
(Printed name of Respondent/Defendant)

Signature of Respondent/Defendant

Address

City

State

Zip Code

Home Phone

Work Phone

CERTIFICATE OF SERVICE

I certify that on _____ (date) a true and accurate copy of the Affidavit of _____ was served on the other party by:

Hand Delivery, E-filed, Faxed to this number _____, **or**

by placing it in the United States mail, postage pre-paid, and addressed to the following:
(include name and address):

To: _____

 Petitioner/Plaintiff or Respondent/Defendant