/> AFFIDAVIT OF MAILING (See Section 2)
)	<input type="checkbox"/> Office Service (ORCP 7D(2)(c))
Defendant.)	<input type="checkbox"/> Service by Mail, Return Receipt Requested (ORCP 7D(2)(d))

I, _____, declare I am a resident of the County of _____, State of _____. I am a competent person, 18 years of age or older and not a party to or attorney in this proceeding. I certify that the person, firm, or corporation served is the identical one named in this action.

(Check one of the following):

1) **Personal Service.** On the _____ day of _____, 20____, at _____ a.m./p.m., I served a true copy of the original _____ (name of document) by delivering it to Plaintiff Defendant _____ (name) in person at the following address _____ within the County of _____, State of _____.

2) **Substitute Service.** On the _____ day of _____, 20____, at _____ a.m./p.m., I served a true copy of the original _____ (name of document) by delivering it to _____ (name), who is a person age 14 or older and a member of the household of the party to be served, at the following address: _____ within the County of _____, State of _____. (Complete the section below only if the undersigned performed the follow up mailing required by ORCP 7D(2)(b). If a party or other person other than the undersigned did the follow up mailing, s/he must use a separate Affidavit/Certificate of Mailing.)

On the _____ day of _____, 20____, I personally deposited a true copy of the _____ (name of document) with the United States Postal Service, via first class mail, in a sealed envelope, postage prepaid, addressed to the party to be served: Plaintiff Defendant _____ (name), at the party's home address listed above, together with a statement of the date, time and place that the documents were hand-delivered to the party's dwelling (residence).

3) **Office Service.** On the _____ day of _____, 20____, at _____ a.m./p.m., I served a true copy of the _____ (name of document) by delivering it, in person, to the office of the party to be served, located at: _____ (address), during normal working hours for that office, where I left the documents with _____ (name), who is a person apparently in charge and who has a business duty to provide the documents to the party to be served.

(Complete the section below only if the undersigned performed the follow-up mailing required by ORCP 7D(2)(c). If a party or other person other than the undersigned did the follow up mailing, s/he must use a separate Affidavit/Certificate of Mailing.)

On the ____ day of _____, 20____, I personally deposited a true copy of the _____ with the United States Postal Service, via first class mail, in a sealed envelope, postage prepaid, addressed to the party to be served: Plaintiff Defendant _____ (name), at the party's: home address located at: _____ (address), OR business address, listed above, together with a statement of the date, time and place that the documents were hand-delivered to the party's office.

4) **Service by Mail, Return Receipt Requested.** On the ____ day of _____, 20____, I personally deposited **2 true copies of** _____ (name of document) with the United States Postal Service, one via first class mail, and the other by certified or registered, return receipt requested, or by express mail, with postage on both copies fully paid, addressed to the party to be served: Plaintiff or Defendant _____ (name), at the party's: home address located at: _____ (address).
(NOTE: If mailed return receipt requested, the return receipt should be attached to this Affidavit of Service.)

Certificate of Document Preparation. You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

I selected this document for myself and I completed it without paid assistance.
 I paid or will pay money to _____ for assistance in preparing this form.

I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.

Dated this _____ day of _____, 20_____.

Signature of Server

Print Name

Address or Contact Address

City, State, Zip

Telephone or Contact Telephone