



# Affidavit of Service for Summons to Witness

## Form O

This is a three part form.  
**White** - Financial Services Commission of Ontario  
**Yellow** - Insurance Company  
**Pink** - Insured Person

The purpose of this Affidavit is to verify that a copy of the document named was personally served on the named person. An Affidavit of Service for Summons to Witness must be prepared for service of a Summons.

<b>Case Information</b>	Insured Person	Insurance Company	Commission file number
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### Declaration

I, \_\_\_\_\_, (Full Name)

of the \_\_\_\_\_ (City, Town, etc.) of \_\_\_\_\_ (Name of City, Town, etc.)

in the \_\_\_\_\_ (County, Regional Municipality, etc.) of \_\_\_\_\_ (Name of County, Regional Municipality)

#### SWEAR OR SOLEMNLY AFFIRM THAT:

(1) At \_\_\_\_\_ a.m./p.m. on \_\_\_\_\_, the \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

(Time) (Day of Week) (Date) (Month) (Year)

I personally served \_\_\_\_\_ (Name of person served)

with a copy of \_\_\_\_\_ (Name of document served)

at \_\_\_\_\_ (Location where document was served)

(2) I was able to identify the person by \_\_\_\_\_ (State means of identification)

(3) For a Summons to Witness, I paid the appropriate attendance monies to the person served, named above.

### Signatures

Sworn (or Solemnly Affirmed) before me at the \_\_\_\_\_ of \_\_\_\_\_

(City, Town, etc.) (Name of City, Town, etc.)

in the \_\_\_\_\_ of \_\_\_\_\_

(County, Regional Municipality, etc.) (Name of County, Regional Municipality)

on this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

(Date) (Month) (Year)

\_\_\_\_\_  
Signature of Commissioner of Oaths

\_\_\_\_\_  
Signature of Person Serving