**Superior Court of Washington, County of**

|  |  |
| --- | --- |
| In re:Petitioner/s *(person/s who started this case)*: And Respondent/s *(other party/parties)*:  | No. **Proof of Mailing or Hand Delivery (for documents after Summons and Petition)**(AFSR) |

**Proof of Mailing or Hand Delivery
(for documents after Summons and Petition)**

**Warning!** Do **not** use this form to prove you mailed or delivered a Summons, Petition, Order to Go to Court, or any kind of Restraining Order. For those documents, use Proof of Personal Service (FL All Family 101), or if you have court permission to serve by mail, use Proof of Service by Mail (FL All Family 107).

I declare:

**1.** I am *(check one):* [ ] the Petitioner [ ] the Respondent [ ] *(name):*
 and I am competent to be a witness in this case.

**2.** On *(date):* , I served copies of the documents listed in **3** below to

(name of party or lawyer served): by:

[ ] mail *(check all that apply):* [ ] first class [ ] certified [ ] other

*Mailing Address City State Zip*

[ ] email to *(address)*:
 *(only if allowed by agreement, order, or your county’s Local Court Rule)*

[ ] fax to *(number)*:
 *(only if allowed by agreement, order, or your county’s Local Court Rule)*

[ ] Hand delivery at *(time):* [ ] a.m. [ ] p.m. to this address:

*Street Address City State Zip*

I left the documents (*check one*):

[ ] with the party or lawyer named above.

[ ] at the attorney’s office with the clerk or other person in charge.

[ ] at the attorney’s office in a conspicuous place because no one was in charge.

[ ] with (*name*)*:* , at the address listed in court documents where the party agreed to receive legal papers for this case.

[ ] (*For a party or lawyer who has no office or whose office is closed*) at their home with (*name*)*:* , a person of suitable age and discretion who lives in the same home.

**3. List all documents you served** (*check all that apply*)**:**(*The most common documents are listed below. Check only those documents that were served. Use the “Other” boxes to write in the title of each document you served that is not already listed.*)

|  |  |
| --- | --- |
| [ ] Notice of Hearing (*hearing date*): \_\_\_\_\_\_\_\_ | [ ] Notice Re: Military Dependent  |
| [ ] Motion for Temporary Family Law Order [ ] and Restraining Order | [ ] Sealed Financial Documents |
| [ ] Proposed Temporary Family Law Order | [ ] Financial Declaration |
| [ ] Proposed Parenting Plan | [ ] Declaration of:  |
| [ ] Proposed Child Support Order | [ ] Declaration of:  |
| [ ] Proposed Child Support Worksheets | [ ] Declaration of:  |
| [ ] Other:  | [ ] Other:  |
| [ ] Other:  | [ ] Other:  |
| [ ] Other:  | [ ] Other:  |

**4.** Other:

I declare under penalty of perjury under the laws of the state of Washington that the statements on this form are true.

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

*Signature of server Print or type name of server*