

County of \_\_\_\_\_  
Part \_\_\_\_\_

Index No.: \_\_\_\_\_

**AFFIDAVIT OF SERVICE  
OF  
ORDER TO SHOW CAUSE  
AND  
AFFIDAVIT IN SUPPORT**

Claimant(s)/Plaintiff(s),  
-against-

Defendant(s)

State of New York, County of \_\_\_\_\_ ss:

\_\_\_\_\_, being duly sworn, deposes and says:  
(Name of Deponent)

I am over 18 years of age and not a party to this action. At \_\_\_\_\_ AM/PM, on \_\_\_\_\_  
(Time) (Date)

at \_\_\_\_\_  
(Address)

in the County of \_\_\_\_\_, City of New York, I served the annexed ORDER TO SHOW CAUSE and AFFIDAVIT IN SUPPORT of the Order in this matter on:

1. \_\_\_\_\_  
(Name of Person Served)

known to me to be the \_\_\_\_\_ by:  
(Claimant/Plaintiff/Defendant)

(a) Delivering a true copy to him/her at the above address.

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

(b) Mailing a true 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 \_\_\_\_\_  
(Claimant/Plaintiff/Defendant)

**AND ALSO SERVED THEM ON**

2. Marshal \_\_\_\_\_ by:

(a) Delivering a true copy to \_\_\_\_\_  
(Name of Person Served)

a person in the Marshal's office.

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

(b) Mailing a true 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 above-named Marshal at:

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
(Notary Public or Court Employee and Title)

\_\_\_\_\_  
(Signature of Deponent)