Instructions: This affidavit <u>cannot</u> be used in divorce cases, but must otherwise be used for service of a Summons and Complaint, a Summons with Notice, a Notice of Petition and Verified Petition, an Order to Show Cause and Verified Petition, or a Subpoena. <u>Print</u> to fill in the spaces next to the instructions.

| COUNTY OF RICH         | OF THE STATE OF NEW YORK   |  |  |  |
|------------------------|--|--|--|--|
| [fill in name(s)]      | Plaintiff(s)/Petitioner(s), - against-   | Index Number   |  |  |
| [fill in name(s)]      | ( ) ( )  | AFFIDAVIT OF SERVICE<br>OF INITIATING PAPERS         |  |  |
| STATE OF NEW YO        |  |  |  |  |
| I,                     |  | [name of person who served papers],                  |  |  |
| being duly sworn, de   | epose and say:   |  |  |  |
| I am over 18           | years of age and am not a party to this case.  |  |  |  |
| I reside at            |  | [your address]                                       |  |  |
|                        | , [date of service], at  |  |  |  |
|                        |  |  |  |  |
|                        | pondent in this case. The address of the place wh  |  |  |  |
|                        |  | [location where papers served]                       |  |  |
| I served the p         | papers in the manner indicated below: [check bo  | x that applies]:                                     |  |  |
| 1) □ <u>Individual</u> | By delivering a true copy of each to the defendant/respondent personally. I knew the       |  |  |  |
|                        | person served to be the person named in those papers because                               |  |  |  |
|                        | [How [Fill out description of defendant/respond  | did you know defendant/respondent?] dent on page 2]. |  |  |
| 2)  Corporation        |  | [name of business],                                  |  |  |
|                        | a domestic corporation, by delivering a true copy of each to                               |  |  |  |
|                        | [identify person served] [F  | fill out description of person on page 2],           |  |  |
|                        | who is   | [identify his/her job title].                        |  |  |
|                        | I knew the corporation to be that listed in the person named above and that he/she was aut |  |  |  |
|                        | person named above and that ne/sne was aut   | norized to accept service.                           |  |  |

|                       |   | [iden                     | tify person served] [Fi  | ill out description of person b |  |
|-----------------------|---|---------------------------|--------------------------|---------------------------------|--|
|                       | a person of suitable age and discretion, at the actual place of business, dwelling he or usual place of abode in the state, <u>and</u> mailing, as indicated below. |                           |                          |                                 |  |
|                       |   |                           |                          |                                 |  |
| Mailing               | I also enclosed a copy of the above papers in a postpaid, sealed envelope properly address  |                           |                          |                                 |  |
| (Use with 3)          | to defendant's/respondent's last known residence or actual place of business, located at  |                           |                          |                                 |  |
|                       | post office depository under the exclusive care and custody of the United States Postal   |                           |                          |                                 |  |
|                       |   |                           |                          |                                 |  |
| <u>Description</u>    | The individual I served had the following characteristics [Check one box in category]:  |                           |                          |                                 |  |
| (Use with 1, 2,       | , or 3)   |                           |                          |                                 |  |
|                       | <u>Sex</u> □ Male   | Height  ☐ Under 5'        | Weight  ☐ Under 100 lbs. | <b>Age</b> □ 21 - 34 years      |  |
|                       | □ Female  | □ 5'0" – 5'3"             | □ 100 - 130 lbs.         | □ 35 - 50 years                 |  |
|                       |   | □ 5'4" – 5'8"             | □ 131 - 160 lbs.         | □ 51 - 61 years                 |  |
|                       |   | □ 5'9" - 6'0"             | □ 161 - 200 lbs.         | □ Over 61 years                 |  |
|                       |   | □ Over 6'                 | □ Over 200 lbs.          | ,                               |  |
|                       | Color of skin   | [describe]:               |                          |                                 |  |
|                       |   |                           |                          |                                 |  |
|                       |   |                           |                          |                                 |  |
|                       |   |                           |                          |                                 |  |
| □ <u>Military Ser</u> |   |                           |                          | ndant/respondent was in the mil |  |
|                       |   |                           |                          | nd was told that he/she was not |  |
|                       |   |                           |                          | state upon information and beli |  |
|                       |   |                           |                          | e of the United States or New   |  |
|                       | State. The D  | asis for thy belief is th | ie conversation(s) and c | bservation(s) described above.  |  |
|                       |   |                           |                          |                                 |  |
|                       | e me this   |                           |                          |                                 |  |
| Sworn to befor        |   |                           |                          |                                 |  |
|                       |   | , 20                      | [sign ]                  | your name before a Notary]      |  |
|                       |   | , 20                      | [sign]                   | your name before a Notary]      |  |
|                       |   | , 20                      | [sign                    | your name before a Notary]      |  |