

STATE OF NORTH DAKOTA

IN JUVENILE COURT

COUNTY OF _____

_____ JUDICIAL DISTRICT

IN THE INTEREST OF _____, DOB _____, A CHILD.

_____)

_____)

PETITIONER(S),)

vs.)

_____)

_____ (child))

_____ (mother))

_____ (father))

_____)

RESPONDENTS.)

Case No. _____

AFFIDAVIT OFFICE SERVICE

(A separate affidavit is required for each person served.)

The person serving court documents at the office states:

1. My name is _____ (name of person who delivered court documents to the office).

2. I am at least 18 years of age. I am **not a party or** interested in the above named civil matter.

3. **List of Juvenile Court Documents Served:** (write the title of each document served on a separate line. Checkmark (✓) next to each document listed):

- _____
- _____
- _____
- _____
- _____
- _____

4. Date, Time, and Address of Office Service:

Date: _____ Time: _____ a.m. (or) p.m.

Address: _____
(street address) (city) (zip code)

5. **Office Service:**

As required by Rule 7(c)(2) of the North Dakota Rules of Juvenile Procedure, I served a true and correct copy of each of the court documents indicated in Paragraph 3 to _____
_____ (name of person served) at the date, time and address of their office listed in Paragraph 4 by (choose one):

leaving the court documents with: _____ (name), who is a person in charge.

leaving the court documents in a conspicuous place in the office, specifically: _____ (describe), because there is no person in charge.

I know the person I served is the person intended to be served because (explain how you identified the person): _____
_____.

6. I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Affidavit of Service by Hand Delivery is true and correct.

Signed on _____ (Date), in _____ (City),
_____ (County), _____ (State), _____ (Country).

Signature

Printed Name

Address

City, State, Zip Code

Telephone Number: _____

Email Address: _____