

IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR CLACKAMAS COUNTY  
Small Claims Department

\_\_\_\_\_

\_\_\_\_\_

Plaintiff(s),

v.

\_\_\_\_\_

\_\_\_\_\_

Defendant(s).

CASE NO. \_\_\_\_\_

- DECLARATION OF SERVICE  
 DECLARATION OF SERVICE MAILING

I, \_\_\_\_\_, I declare that  I am a competent person over the age of 18 years and not a party to the case, I am employed in, or am a resident of,  the state of Oregon,  the state where service took place, which is \_\_\_\_\_.

I am the plaintiff and am serving by substitute service as set forth in ORCP 7D(2)(b)(d).

I served the party by (please check one):

Substitute Service

I served a true copy of the Claim and Notice of Claim, Notice to Defendant and Defendant's Response at the dwelling house or usual place of abode at:

\_\_\_\_\_  
(Address/City/State/Zip where service was made)

with \_\_\_\_\_. Furthermore, I mailed to the (Write in the name of the person who received papers) defendant, by first class mail, a true copy of the above noted documents, together with a statement of the date, time and place where substitute service occurred.

Certificate of Service Mailing

On \_\_\_\_\_, I mailed the above noted documents, by certified, registered or express mail, return receipt requested. The original Return Receipt is attached to this form.

I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person who served papers

\_\_\_\_\_  
Print/Type Name of Person who served papers

\_\_\_\_\_  
Address/City/State/ZIP/Phone of person who served papers