IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR THE COUNTY OF $\underline{\hspace{1cm}}$

In the Matter of	☐ the Marriage of:)	Case No			
)	AFFIDAVIT OF SERVICE			
	Petitioner,)	☐ Personal Service (ORCP 7D(2)(a))			
and	i cutioner,)	\Box Substitute Service (ORCP 7D(2)(b))			
anu)		\Box Substitute Service (ORCP 7D(2)(6)) \Box Office Service (ORCP 7D(2)(c))			
)	* * * * * * * * * * * * * * * * * * * *			
	Desmandent,)	☐ Service by Mail, Return Receipt Requested			
	Respondent.)	(ORCP 7D(2)(d))			
I,		, declare I am a resident of the County of e of I am a competent person 18 years of				
	, Stat	e of	. I am a competent person 18 years of			
=	not a party to or attorney in this action.	n this p	proceeding. I certify that the person, firm, or corporation served			
(Check one of the			1f			
			day of, 20, ata.m./p.m.,			
-	_		immons (with attached Notice of Statutory Restraining			
	_		nestic Relations Actions, Notice of CIF Filing, notices on			
			court clerk) by delivering them to Petitioner			
			(name) in person at the following address			
			within the County of,			
State of	·					
2. 🗆 St	ubstitute Service. On the	e_day	of, 20, at a.m./p.m., I			
			nmons (with attached Notice of Statutory Restraining			
-			nestic Relations Actions, Notice of CIF Filing, notices on			
mediation and ot	ther information provided	by the c	court clerk) by delivering them to			
	_	-	older and a member of the household of the party to be served,			
at the following address within the County of						
(Complete the se	ction below only if the und	dersigne	ed performed the followup mailing required by ORCP			
7D(2)(b). If a pa	arty or other person other	than the	e undersigned did the follow up mailing, s/he must use a			
separate Affidav	it/Certificate of Mailing.)					
	1 0					
			, 20, I personally deposited a true copy o			
	`		of Statutory Restraining Order Preventing Dissipation of			
	•		CIF Filing, notices on mediation and other information			
-			s Postal Service, via first class mail, in a sealed envelope,			
	± •		ed: Petitioner Respondent			
			s listed above, together with a statement of the date, time and			
place that the do	cuments were hand-delive	red to th	he party's dwelling (residence).			

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3. ☐ Office Serv	vice. On the	day of		, 20	, at a.m./p.m.,				
I served true copies of the									
Order Preventing Dissip	_				•				
mediation and other infor					_				
party to be served, located during normal working he	ours for that office	ce, where I left the doc	uments with		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(name), who is a person a									
to be served. (Complete th	•	•		-	- ·				
ORCP $7D(2)(c)$. If a part									
a separate Affidavit/Certi	•			Jesses super	3, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,				
7									
\square On the	day of		, 20, I	personally d	eposited a true copy of				
the Petition and Summons	s (with attached	Notice of Statutory F	Restraining (Order Preve	nting Dissipation of				
Assets in Domestic Relat	tions Actions, N	otice of CIF Filing, no	tices on med	liation and ot	her information				
provided by the court clerk) with the United States Postal Service, via first class mail, in a sealed envelope,									
postage prepaid, addresse	d to the party to	be served: Petition	er 🗆 Respor	ndent (name)					
, at the par	ty's: ☐ home ad	dress located at:							
(address), OR □ business									
documents were hand-del	ivered to the par	ty's office.			•				
		eceipt Requested. Or							
I personally deposited tw	o true copies of	the Petition and Sumn	nons (with a	ittached Noti	ce of Statutory				
Restraining Order Preve	enting Dissipati	on of Assets in Domes	stic Relation	ns Actions, N	otice of CIF Filing,				
notices on mediation and	other information	n provided by the cour	t clerk) with	the United S	tates Postal Service,				
one via first class mail, an	nd the other by ce	ertified or registered, re	eturn receipt	requested, or	by express mail, with				
postage on both copies fu	lly paid, addresse	ed to the party to be sea	rved: \square Pet	itioner or \square	Respondent				
	(name), at t	he party's: ☐ home ad	dress located	d at:					
		ress). (NOTE: If maile							
should be attached to this	Affidavit of Serv	vice.)			_				
		T 7	.1 6 11						
	_	on . You are required to t	-	_	ificate regarding the				
document you are filing wit	n the court. Check	k all boxes and complete	all blanks tha	at apply:					
☐ I selected this do	ocument for mysel	f and I completed it with	out naid assis	tance					
	•	for a	•		Form				
in paid of will pay	money to	101 2	issistance in p	repairing tills i	orm.				
I hereby declare that the	e above stateme	nt is true to the best o	f my knowl	edge and bel	lief, and that I				
understand it is made fo									
		U	•		·				
Dated this da	y of	, 20	·						
									
Signature of Server		Print Name							
Address or Contact Addre	200	City, State, Zip	Talanhon	e or Contact	Telenhone				
Address of Contact Addre	, OO	City, State, Lip	reichnon	e of Contact	reiephone				

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