

AFFIDAVIT OF SERVICE

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Fill in:
your name and address;

I NAME OCCUPATION
of ADDRESS

- Swear that:
- Affirm that:

the name of the party or
other person served;
the date service took
place;

I served _____
on _____
DATE

the address or location
service took place.

at _____

Tell what was served.
Check appropriate
boxes.

with a copy of the "Summons to a Payment Hearing" attached.
 a copy of the "Summons to a Default Hearing" attached.
 a blank "Statement of Finances".
 a blank "Supporting Material Cover Sheet".

Tell how service took
place

by leaving a copy of it with them.
 as directed by the court by

Do not sign your
affidavit until a
commissioner for the
taking of affidavits is
present.

signature of person who served the document

Sworn/affirmed before me on

A commissioner for the
taking of affidavits will
administer the oath or
affirmation and witness
your signature.

date

at

location where affidavit is sworn or affirmed

signature of commissioner for taking affidavits for British Columbia