## IN THE JUSTICE OF THE PEACE COURT OF THE STATE OF DELAWARE, IN AND FOR \_\_\_\_\_ COUNTY COURT NO. \_\_

COURT ADDRESS:	CIVIL ACT	CIVIL ACTION NO.	
PLAINTIFF(S):	VS	DEFENDANT(S):	
System ID#:		System ID#:	
	AFFIDAV	IT OF SERVICE	
1) I am to act for the plaintiff in this o		, the plaintiff or person duly authorized	
		efendant) is a non-resident of the State of Delaware (non-resident defendant's address)	
and complaint. I also include	d J. P. Civil Form No	endant by <b>return receipt mail</b> a copy of the summons of the summo	
4) On <u>(date)</u> returned marked <b>(CIRCLE C</b>		return receipt from the Post Office and that receipt was FUSED / UNCLAIMED.	
		arn receipt from the Post Office is attached to this office, the envelope is attached to this affidavit.	
,	re on(date)	rned "unclaimed") I have sent a second mailing to thevia first class mail with a certificate of service attached.	
I swear that the forego	oing statements are t	rue and correct to the best of my knowledge and belief.	
DATE:		Signature of plaintiff(s)	
SWORN TO A	AND SUBSCRIBED	before me the day and year aforesaid.	
		Notary Public	