

AFFIDAVIT OF SERVICE OF
ORDER TO SHOW CAUSE AND
AFFIDAVIT IN SUPPORT (LT)

Petitioner(s),

-against-

Address: _____

Respondent(s).

Apt. _____

State of New York, County of _____ ss.:

_____, being duly sworn, deposes and says:
(Print your name)

I am over 18 years of age and _____ this action. At _____ AM/PM
on _____, I served the annexed ORDER TO SHOW CAUSE and AFFIDAVIT IN SUPPORT in
this matter on:

1. _____

Known to me to be the Petitioner(s) by (Name(s) of Person(s) Served)

a) Delivering a true copy to him/her/them at the following address:

b) Delivering a true copy to his/her/their attorney(s) or managing agent(s) at the following address-

Description of Individual Served in Person:		
Sex: _____	Color of Skin: _____	Color of Hair: _____
Approximate Age: _____	Approximate Weight: _____	Approximate Height: _____

c) Mailing a copy, properly sealed and enclosed in a post-paid wrapper by Certified Mail, Return Receipt Requested, in a Post Office of the United States Postal Service within the State of New York, addressed to the petitioner (or his/her registered managing agent) at the address registered with the Department of Housing Preservation and Development.

AND ALSO SERVED ON THEM ON

2. Marshall _____ by:

a) Delivering a copy to _____, a person in the Marshall's office.

Description of Individual Served in Person:		
Sex: _____	Color of Skin: _____	Color of Hair: _____
Approximate Age: _____	Approximate Weight: _____	Approximate Height: _____

b) Mailing a copy, properly sealed and enclosed in a post-paid wrapper by Certified Mail, Return Receipt Requested, in a Post Office of the United States Postal Service within the State of New York, addressed to:

Marshall

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

(Signature of Respondent)

(Signature of Court Employee and Title)