**The Family Court of the State of Delaware**

In and For [ ]  New Castle County [ ]  Kent County [ ]  Sussex County

**AFFIDAVIT OF PROCESS SERVER**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date Received by |  |  | Respondent |  |
|  |  |  |  |  |
| Process Server: |       |  | Name: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| File Number: |       | Petition Number: |       | Petition Type: |       |

|  |  |
| --- | --- |
|       | , the affiant declares: |
|  |
| 1. I am over the age of eighteen years and not a party to this action.
 |
|  |
| 1. I served
 |       | , |       |
|  | Name |  | Relationship, if not Respondent |
|  |
| with this summons at | [ ]  Respondent’s Primary Address | [ ]  Alternate Address |
|  |
| [ ]  Other: (specify) |       |
|  |  |
|  |  |  |  |  |  |  |  |  |  |
| on |       | at |       | [ ]  A.M. | [ ]  P.M. | at | Street Address: |       |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Date |  | Time |  |  |  | City/State/Zip Code: |       |  |
|  |  |  |  |  |  |  |  |  |  |
|  |
| 1. Manner of Service:
 |
|  |
| [ ]  By delivering copies of the | [ ]  Summons | [ ]  Notice | [ ]  Petition | [ ]  Order |
|  |
|  to the person named in this summons. |
|  |
| [ ]  By leaving copies at the usual place of abode of the Respondent with some person of  |
|  |
|  suitable age and discretion, namely, |       | , |
|  |
|  who has verified that Respondent does live therein. |
|  |
| [ ]  By delivering copies to an agent authorized by appointment or law to receive service of |
|  |
|  process. |
|  |
| 1. Description of Person Served:
 |
|  |
| Age: |      | Sex: |      | Race: |       | Ht: |       | Wt: |       | Hair: |       | Glasses: |     |
|  |
| 1. Service Attempts: Service was attempted on
 |       |       | , |       |       | , |
|  | Date | Time |  | Date | Time |  |
|  |
|       |       | , |       |       | , |       |       | , |
| Date | Time |  | Date | Time |  | Date | Time |  |
|  |  |  |  |  |  |  |  |  |
|       |       | , |       |       | , |       |       |  |
| Date | Time |  | Date | Time |  | Date | Time |  |
|  |
| 1. Non-Service: After due search, careful inquiry, and diligent attempts at the address(es) listed
 |
|  |
| on this document, I have been unable to fulfill to effect process upon the person to be served  |
|  |
| because of the following reasons: |
|  |
| [ ]  Moved, left no forwarding address | [ ]  Address does not exist | [ ]  Unknown at address |
|  |
| [ ]  Evading (explain): |       |
|  |
| [ ]  Other (explain): |       |

|  |
| --- |
| I declare under penalty of perjury that the information contained herein is true and correct and that  |
|  |
| this affidavit was executed on |       | . |
|  |
|       |  |       |
| Process Server Print |  | Process Server Sign |
|  |  |  |
| Sworn to and subscribed before me this date, |       |  |
|  |  |  |
|       |  |       |
| Clerk of Court/Notary Public Print |  | Clerk of Court/Notary Public Sign |