

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF _____

_____ JUDICIAL DISTRICT

PLAINTIFF,)

Case No. _____

Vs)

AFFIDAVIT OF SERVICE BY MAIL

DEFENDANT.)

The person serving court documents by mail swears:

1. My name is: _____ (name of person who mailed documents). I am at least 18 years of age.

2. **List of Court Documents Served** (check all that apply):
(Check only the documents that were served. Use "Other" to write the title of each document served that is not already listed.)

Summons

Complaint for _____

Other: _____

Other: _____

3. **Service by Mail:**

I served a true and correct copy of each of the court documents listed in Paragraph 2 by mailing them, securely enclosed in an envelope, by Certified Mail, postage prepaid, Return Receipt Requested, Deliver to Addressee Only, directed to the person listed in Paragraph 5.

4. **Date and Post Office Location of Service by Mail:**

Date Court Documents Were Served by Mail: _____

United States Post Office Location: _____
(City) (County) (State)

5. **Person Served by Mail:**

Name of Person Served: _____

Mailing Address: _____

City, State, Zip Code: _____

6. **Return Receipt Attached:**

The signed return receipt is attached.

7. I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Affidavit of Service by Mail is true and correct.

STATE OF _____)

)

COUNTY OF _____) ss.

)

COUNTRY OF _____)

Signed on this _____ day of _____, 20_____.

Signature

Printed Name

Address

City, State, Zip Code

Telephone Number

Email Address