	OURT OF THE STATE OF NEW YORK
	X
	<pre>Plaintiff(s)/Petitioner(s)</pre>
	- against - Affidavit of Service
	Defendant(s)/Respondant(s)
STATE OF COUNTY OF	X NEW YORK ss:
I,	being duly sworn says I am not a party to
	tion, am over 18 years of age and reside
manner:	
	By personally delivering the papers to:
PERSONAL SERVICE	at
	The individual I served had the following
	characteristics
	Male Female Skin Color Hair Color
	21-34 yrs 35-50 yrs 51-61 yrs Over 61
	120-150 lbs 151-181 lbs over 182 lbs
	Approximate height
	Other distinguishing features

	By mailing the same in a sealed envelope, with postage prepaid
MAIL	thereon, in a post-office or official depository of the U.S.
	Postal Service within the State of New York, addressed to the
	last-known address of the addressee(s) as indicated below.
	By depositing the same with an overnight delivery service in
OVERNIGHT DELIVERY SERVICE	a wrapper properly addressed. Said delivery was made prior
	to the latest time designated by the overnight delivery service
	for overnight delivery. The delivery service used was
	The name (s) and address (es)
	of person(s) served are indicated below:
	or person (b) berved are indicated berow.
Name(s) and a	address(es) of Person(s) served:
	Signature
	Print your name
Sworn to	before me on this
day	of, 20
Not	tary Public