

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF WASHINGTON

Case No: _____

and

Petitioner
Respondent

CERTIFICATE OF SERVICE

(ORCP 7D(2))

- (a) Personal Service
 (b) Substitute Service
 (c) Office Service
 (d) Service by Mail

I, (*name*) _____, declare I am a resident of the state of _____
_____. I am a competent person 18 years of age or older. I am not a party to or
lawyer in this case, and not the employee of a party. I certify the person served is the person
named below. I served true copies of the original (*check all that apply*):

- Motion for Order to Show Cause re: Modification and Declaration in Support
 Order to Show Cause re: Modification
 Notice of Confidential Information Form (CIF) Filing
 Order for Mediation
 Uniform Support Declaration
 Notice of Co-Parenting Class and Mediation
 Other documents: _____

by (*check a, b, c, or d and complete all information*):

(a) **Personal Service** on (*date*) _____, at _____ a.m./p.m., to
 Petitioner Respondent Adult Child (*name*) _____ in
person at the following address _____
in the County of _____, State of _____.

(b) **Substitute Service** on (*date*) _____, at _____ a.m./p.m., by
delivering them to the following address _____
in the County of _____, State of _____, delivered to (*name*) _____
_____, who is a person age 14 or older and who lives there.

(*Complete the section below only if the server also did the follow-up mailing required by ORCP
7D(2)(b). If a person other than the server did the follow-up mailing, that person must
complete a separate Certificate of Service Mailing.*)

On (*date*) _____, I personally deposited a true copy of the same
documents served with the U.S. Postal Service, via first class mail, in a sealed envelope, postage
paid, addressed to the party to be served: Petitioner Respondent Adult Child (*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 at the party's
dwelling (residence).

(c) **Office Service** on (date) _____, at _____ a.m./p.m., by delivering them 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, to give the documents to the party to be served. (Complete the section below only if the server also did the follow-up mailing required by ORCP 7D(2)(c). If a person other than the server did the follow-up mailing, that person must complete a separate Certificate of Service Mailing.)

On (date) _____, I personally deposited a true copy of the same documents served with the U.S. Postal Service, via first class mail, in a sealed envelope, postage paid, addressed to the party to be served: Petitioner Respondent Adult Child (name) _____, at the party's: home address at: _____, **OR** business address above, together with a statement of the date, time and place that the documents were hand-delivered to the party's office.

(d) **Service by Mail, Return Receipt Requested** on (date) _____, I personally deposited **two** true copies with the U.S. Postal Service. **One** by first class mail, and the **other** by certified or registered mail, Return Receipt Requested, or by express mail, postage paid, addressed to the party to be served: Petitioner Respondent Adult Child (name) _____, at the party's home address located at: _____ (address). (NOTE: If mailed Return Receipt Requested, a copy of the return receipt **SIGNED ONLY BY THE OTHER PARTY** must be attached to this Certificate of Service.)

Certificate of Document Preparation. Check all 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/document.

I hereby declare that the above statements are true to the best of my knowledge and belief, and that I understand they are made for use as evidence in court and I am subject to penalty for perjury.

DATE: _____

Signature of Server

Print Name

Address or Contact Address

City, State, Zip

Telephone or Contact Telephone