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| Denver County Court, City and County of Denver, Colorado  520 W. Colfax Avenue, Room 160  Denver, Colorado 80204, 720-337-0410  **The People of the City and County of Denver, State of Colorado**  **v.**  **Defendant:** | ▲COURT USE ONLY▲ |
| Attorney or Party Without Attorney (Name and Address):  Phone Number: E-mail:  FAX Number: Atty. Reg. #: | Case Number:  Division Courtroom |
| PERSONAL SERVICE AFFIDAVIT | |

I declare under oath that I am 18 years or older and not a party to the action and that I served \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (identify title of documents) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of person) in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of County/State) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) at \_\_\_\_\_\_\_\_ (time) at the following location:

By handing the documents to a person identified to me as the Protected Party, Minor, or Interested Person in this case.

By identifying the documents, offering to deliver them to a person identified to me as the Protected Party, Minor, or Interested Person in this case who refused service, and then leaving the documents in a conspicuous place.

I have charged the following fees for my services in this matter:

Private process server

Sheriff, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County

Fee $ \_\_\_\_\_\_\_\_\_\_ Mileage $ \_\_\_\_\_\_\_\_

**VERIFICATION AND ACKNOWLEDGEMENT**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name) swear/affirm under oath, and under penalty of perjury, that I have read the foregoing *PERSONAL SERVICE AFFIDAVIT* and that the statements set forth therein are true and correct to the best of my knowledge

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Process Server

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (Print or type)

Subscribed and affirmed, or sworn to before me in the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_\_\_.

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public