

Case # _____

Service Type: _____ County
Service On: _____

vs

RETURN ON SERVICE OF _____

I hereby certify that I have served this _____:

(1) **Personal Service.** By delivering a copy of such document to the above named party on the date indicated: _____.
(Date)

(2) **Residence Service.** By leaving a copy of such document at the usual place of residence of the above named party with a person of suitable age and discretion residing therein on the date indicated: _____.
(Name) (Date)

(3) **Agent Service.** By delivering a copy of such document to the following agent authorized by appointment or by law to receive service of process on the date indicated: _____.
(Agent Name) (Date)

(4) **Residence Service and Mailing.** By leaving a copy of such document at the usual place of residence of the above named party and mailing by first-class mail on the date indicated: _____.
(Date)

(5) **Service by Return Receipt Delivery.** By causing to be delivered on _____, a copy of such document by return receipt delivery to the above named party at the above address with such delivery made by the following person or entity:
_____ attached hereto is a copy of the return receipt evidencing such delivery.
(Name)

(6) **Return Receipt Refused.** By mailing a copy of such document by first-class mail, postage prepaid, addressed to the above named party at the above address on the date indicated: _____.
(Date)

(7) **Facsimile:** By faxing a copy of such document to the above named party on the date indicated:
_____ at ____:____.M. (____) ____ - ____ (____) ____ - ____
(Date) (Time) (Number of transmitting machine) (Number of receiving machine)

(8) **Avoidance of Service.** After diligent effort, I am satisfied that the above named party is secreting themselves in order to avoid the process of the Court

(9) **No Service.** The following above named party was not served.

Pursuant to K.S.A. 53-601, as amended, I declare under the penalty of perjury that the foregoing is true and correct.

Executed on: _____.

Signature & Title of Officer or Process Server

Attorney Name: _____

Attorney Address: _____

Attorney File Number: _____

RETURN TO:

**Clerk of the District Court
Shawnee County Courthouse
200 S.E. 7th St. Room 209
Topeka, Kansas 66603
Ph: (785) 251-6700
Fx: (785) 251-4911 or (785) 251-4908**