## **AFFIDAVIT OF SERVICE**

[ ] Kenosha Co. [ Milwaukee Co. [ ] Ozaukee Co. [ ] Racine Ço. [ ] Washington Co. [ ] Waukesha Co. [ ] STATE OF WISCONSIN } **MILWAUKEE COUNTY }** Court Date しいいら Documents Attached: [ ] Summons [ ] Summons and Complaint [ ] Subpoena [ ] Subpoena Duces Tecum [ ] Motion [ ] Notice of motion [ ] Order [ ] Check in the amount of \$\_\_\_\_Travel or Witness Fees | NOTICE, FNDING OF FACT PERSONAL SERVICE I, \_\_\_\_\_\_\_, being duly sworn on oath, state I am an adult resident of this State. I am not a party to the legal action of the attached document(s) which was/were served personally upon the below named party and endorsed as required by Wis. Stats. 801(10)(2). Date 6-17-02 Time 540 [] am 1/2 pm. \_\_\_\_\_\_ Description: [ ] Male [ ] Female Ht\*.\_ Race SUBSTITUTED PERSONAL SERVICE & NOT SUCCESSFUL PERSONAL SERVICE ATTEMPTS PRIOR TO SUBSTITUTED PERSONAL SERVICE\*\* , being duly sworn on oath. state I am an adult resident of this State. I am not a party to the legal action of the attached document(s). After reasonable diligence as annotated in this affidavit in accordance with Wis. Stats. 801.11(1) (b) (1)m or (2), I did serve and endorse as required by Wis. Stats. 801(10)(2) the attached documents on the below named party: Named Party Date \_\_\_\_\_[ ] City of Milwaukee or [ ] at [ ] his [ ] her abode \_ \_\_\_\_\_ [ ] a competent member of [ ] his [ ] her by leaving a true and correct copy with \_\_\_\_\_ family at least 14 years of age who was informed of the contents thereof: or, [ ] a competent adult currently residing in the abode of the "Named Party" who was informed of the contents thereof.. Description of person served: \_\_\_Wt.\*\_\_\_\_Race\_\_\_\_Hair\_\_\_\_Age\*\_\_\_\_Notes [ ] Male [ ] Female Ht.\*\_\_\_\_ / / \_\_\_\_\_[]am[]pm\_\_\_\_\_<del>\*\*</del> / / \_\_\_\_[]am[]pm\_\_\_\_ / / \_\_\_\_\_[]am[]pm\_\_\_ \_[]am[]pm\_\_ / / []am[]pm\_\_\_ \_\_[ ] am [ ] pm\_\_ /\_\_\_\_\_\_[]am[]pm\_\_ \_\_\_[ ] am [ ] pm\_ /\_\_\_\_[]am[]pm\_ RESULTS/NOTES STATE PROCESS SERVICE, INC. Fee for Service: Fees: Mileage\_ \_ @ <u>.30/ mile</u>: Fees: Hourly \_\_\_\_\_ @ \$ 30./hr Special Fees::\_\_\_\_

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**TOTAL FEES:**