

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF \_\_\_\_\_

In the Matter of  the Marriage of: )  
 )  
\_\_\_\_\_, )  
 ) Petitioner, )  
 ) and )  
\_\_\_\_\_, )  
 ) Respondent. )

Case No. \_\_\_\_\_

AFFIDAVIT OF SERVICE

- Personal Service (ORCP 7D(2)(a))
- Substitute Service (ORCP 7D(2)(b))
- Office Service (ORCP 7D(2)(c))
- Service by Mail, Return Receipt Requested (ORCP 7D(2)(d))

I, \_\_\_\_\_, declare I am a resident of the County of \_\_\_\_\_  
\_\_\_\_\_, State of \_\_\_\_\_. I am a competent person 18 years of age or older  
and not a party to or attorney in this proceeding. I certify that the person, firm, or corporation served is the  
identical one named in this action.

(Check one of the following):

1.  **Personal Service.** On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_  
a.m./p.m., I served true copies of the  Motion for Order to Transfer Case  Motion to Change Venue by  
delivering them to  Petitioner  Respondent \_\_\_\_\_ (name) in person at the  
following address \_\_\_\_\_ within the County of  
\_\_\_\_\_, State of \_\_\_\_\_.

2.  **Substitute Service.** On the \_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ a.m./p.m., I  
served true copies of the  Motion for Order to Transfer Case  Motion to Change Venue by delivering them  
to \_\_\_\_\_ (name), who is a person age 14 or older and a member of the household of the  
party to be served, at the following address \_\_\_\_\_ within  
the County of \_\_\_\_\_, State of \_\_\_\_\_. (Complete the section below only if the  
undersigned performed the followup mailing required by ORCP 7D(2)(b). If a party or other person other than  
the undersigned did the follow up mailing, s/he must use a separate Affidavit/Certificate of Mailing.)

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I personally deposited a true copy  
of the  Motion for Order to Transfer Case  Motion to Change Venue with the United States Postal Service,  
via first class mail, in a sealed envelope, postage prepaid, addressed to the party to be served:  Petitioner  
 Respondent \_\_\_\_\_ (name), at the party's home address listed above, together with a  
statement of the date, time and place that the documents were hand-delivered to the party's dwelling  
(residence).

3.  **Office Service.** On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ a.m./p.m., I served true copies of the  Motion for Order to Transfer Case  Motion to Change Venue by delivering them, in person, to the office of the party to be served, located at: \_\_\_\_\_ (address), during normal working hours for that office, where I left the documents with \_\_\_\_\_ (name), who is a person apparently in charge and who has a business duty to provide the documents to the party to be served.

*(Complete the section below only if the undersigned performed the followup mailing required by ORCP 7D(2)(c). If a party or other person other than the undersigned did the follow up mailing, s/he must use a separate Affidavit/Certificate of Mailing.)*

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I personally deposited a true copy of the  Motion for Order to Transfer Case  Motion to Change Venue with the United States Postal Service, via first class mail, in a sealed envelope, postage prepaid, addressed to the party to be served:  Petitioner  Respondent \_\_\_\_\_ (name), at the party's:  home address located at: \_\_\_\_\_ (address), OR  business address, listed above, together with a statement of the date, time and place that the documents were hand-delivered to the party's office.

4.  **Service by Mail, Return Receipt Requested.** On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I personally deposited **two true copies** of the  Motion for Order to Transfer Case  Motion to Change Venue with the United States Postal Service, one via first class mail, and the other by certified or registered, return receipt requested, or by express mail, with postage on both copies fully paid, addressed to the party to be served:  Petitioner or  Respondent \_\_\_\_\_ (name), at the party's:  home address located at: \_\_\_\_\_ (address). *(NOTE: If mailed return receipt requested, the return receipt should be attached to this Affidavit of Service.)*

**Certificate of Document Preparation.** You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

- I selected this document for myself and I completed it without paid assistance.
- I paid or will pay money to \_\_\_\_\_ for assistance in preparing 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.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

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Signature of Server	Print Name	
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Address or Contact Address	City, State, Zip	Telephone or Contact Telephone