Affidavit of Personal Service

Service Form 2

Service Form 2 Personal Service Instructions

Affidavit of Personal Service

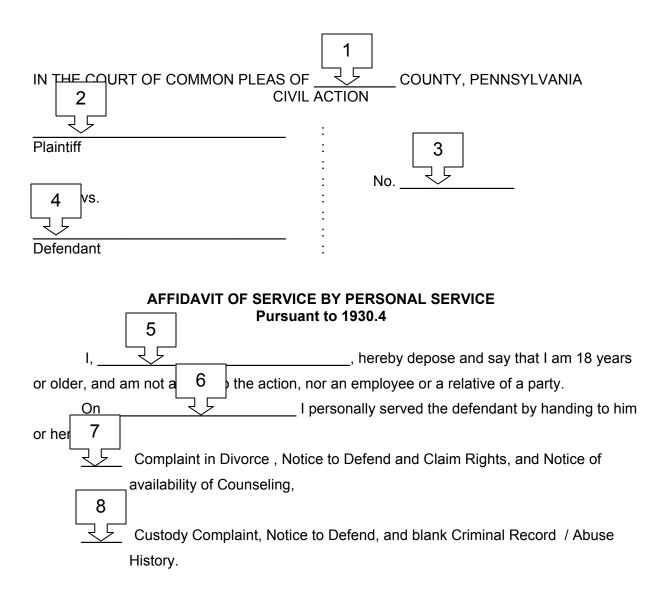
The numbers on these instructions correspond with the numbers in the boxes on the form. Use the form with the boxes to guide you through filling out the blank form.

- Box 1. Print the name of the county in which you filed.
- Box 2: Print your name exactly as you wrote it on Complaint.
- Box 3. Print the docket number that the office where legal pleadings are filed wrote on Complaint at the time of filing.
- Box 4: Print the name of the defendant exactly as is appears on the Complaint.
- Box 5: Print the name of the person who is serving the serving the court papers. Pa. R.C.P. 76 "Competent Adult".
- Box 6: Print the date the papers were given to the Defendant.
- Box 7: If you are filing for divorce, check this line.
- Box 8: If you are filing for custody, check this line.

THE PERSON SERVING THE PAPERS MUST COMPLETE THE FORM HE OR SHE MUST READ THE STATEMENT BEFORE SIGNING.

- Box 9: Print today's date.
- Box 10: The person who served Defendant must sign his or her name.

File this form in the office where legal pleadings are filed.



I verify that the statements in this document are true and correct to the best of my knowledge, information, and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

9 Date:

Respectfully Submitted,

10 Г

Signature of Person who Served Defendant (not Plaintiff)

Service Form 2 Personal Service Rule 1930.4 AOPC 9.21.14

	F COUNTY, PENNSYLVANIA
	:
Plaintiff	:
VS.	No
Defendant	
Pursua	CE BY PERSONAL SERVICE ant to 1930.4 , hereby depose and say that I am 18 years
or older, and am not a party to the action,	
	I personally served the defendant by handing to him
or her a:	
availability of Counseling,	tice to Defend and Claim Rights, and Notice of e to Defend, and blank Criminal Record / Abuse

I verify that the statements in this document are true and correct to the best of my knowledge, information, and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

Respectfully Submitted,

Date:_____

Signature of Person who Served Defendant (not Plaintiff)

him