

County of

Court

-----X

Plaintiff/Claimant,

Index/Docket #

-against-

**AFFIDAVIT OF SERVICE
BY MAIL OF
DEMAND FOR A
TRIAL DE NOVO**

Defendant.

-----X

State of New York

County of _____ ss:

I, _____, state the following under penalties of perjury:

1. I am over 18 years of age or older and I am not a party in this case.
2. On _____, 20____, I mailed a true copy of the attached Demand for a Trial de Novo, enclosed and sealed in a postpaid envelope, which I deposited in an official depository under the exclusive care and custody of the United States Postal Service within the State of New York addressed to:

(Name of person)

(Street Address)

(City/Town/Village; State; Zip code)

(Sign your name in front of a Notary Public)

Sworn to before me
this ____ day of _____ 20____

Notary