Affidavit of Personal Service

Service Form 3c

Affidavit of Personal Service

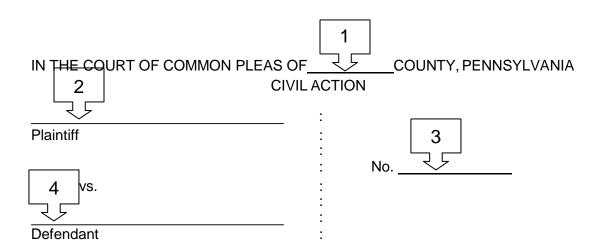
The numbers on these instructions correspond with the numbers in the boxes on the form. Use the form with the boxes to guide you through filling out the blank form.

- Box 1: Print the name of the county in which you filed.
- Box 2: Print your name exactly as you wrote it on Complaint.
- Box 3: Print the docket number that the office where legal pleadings are filed wrote on Complaint at the time of filing.
- Box 4: Print the name of the defendant exactly as it appears on the Complaint.
- Box 5: Print the name of the person who is serving the court papers. Pa. R.C.P. 76 "Competent Adult".
- Box 6: Print the date the papers were given to the Defendant.
- Box 7: If you are filing for divorce, check this line.
- Box 8: If you are filing for custody, check this line.

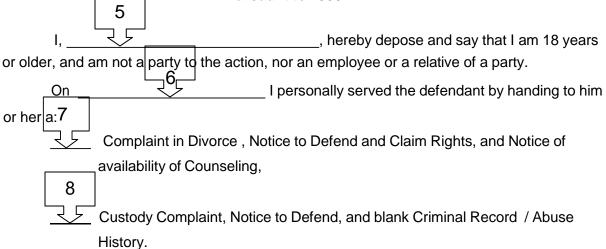
THE PERSON SERVING THE PAPERS MUST COMPLETE THE FORM HE OR SHE MUST READ THE STATEMENT BEFORE SIGNING.

- Box 9: Print today's date.
- Box 10: The person who served Defendant must sign his or her name.

File this form in the office where legal pleadings are filed.



AFFIDAVIT OF SERVICE BY PERSONAL SERVICE Pursuant to 1930.4



I verify that the statements in this document are true and correct to the best of my knowledge, information, and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

Date:

Respectfully Submitted,

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Signature of Person who Served Defendant (not Plaintiff)

IN THE COURT OF COMMON PLEAS O	FCOUNTY, PENNSYLVANIA
CIVI	L ACTION
Plaintiff	: : :
vs.	: No
Defendant	· :
	CE BY PERSONAL SERVICE ant to 1930.4
I,	, hereby depose and say that I am 18 years
or older, and am not a party to the action,	nor an employee or a relative of a party.
On	I personally served the defendant by handing to him
or her a:	
Complaint in Divorce, Notice	to Defend and Claim Rights, and Notice of
availability of Counseling,	
Custody Complaint, Notice to History.	o Defend, and blank Criminal Record / Abuse
I verify that the statements in this	document are true and correct to the best of my
knowledge, information, and belief. I under	erstand that false statements herein are made
subject to the penalties of 18 Pa.C.S. § 4	904, relating to unsworn falsification to
authorities.	
	Respectfully Submitted,
Date:	
	Signature of Person who Served Defendant (not Plaintiff)