

For help in completing this form, click on the yellow question marks or comment symbol for instructions. Please make sure that your **Highlight Fields** option is on so that the fields that need to be completed are light blue in color on the form. Turn it on by clicking on the **Highlight Fields** button that is on the far right side of the purple message bar.

? SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____X

? _____
Plaintiff(s)/Petitioner(s),

- vs -

**AFFIDAVIT OF SERVICE
OF INITIATING PAPERS**

Index No.: _____ ?

? _____
Defendant(s)/Respondent(s).
_____X

STATE OF NEW YORK)
COUNTY OF) ss.: ?

? I, _____, being duly sworn, depose and say:

? I am over eighteen (18) years of age, am not a party to this action, and reside at:

_____.

? That on _____, 20____, at _____ □ a.m. □ p.m., I served a copy of the within
_____ on _____. The address of the place
where the papers were served is: _____.

I served the papers in the manner indicated below (check 1, 2 or 3):

? 1. **Individual**
By delivering a true copy thereof to _____ personally. I
knew the person served to be the person named in those papers because:
_____.

? 2. **Corporation**
By serving the above on _____, a domestic
corporation, by delivering a true copy thereof to _____,
who is the _____. I knew the corporation to
be that listed in the papers served and I knew the title of the person named above and
that he/she was authorized to accept service.

? 3. **Substituted Service**
By delivering a true copy thereof to _____, a person of
suitable age and discretion, at the actual place of business, dwelling house, or usual
place of abode in the state, and mailing, as indicated below.

 **Mailing** (use with 3 above)

I also enclosed a copy of the above papers in a postpaid, sealed envelope properly addressed to Defendant's last known residence or actual place of business, located at:

I deposited the envelope in a post office depository under the exclusive care and custody of the United States Postal Service within New York State.

 **Description** (use with 1, 2, or 3 above)

The individual I served had the following characteristics (check the appropriate boxes):

- | Sex: | Age: | Height: | Weight: |
|---------------------------------|--|---------------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> 21 - 34 years | <input type="checkbox"/> Under 5' | <input type="checkbox"/> Under 100 lbs. |
| <input type="checkbox"/> Female | <input type="checkbox"/> 35 - 50 years | <input type="checkbox"/> 5'0" to 5'3" | <input type="checkbox"/> 100-130 lbs. |
| | <input type="checkbox"/> 51 - 61 years | <input type="checkbox"/> 5'4" to 5'8" | <input type="checkbox"/> 131-160 lbs. |
| | <input type="checkbox"/> Over 61 yrs. | <input type="checkbox"/> 5'9" to 6'0" | <input type="checkbox"/> 161-200 lbs. |
| | | <input type="checkbox"/> Over 6' | <input type="checkbox"/> Over 200 lbs. |

Color of skin (describe): _____

Color of hair (describe): _____

Other identifying features, if any (describe): _____

 **Military Service**

I asked the person to whom I spoke whether the Defendant was in the military of the United States or New York State in any capacity and was told that he/she was not. Defendant did not wear a military uniform. I state upon information and belief that the Defendant is not in the military service of the United States or New York State. The basis for my belief is the conversation(s) and observation(s) described above.



Signature

Print Name

Sworn to before me this _____
day of _____, 20____. 

Notary Public