



**SHERIFF'S FEES**

**SERVICE AND/OR RETURN..... \$ \_\_\_\_\_**  
**MILEAGE..... \$ \_\_\_\_\_**  
**TOTAL..... \$ \_\_\_\_\_**

**I CERTIFY THAT I SERVED THIS SUMMONS ON DEFENDANT(S) AS FOLLOWS:  
(CHECK APPROPRIATE BOX AND COMPLETE INFORMATION BELOW)**

- (a) (Individual defendants-personal):  
By leaving a copy and a copy of the complaint with each individual defendant personally.
- (b) (Individual defendants-abode):  
By leaving a copy and a copy of the complaint at the usual place of abode of each individual defendant with a person of his family, of the age of 13 years or upwards, informing that person of the contents and also by sending a copy of the Summons in a sealed envelope with postage fully prepaid, addressed to each individual defendant at his usual place of abode.
- (c) (Corporation defendants):  
By leaving a copy and copy of the complaint with the registered agent, office or agent of each defendant corporation.

(d) (Other Service):

Name of Defendant \_\_\_\_\_  
Name of Person \_\_\_\_\_  
Summons given to \_\_\_\_\_

Name of Defendant \_\_\_\_\_  
Name of Person \_\_\_\_\_  
Summons given to \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Approx. age \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Approx. age \_\_\_\_\_

Place of service \_\_\_\_\_

Place of service \_\_\_\_\_

Date of Service \_\_\_\_\_ Time \_\_\_\_\_

Date of Service \_\_\_\_\_ Time \_\_\_\_\_

Date of Mailing \_\_\_\_\_

Date of Mailing \_\_\_\_\_

By \_\_\_\_\_, Deputy

By \_\_\_\_\_, Deputy

(e) (Not found):

The within named \_\_\_\_\_ not found in this County

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Reason: \_\_\_\_\_

By \_\_\_\_\_, Deputy Sheriff of \_\_\_\_\_ County.