

FAMILY COURT  
STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_

RETURN DATE: \_\_\_\_\_  
FILE NO.: \_\_\_\_\_  
DOCKET NO. \_\_\_\_\_

I, \_\_\_\_\_, affirms and states the following:  
(name of person making service)

**You must complete this section:**

- I am at least 18 years of age, and I am not a party to the above action.

I reside at \_\_\_\_\_  
Street City State Zip

- On the \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_  
at \_\_\_\_\_ in the City of \_\_\_\_\_  
County of \_\_\_\_\_

State of New York, I personally served a copy of: (check all that apply)

- Order  Petition  Summons  Order to Show Cause  Notice of E-filing  
 Objections to Support Magistrate Final Order  Notice of Motion/Affirmation in Support  
 Rebuttal to Objections to Support Magistrate Final Order  UCCJEA Notice

on \_\_\_\_\_,  
in the above action by [specify how served]: \_\_\_\_\_

**Complete Sections 3 and 4 if papers served in person**

- I personally served \_\_\_\_\_ copies of the said papers by  
(name of person served)  
delivering and leaving with \_\_\_\_\_ at the above time and place  
(name / to whom papers given)

- I knew the person so served to be \_\_\_\_\_  
(name / to whom papers given)

- The person named in the papers as the  Respondent  Petitioner in this action
- I believe this person would give the papers to the  Respondent  Petitioner

**You must also mail a copy and complete paragraph #6**

Gender	Race	Age	Height	Weight
<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Under 21 years	<input type="checkbox"/> Under 5'0"	<input type="checkbox"/> Under 100 lbs
<input type="checkbox"/> Female	<input type="checkbox"/> Black/African American	<input type="checkbox"/> 21-35 years	<input type="checkbox"/> 5'0" – 5'3"	<input type="checkbox"/> 100-130 lbs
<input type="checkbox"/> X	<input type="checkbox"/> Middle Eastern/North African	<input type="checkbox"/> 36-50 years	<input type="checkbox"/> 5'4" – 5'8"	<input type="checkbox"/> 131-160 lbs
	<input type="checkbox"/> Native American/Alaskan	<input type="checkbox"/> 51-65 years	<input type="checkbox"/> 5'9" – 6'0"	<input type="checkbox"/> 161-200 lbs
	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> 65-80 years	<input type="checkbox"/> 6'1" – 6'4"	<input type="checkbox"/> 201-240 lbs
	<input type="checkbox"/> White	<input type="checkbox"/> Over 80 years	<input type="checkbox"/> Over 6'4"	<input type="checkbox"/> 241-280 lbs
	<input type="checkbox"/> Other			<input type="checkbox"/> Over 280 lbs

Eye Color	Hair Color	Hair Length	Facial Hair
<input type="checkbox"/> Amber	<input type="checkbox"/> Black	<input type="checkbox"/> Bald	<input type="checkbox"/> None
<input type="checkbox"/> Blue	<input type="checkbox"/> Blond	<input type="checkbox"/> Balding	<input type="checkbox"/> Goatee
<input type="checkbox"/> Brown	<input type="checkbox"/> Brown	<input type="checkbox"/> Crewcut	<input type="checkbox"/> Full beard (short)
<input type="checkbox"/> Gray	<input type="checkbox"/> Gray	<input type="checkbox"/> Short	<input type="checkbox"/> Full beard (long)
<input type="checkbox"/> Green	<input type="checkbox"/> Red	<input type="checkbox"/> Medium	<input type="checkbox"/> Mustache
<input type="checkbox"/> Hazel	<input type="checkbox"/> White	<input type="checkbox"/> Shoulder-length	<input type="checkbox"/> Sideburns
	<input type="checkbox"/> Other:	<input type="checkbox"/> Long	

**You must complete this Section IF MAIL SERVICE ORDERED BY COURT or Paragraph 4b IS CHECKED**

5. I deposited a true copy of the papers upon \_\_\_\_\_  
 (name of person served)

enclosed in a post-paid envelope in the  Post Office  a Branch Post Office  a Post Office Box regularly maintained by the United States government at \_\_\_\_\_

County of \_\_\_\_\_, State of New York, directed to

\_\_\_\_\_  
 (address papers mailed to)

The residence of \_\_\_\_\_  
 (person papers mailed to)

**OR**

The address within the State designated by (him) (her) to receive communication by mail.

**Complete this Section IF ALTERNATIVE SERVICE DIRECTED BY COURT**

6. The court ordered the papers to be served by the following alternative method: (specify method ordered by court)

\_\_\_\_\_

I, therefore, served the papers as follows:

\_\_\_\_\_  
 (Describe all actions taken, including dates, how and to whom papers were transmitted)

I affirm this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the above statements are true, except as to matters alleged on information and belief and as to those matters, I believe them to be true. I understand that this document may be filed in an action or proceeding in a court of law.

\_\_\_\_\_  
 (Signature of Person Serving)

\_\_\_\_\_  
 (Date)