

Instructions: Print to fill in the spaces next to the instructions.

Affidavit of Service After Commencement of Litigation

_____ against _____ Index No. _____/_____

STATE OF NEW YORK, COUNTY OF _____ ss:

I, _____, [name of person who served papers], being duly sworn, depose and say: I am over 18 years of age and am not a party to this case. I reside at [your address] _____.

On _____, 20____ [date of service], at _____ AM/PM, [time of day], I served a true copy of the following papers: [identify papers served] _____, in the following manner. [check box]

Personal Service By personally delivering the papers to _____ [identify person served] at _____ [address].

The individual I served had the following characteristics [check the right boxes]

- | <u>Sex</u> | <u>Height</u> | <u>Weight</u> | <u>Age</u> |
|---------------------------------|------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Under 5" | <input type="checkbox"/> Under 100 lbs. | <input type="checkbox"/> 21-34 years |
| <input type="checkbox"/> Female | <input type="checkbox"/> 5'0"-5'3" | <input type="checkbox"/> 100-130 lbs. | <input type="checkbox"/> 35-50 years |
| | <input type="checkbox"/> 5'4"-5'8" | <input type="checkbox"/> 131-160 lbs. | <input type="checkbox"/> 36-50 years |
| | <input type="checkbox"/> 5'9"-6'0" | <input type="checkbox"/> 161-200 lbs. | <input type="checkbox"/> 51-65 years |
| | <input type="checkbox"/> Over 6' | <input type="checkbox"/> Over 200 lbs. | <input type="checkbox"/> Over 65 yrs. |

[describe]: Skin color _____ Hair color _____

Other identifying features, if any [describe]: _____

Mail By mailing the same in a sealed envelope, with postage prepaid thereon, in a post office or official depository of the U.S. Postal Service within the State of New York, addressed to the last-known address of the addressee(s) indicated below:

Overnight Delivery Service By depositing the same with an overnight delivery service in a wrapper properly addressed. Said delivery was made prior to the latest time designated by the overnight delivery service for overnight delivery. The delivery service used was _____ [name of delivery service used]

[Name(s) and address(es) of person(s) served]

Sworn to before me this _____ day of _____, 20____

[Sign name before a Notary]

Notary Public

[Print your name]