

AFFIDAVIT OF SERVICE [NAME] [DATE]

COURT DETAILS

Court

#Division

#List

Registry

Case number

TITLE OF PROCEEDINGS

[First] plaintiff **[name]**

#Second plaintiff #Number of
plaintiffs (if more than two)

[First] defendant **[name]**

#Second defendant #Number of
defendants (if more than two)

FILING DETAILS

Filed for **[name]** [role of party eg plaintiff]

#Filed in relation to [eg plaintiff's claim, (number) cross-claim]
[include only if form to be eFiled]

#Legal representative [solicitor on record] [firm]

#Legal representative reference [reference number]

Contact name and telephone [name] [telephone]

[on separate page]

AFFIDAVIT

Name

Address

Occupation

Date

I [#say on oath #affirm]:

- 1 #I am [role of deponent].
- 2 I am over the age of 16 years.
- 3 On [date] at [place], I served [name of person served] with the following documents [describe documents served. If the document served is a filed document include the date the document was filed in the description eg statement of claim filed (date). Do not attach a copy of any document already filed.]
- 4 I served the documents by [method of service].
- 5 #At the time of service [name of person served] stated [record what, if anything, the person served said].

#SWORN #AFFIRMED at

Signature of deponent

Signature of witness

Name of witness

Address of witness

Capacity of witness [#Justice of the peace #Solicitor #Barrister #Commissioner for affidavits #Notary public]

Note: The deponent and witness must sign each page of the affidavit. See UCPR 35.7B.