| Sta | ate of North Dakota | In District Court |
|-----|-------------------------------------------------------|-----------------------------------------------------------|
| Со | unty of | Judicial District |
| | Plaintiff, |) Case No |
| VS | |) Declaration of Service) by Mail |
| | Defendant. |) (No Agreement)) |
| Th | e person serving court documents by ma | ail states: |
| 1. | My name is | (name of |
| ne | rson who mailed documents). I am at leas | |
| με | ison who make accuments, I am at leas | ot 10 years or age. |
| 2. | List of Court Documents Served (on | ly put a checkmark (\checkmark) in the box(es) of the |
| do | cuments you served. Fill in any blanks. Cr | oss out the names of all documents you didn't |
| sei | rve): | |
| | Rule 8.3.1, N.D.R.Ct., Informational State | ement. |
| | Financial Declaration. | |
| | Proposed Parenting Plan. | |
| | Proposed Order to Amend the Judgmen | t; |
| | Proposed Ame | nded Judgment; |
| | · | |
| | | |
| 3. | Service by Mail: | |
| | I served a true and correct copy of e | ach of the court documents listed in Paragraph 2 by |
| ma | ailing them, enclosed in an envelope, by F | First-Class mail, postage prepaid, and by depositing |

reasonably ascertainable address.

them in the United States Mail, directed to the person listed in Paragraph 5 at their last

| 4. | Date of Service by Mail: | | | | |
|--------------------|--------------------------------------------------------------------------------------|----------------------|-------------------------|------------|--|
| Date | Court Documents | Were Served by Mail: | | | |
| 5. | Person Served by Mail: | | | | |
| | Name of Person Served: | | | | |
| | Mailing Address: | | | | |
| | City, State, Zip Code: | | | | |
| | Name of Person Served: | | | | |
| | Mailing Address: | | | | |
| | City, State, Zip Code: | | | | |
| 6. state | I declare, under penalty of perjury under the law of North Dakota, that everything I | | | | |
| Juli | Signed on | | | (city), | |
| | | (county), | (state), | (country). | |
| (Sigr | nature) | | | | |
| (Prin | nted Name) | | | | |
| (Address) | | | (City, State, Zip Code) | | |
| (Telephone Number) | | | (Email Address) | | |