STATE	E OF NORTH DAKOTA	IN DISTRICT COURT	
COUN	NTY OF	JUDICIAL DISTRICT	
Vs	) PLAINTIFF, ) ) 	AFFIDAVIT OF SERVICE BY MAIL Case No.	
	(A separate affidavit is requ	iired for each person served.)	
The p	person serving court documents by mail s	wears:	
1.	My name is:	(name of person who	
maile	ed documents). I am at least 18 years of ag	e.	
2.	<b>List of Court Documents Served:</b> (Use "Other" to write the title of each document served that is not already listed. Otherwise, write "Not Applicable" on the "Other" line.)		
	<ul> <li>Notice of Motion to Amend Parenting</li> </ul>	Time.	
	<ul> <li>Motion to Amend Parenting Time</li> </ul>		
	• Brief in Support of Motion to Amend	Parenting.	
	<ul> <li>Affidavit in Support of Motion to Ame</li> </ul>	nd Parenting Time.	
	<ul> <li>Proposed Order to Amend the Judgme</li> </ul>	ent for Parenting Time.	
	<ul> <li>Proposed Amended Judgment.</li> </ul>		
	• Other:		
	• Other:		
3.	Service by Mail:		
	I served a true and correct copy of each	of the court documents listed in Paragraph 2 by	
mailir	ng them, enclosed in an envelope, by First	-Class mail, postage prepaid, and by depositing	

them in the United States Mail, directed to the person listed in Paragraph 5.

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

United States Post Office Location: ( <i>City</i> ) ( <i>County</i> ) ( <i>State</i> )  5. Person Served by Mail: Name of Person Served:	Date (	Court Documents Were Serve	d by Mail:				
5.       Person Served by Mail:         Name of Person Served:	Unite						
Name of Person Served:	_		(City)	(County)	(State)		
Mailing Address:   City, State, Zip Code:   6.   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	5.	Person Served by Mail:					
City, State, Zip Code:		Name of Person Served:					
6. 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       )         STATE OF       )         COUNTY OF       )         COUNTRY OF       )         Signed on this		Mailing Address:					
stated in this Affidavit of Service by Mail is true and correct.   STATE OF		City, State, Zip Code:					
STATE OF	6.	I declare, under penalty of perjury under the law of North Dakota, that everything I					
) ss.   COUNTY OF	stated	l in this Affidavit of Service by	Mail is true and correct.				
) COUNTRY OF ) Signed on this day of, 20 (Signature of Person Who Mailed Documents) (Printed Name) (Address) (City, State, Zip Code) Telephone Number:	STATE	OF					
Signed on this day of, 20   (Signature of Person Who Mailed Documents)   (Printed Name)   (Address)   (City, State, Zip Code)   Telephone Number:	COUN		_ )				
(Signature of Person Who Mailed Documents)         (Printed Name)         (Address)         (City, State, Zip Code)         Telephone Number:	COUN	ITRY OF	)				
(Printed Name)         (Address)         (City, State, Zip Code)         Telephone Number:		Signed on this day of		, 20			
(Printed Name) (Address) (City, State, Zip Code) Telephone Number:	(Signa	ature of Person Who Mailed D	ocuments)				
( <i>City, State, Zip Code</i> ) Telephone Number:	(Print						
Telephone Number:	(Addr	ess)					
	(City,	State, Zip Code)					
Email:	Telep	hone Number:					
	Email	:					