

CASE #:

YOUR NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

EMAIL: _____

SELF-REPRESENTED

WELLS TOWNSHIP JUSTICE COURT
IN THE COUNTY OF ELKO, STATE OF NEVADA

AFFIDAVIT OF SERVICE

(this form is to be completed by the person who serves the documents)

PLAINTIFF

DEFENDANT

I, (name of person who served the documents) _____, declare

(complete EVERY SECTION below):

1.) I am not a party to or interested in this action and I am over the 18 years of age.

2.) **WHAT DOCUMENTS YOU SERVED.** I served a copy of the (x-check all that apply)

Complaint for _____
 Summons
 Other: _____

3.) **WHO YOU SERVED.** I served the (x-check one)

Plaintiff
 Defendant

4.) **WHEN YOU SERVED.** I personally served the documents on (date you served the documents) (month) _____ (day) _____, 20 _____ at the hour of (time) _____ : _____ A.M. or P.M.

5.) **WHERE YOU SERVED.** I personally delivered and left the documents with (x-check one)

THE PARTY TO THE CASE. I served the documents on the part at the location below.
(Complete the details below)

Name of person served

Address where served

City, State, Zip Code

A PERSON WHO LIVES WITH THE PARTY. This is a person of suitable age and discretion
who lives with the party (complete the details below)

Name of person served

Address where served

City, State, Zip Code

6.) I am not required to be licensed under Chapter 648 of the Nevada Revised Statutes or another
provision of law because I am not engaged in the business of serving legal process within the state of
Nevada.

**I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF NEVADA THAT THE
FORGOING IS TRUE AND CORRECT.**

DATED (month) _____ (day) _____, 20 _____

Server's Signature: _____

Server's Printed Name: _____

Residential/Business Address: _____

City, State, Zip: _____

Server's Phone Number: _____