**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: |  | |

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

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| 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) | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| on | |  | | | | | at |  | | | | | | | A.M. | | P.M. | | | | | | | | | at | Street Address: | | | | | | | | | | | | | |  | | | | | | |  |
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|  | | Date | | | | |  | Time | | | | | | |  | |  | | | | | | | | |  | City/State/Zip Code: | | | | | | | | | | | | | |  | | | | | | |  |
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| 1. Manner of Service: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| By delivering copies of the | | | | | | | | | | | | | | | | Summons | | | | | | | | | Notice | | | | | | Petition | | | | | | | | Order | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| to the person named in this summons. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| process. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Description of Person Served: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Age: |  | | Sex: | | |  | | | Race: | | | |  | | | | | | Ht: | | | |  | | | | | Wt: | |  | | | | | | Hair: | | | |  | | | Glasses: | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Service Attempts: Service was attempted on | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | , |  | | | | |  | | , | | |
|  | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | Time | | | | | | | | |  | Date | | | | | Time | |  | | |
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| Date | | | | | Time | | | | | | |  | | Date | | | | | | | Time | | | | | | | | | | |  | | Date | | | | | | | | Time | | | | |  | |
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| Date | | | | | Time | | | | | | |  | | Date | | | | | | | Time | | | | | | | | | | |  | | Date | | | | | | | | Time | | | | |  | |
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| 1. Non-Service: After due search, careful inquiry, and diligent attempts at the address(es) listed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| on this document, I have been unable to fulfill to effect process upon the person to be served | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| because of the following reasons: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Moved, left no forwarding address | | | | | | | | | | | | | | | | | | Address does not exist | | | | | | | | | | | | | | | | | | | Unknown at address | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evading (explain): | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Other (explain): | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| I declare under penalty of perjury that the information contained herein is true and correct and that | | | | | | | |
|  | | | | | | | |
| this affidavit was executed on |  | | | . | | | |
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|  | | |  | |  | | |
| 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 | |