

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.)

| | |
|--|--|
| <input type="checkbox"/> Notice of Hearing (<i>hearing date</i>): _____ | <input type="checkbox"/> Notice Re: Military Dependent |
| <input type="checkbox"/> Motion for Temporary Family Law Order <input type="checkbox"/> and Restraining Order | <input type="checkbox"/> Sealed Financial Documents |
| <input type="checkbox"/> Proposed Temporary Family Law Order | <input type="checkbox"/> Financial Declaration |
| <input type="checkbox"/> Proposed Parenting Plan | <input type="checkbox"/> Declaration of: _____ |
| <input type="checkbox"/> Proposed Child Support Order | <input type="checkbox"/> Declaration of: _____ |
| <input type="checkbox"/> Proposed Child Support Worksheets | <input type="checkbox"/> Declaration of: _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> 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