

(2/05)

**DO NOT USE THIS FORM  
SAMPLE FOR INSTRUCTIONS ONLY**

**AFFIDAVIT OF SERVICE BY MAIL**

**THIS FORM IS TO BE FILLED OUT BY THE PERSON WHO  
MAILS THE PAPERS TO YOUR OPPONENT OR YOUR  
OPPONENT'S ATTORNEY IF THEY ARE REPRESENTED.  
IT MUST BE SWORN TO BEFORE A NOTARY PUBLIC.**

STATE OF NEW YORK, \_\_\_\_\_ COUNTY WHERE SWORN TO \_\_\_\_\_ s.s.:

\_\_\_\_\_ NAME OF PERSON WHO SERVES PAPERS \_\_\_\_\_, being duly sworn,  
deposes and says, that deponent is NOT a party to the action, is over 18 years  
of age and resides at \_\_\_\_\_  
\_\_\_\_\_ ADDRESS OF PERSON WHO SERVES PAPERS \_\_\_\_\_.

That on the \_\_\_\_\_ DATE PAPERS \_\_\_\_\_ day of \_\_\_\_\_ ARE SERVED \_\_\_\_\_, 2\_\_\_\_\_  
deponent served the within \_\_\_\_\_ WHAT PAPERS WERE SERVED \_\_\_\_\_ upon  
opponent(s) \_\_\_\_\_ NAME OF OPPONENT(S) \_\_\_\_\_  
at \_\_\_\_\_ ADDRESS OF OPPONENT(S) \_\_\_\_\_

(or if the opponent[s] is [are] represented by attorney[s])

upon \_\_\_\_\_ NAME OF ATTORNEY(S) \_\_\_\_\_ attorney(s) for  
opponent(s) at \_\_\_\_\_ ADDRESS OF ATTORNEY(S) \_\_\_\_\_

the address designated by said opponent(s) or said attorney(s) for that purpose  
by depositing a true copy of same enclosed in a postpaid properly addressed  
wrapper, in --a post office -- official depository under the exclusive care and  
custody of the United States Post Office Department within the State of New  
York.

\_\_\_\_\_  
(SIGNATURE)

(To be completed by Notary Public at the  
time affidavit is signed)

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_