



3.  **Office Service.** On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ a.m./p.m., I served true copies of the original Petition and Summons ,notices on mediation, Confidential Information Form and other required notices by delivering them, in person, to the office of the party to be served, located at: \_\_\_\_\_(address), during normal working hours for that office, where I left the documents with \_\_\_\_\_(name), who is a person apparently in charge and who has a business duty to provide the documents to the party to be served.

*(If Office Service was used, you must complete the followup mailing section below as required by ORCP 7D(2)(c). If someone other than yourself completed the follow up mailing, s/he must use a separate Affidavit of Service.)*

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I personally deposited a true copy of the originals listed above with the United States Postal Service, via first class mail, in a sealed envelope, postage prepaid, addressed to the party to be served:  Petitioner  Respondent \_\_\_\_\_(name), at the party's:  home address located at: \_\_\_\_\_(address), OR  business address, listed above, together with a statement of the date, time and place that the documents were hand-delivered to the party's office.

4.  **Service by Mail, Return Receipt Requested.** On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I personally deposited a true copy of the Petition and Summons ,notices on mediation, Confidential Information Form and other required notices with the United States Postal Service, one via first class mail, **and** the other by certified or registered, return receipt requested, or express mail, with postage on both copies fully paid, addressed to the party to be served:  Petitioner  Respondent \_\_\_\_\_(name), at the party's:  home address located at \_\_\_\_\_(address).

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The party served signed a receipt for the certified, registered or express mailing, and the return receipt is attached to this Affidavit. (NOTE: The return receipt MUST be attached to this Affidavit of Service.)

Case # \_\_\_\_\_

[ \_\_\_\_\_ ]

Attach return receipt here

[ \_\_\_\_\_ ]

**Certificate of Document Preparation.** You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

- I selected this document for myself and I completed it without paid assistance.
- I paid or will pay money to \_\_\_\_\_ for assistance in preparing this form.

**I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Server Print Name

\_\_\_\_\_  
Contact Address City, State, Zip Contact Telephone

SIGNED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public for \_\_\_\_\_/Court Clerk  
My Commission Expires: \_\_\_\_\_