	COURT OF THE STAT		RK	
	(Names of P	laintiff(s)/Petitioner(s)		
				FIDAVIT OF SERVICE ex No.
	(Names of Defend			
STATE OF	NEW YORK PF (County where notarized)			
I,(Inse	ert name of person who serves pape	ers)	being duly swo	rn says:
	not a party to the action de at	•	· ·	
On _	(Date papers served)	0, I served		
(Identify the pape following ma	rs served) Anner: (check & complete one ar			
PERSONAL SERVICE	By personally delivering at		(Insert name of person se	
	The individual I served had the following characteristics: (fill in applicable information) Male □ Female □ Skin Color Hair Color			
	21-34 yrs.□ 3	5-50 yrs.□	51-61 yrs.□	Over 61 yrs.□
	120-150 lbs.□ 15	51-181 lbs.□	Over 182 lbs.□	
	Approximate height _			
	Other distinguishing fe	eatures		

	By mailing the same in a sealed envelope, with postage prepaid										
MAIL	thereon, in a post-office or official depository of the U.S. Postal Service within the										
	State of New York, addressed to the last-known address of the addressee(s) as indicated below: By depositing the same with an overnight delivery service in a wrapper properly										
						OVERNIGHT DELIVERY SERVICE	addressed. Said delivery was made prior to the latest time designated by the				
							overnight delivery service for overnig	ght delivery. The delivery service used wa	S		
(Insert name of de	. The nativery service used)	name(s) and address(es) of person(s) serv	ed								
are indicated	d below:										
Name	Street address	City/town/village, state, zip code									
		(Sign your name in the presence of a Notary Public)									
		(e.g., year name in the processes of a rectary reason)									
		(Print your name)									
Sworn to be day of	fore me this, 20										
Notary Publi	<u> </u>										