



3.  **Office Service.** On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ a.m./p.m., I served true copies of the **Motion and Order to Show Cause for Enforcement of Parenting Time and Affidavit Supporting Motion for Enforcement of Parenting Plan**, 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 follow-up 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 Declaration or Certificate of Mailing.)*

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I personally deposited a true copy of the **Motion and Order to Show Cause for Enforcement of Parenting Time and Affidavit Supporting Motion for Enforcement of Parenting Plan**, 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.

**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