

County of _____
Part _____

Index No.: _____

**AFFIDAVIT OF SERVICE
OF
ORDER TO SHOW CAUSE
AND
AFFIDAVIT IN SUPPORT**

Claimant(s)/Plaintiff(s),
-against-

Defendant(s)

State of New York, County of _____ ss:

_____, being duly sworn, deposes and says:
(Name of Deponent)

I am over 18 years of age and not a party to this action. At _____ AM/PM, on _____
(Time) (Date)

at _____
(Address)

in the County of _____, City of New York, I served the annexed ORDER TO SHOW CAUSE and AFFIDAVIT IN SUPPORT of the Order in this matter on:

1. _____
(Name of Person Served)

known to me to be the _____ by:
(Claimant/Plaintiff/Defendant)

(a) Delivering a true copy to him/her at the above address.

Description of Individual Served in Person:		
Sex: _____	Color of Skin: _____	Color of Hair: _____
Approximate Age: _____	Approximate Weight: _____	Approximate Height: _____

(b) Mailing a true copy, properly sealed and enclosed in a post-paid wrapper, by Certified Mail, Return Receipt Requested, in a Post Office of the United States Postal Service within the State of New York addressed to the _____
(Claimant/Plaintiff/Defendant)

AND ALSO SERVED THEM ON

2. Marshal _____ by:

(a) Delivering a true copy to _____
(Name of Person Served)

a person in the Marshal's office.

Description of Individual Served in Person:		
Sex: _____	Color of Skin: _____	Color of Hair: _____
Approximate Age: _____	Approximate Weight: _____	Approximate Height: _____

(b) Mailing a true copy, properly sealed and enclosed in a post-paid wrapper, by Certified Mail, Return Receipt Requested, in a Post Office of the United States Postal Service within the State of New York addressed to the above-named Marshal at:

Sworn to before me this _____ day of _____ 20_____

(Notary Public or Court Employee and Title)

(Signature of Deponent)