

DISTRICT COURT, COUNTY OF SUFFOLK  
STATE OF NEW YORK

**AFFIDAVIT OF SERVICE**

-----  
-----  
*Plaintiff*  
-----  
-against-  
-----  
*Defendant*  
-----

Index No: -----

Return Date: -----

I, -----, being over the age of 18, and not a party to this  
*Print your name*  
action, on -----,  
*Insert date that the Order to Show Cause was mailed by you by Certified Mail, Return Receipt Requested*  
mailed a copy of the attached **ORDER TO SHOW CAUSE** **MOTION** by Certified Mail,  
*Strike out the inappropriate document name*  
Return Receipt Requested, to:

Plaintiff or Plaintiff's Attorney: -----  
Street Address: -----  
-----  
-----

AND

Name: -----  
Street Address: -----  
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For any additional party that also has to be served with the Order or Motion, or the Suffolk County Sheriff who is served to stay the enforcement of the judgment or warrant.

Sworn to before me on this  
----- day of -----, 20  
*Day Month Year*

-----  
*Your Signature*

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Notary/Clerk of Court

**Certified Mailing Receipts are Attached**