## **AFFIDAVIT OF SERVICE**

SCL 004C 01/02

Fill in: your name and address;	of addre	occupation	- ▶
the name of the party or other person served;		Make oath and say that: Solemnly affirm that: d	
the date service took place the address or location service took place.	on		
Tell what was served. Check appropriate box.	with	<ul> <li>a copy of the "Summons to a Payment Hearing" attached.</li> <li>a copy to the "Summons to a Default Hearing" attached.</li> <li></li></ul>	OF SEF
Tell how service took place	by	<ul> <li>leaving a copy of it with him or her.</li> <li>as directed by the court by</li></ul>	
Do not sign your affidavit until a commissioner for the taking affidavits is present.	Sworn	signature of person who served the document	
A commissioner for the taking of affidavits will witness your signature		date location where affidavit is sworn	