

Superior Court of Washington, County of \_\_\_\_\_

In re:

Petitioner/s (*person/s who started this case*):

And Respondent/s (*other party/parties*):

No. \_\_\_\_\_

**Motion to Serve by Mail**  
(MTSM)

**Motion to Serve by Mail**

**Important!** The person making this motion must ask the court to sign an Order to Allow Service by Mail (form FL All Family 105) either at a hearing or at ex parte. Contact the court for scheduling information.

1. I am the (*check one*): ☐ Petitioner ☐ Respondent in this case.
2. I ask the court to allow me to serve the other party the *Summons* and *Petition* for this case by mail because service by mail will be as effective as service by publication and (*check all that apply*):

- ☐ The other party cannot be found in Washington State because (*check all that apply*):
- ☐ they have left Washington State to avoid being served.
  - ☐ they are hiding to avoid being served.

**Warning!** If you serve someone by mail only for the reasons listed below, the court may not have personal jurisdiction over that person. This may limit the court's ability to divide property and debts, award money, set child support or spousal support, or approve a restraining order.

- ☐ The other party does not live in Washington State.
- ☐ I cannot find the other party to serve them. I have made a reasonable search as described below.
- ☐ Other (*explain*): \_\_\_\_\_

3. Give facts that support your statements in section 2 above:

4. List what you did to try to find the other party:

<i>What you did</i>	<i>Date you did this</i>	<i>What you learned</i>

5. List attempts to serve the other party in person:

<i>What was done</i>	<i>Who did it</i>	<i>Date</i>	<i>What happened</i>

6. The court papers should be mailed to the other party at the address/es listed below.  
(List all addresses where the other party may receive the court papers):

☐ Last known mailing address:

\_\_\_\_\_  
*Street Address or P.O. Box* *City* *State* *Zip*

☐ Name and address of the other party's parent or nearest living relative:

Name: \_\_\_\_\_

\_\_\_\_\_  
*Street Address or P.O. Box* *City* *State* *Zip*

This address should be used because (explain): \_\_\_\_\_

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☐ Other address:

In care of *(name)*: \_\_\_\_\_

\_\_\_\_\_  
*Street Address or P.O. Box* *City* *State* *Zip*

This address should be used because *(explain)*: \_\_\_\_\_

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I declare under penalty of perjury under the laws of the State of Washington that the facts I have provided on this form are true.

Signed at *(City and State)*: \_\_\_\_\_ Date: \_\_\_\_\_



\_\_\_\_\_  
*Person making this motion signs here*

\_\_\_\_\_  
*Print name here*