

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

Case No: _____

Plaintiff/Petitioner

vs

Defendant/Respondent

**CERTIFICATE OF
ALTERNATIVE SERVICE**

(ORCP 7D(6))

I, *(name)* _____ certify that I served true copies of
the original documents listed below on *(name of party being served)*: _____

(check all that apply):

- Summons
 Petition, Claim, or Complaint
 Order to Show Cause
 Other *(name all forms or documents served)* _____

by *(check all that apply and complete all information)*:

Certified or Registered Mail, Return Receipt Requested on *(date)* _____
I personally deposited true copies with the U.S. Postal Service by certified or registered mail,
Return Receipt Requested, or by express mail, postage paid or by delivery service or courier
(name of service or courier) _____ addressed to the party to be
served: *(name)* _____ at *(address)* _____

Electronic service by email social media text message fax
at *(address, site, or number)*: _____

The service transmission/message/posting was made in such a way that the case
name, case number, and court name were most likely to be read first. For email, this
information was in the subject line. For fax, text message, or social media post, this information
was in the first/top line.

The served documents were linked or attached in a file format that is capable of
showing a true copy of the original document

Other method authorized by court order on *(date)* _____
(describe) _____

AND

First Class Mail on *(date)* _____ I personally deposited true copies with the U.S. Postal Service by first class mail addressed to the party to be served: *(name)* _____ at *(address)* _____

Amended Certificate

I previously filed a *Certificate of Alternative Service* for service by electronic means. I now believe that the recipient did not personally receive the electronic transmission.

I hereby declare that the above statements are true to the best of my knowledge and belief. 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

If person serving is NOT a sheriff or sheriff's deputy, address and phone number of server:

