

STATE OF NEW YORK SUPREME COURT
COUNTY OF _____

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Plaintiff,
- against -

Defendant.

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STATE OF NEW YORK)

) SS.:

COUNTY OF _____)

_____, residing at _____, being sworn,
says, I am not a party to the action, and am over 18 years of age.

On _____, I served a copy of the Summons with Notice or the Summons and Verified Complaint, and the Affidavit In Support Of Application To Proceed as a Poor Person , income verification and proposed Poor Person Order upon Defendant at the address designated by Defendant and upon:

(check which box applies):

The (insert name of County) _____ County Attorney

OR

The Corporation Counsel of the City of New York

by depositing a true copy thereof enclosed in a post-paid wrapper, in an official depository under the exclusive care and custody of the U.S. Postal Service within New York State, addressed to :

Server's
Dated: _____ Signature: _____

Print Name: _____

SWORN to before me on this
____ day of _____, 20____.

NOTARY PUBLIC