

Affidavit of (Personal Service) (Mail Service)

FAMILY COURT
STATE OF NEW YORK
COUNTY OF _____

RETURN DATE:
PART
DOCKET NO.

I, _____, being duly sworn, depose and say:

YOU
MUST
Complete
This
Section

1. That I am at least 18 years of age and not a party to the above action, and reside at:

(Street) (City) (County)

2. On the ____ day of _____, 20____, at _____
(specify time)

At _____, in the City of _____, County of _____,
State of New York, I personally served a copy of

Check All
that Apply

- ☐ Order ☐ Petition ☐ Summons ☐ Order to Show Cause
☐ Objections to Support Magistrate Final Order
☐ Notice of Motion/Affidavit of Support
☐ Rebuttal to Objections to Support Magistrate Final Order
☐ UCCJEA Notice

On _____ in the above-mentioned action by:

If papers
SERVED
IN
PERSON
Complete
this
Section

3. If personally served _____ copies of the said papers by
(Name of Person Served)

Delivering and leaving with _____ at said time and place.
(Name/ to whom papers given)

4. I knew the person so served to be _____
(Name/to whom papers given)

- a. _____ the person named in said papers as the (respondent/petitioner in this action)
b. _____ I believe this person would give the papers to the Respondent/Petitioner,
(You must also mail a copy and complete #6)

5. DESCRIPTION OF PERSON SERVED:

Sex: _____ Color of Skin: _____ Hair: _____ Approx Age _____
Approx Ht: _____; Approx wt. _____; Other identifying features: _____

Complete
IF MAIL
SERVICE
ORDERED
BY
COURT
Or 4b IS
CHECKED

6. Depositing a true copy of said papers upon _____
(Name of Person Served)

Enclosed in a post-paid wrapper in the
____ Post Office ____ a Branch Post Office ____ a Post Office Box

Regularly maintained by the United States government at _____
County of _____, State of New York,
Directed to _____
(Address papers mailed to)

____ the residence of said _____

OR (Person papers mailed to)

____ the address within the State designated by (him)(her) to receive communication
by mail.

YOU
MUST
Complete
This
Section

Sworn to before me this

____ day of _____, 20____,

(Notary Public)

(Signature/Person Serving)