

**SNOHOMISH COUNTY DISTRICT COURT
STATE OF WASHINGTON**

Cascade Division
415 E Burke
Arlington, WA 98223
(360) 435-7700 Fax: (360) 435-0873

Everett Division
3000 Rockefeller M/S 508
Everett, WA 98201
(425) 388-3331 Fax: (425) 388-3565

Evergreen Division
14414-179th Ave SE
Monroe, WA 98272
(360) 805-6776 Fax: (360) 805-6755

South Division
20520-68th Ave W
Lynnwood, WA 98036
(425) 774-8803 Fax: (425) 744-6820

Plaintiff(s),
v.

Defendant(s).

CASE NO. _____

DECLARATION OF SERVICE

1. I am a citizen of the United States over 18 years of age.

2. I served _____ with the following documents:
Name of Person(s) Served

- | | |
|--|--|
| <input type="checkbox"/> Notice of Small Claim | <input type="checkbox"/> Traffic Infraction Subpoena |
| <input type="checkbox"/> Notice of Small Claim Counter Claim | <input type="checkbox"/> Notice of Vehicle Impound Hearing |
| <input type="checkbox"/> _____ | |

3. I served the document(s) on _____ at _____ at the following location:
Date of Service Time of Service

Address / Location of Service

4. I served the document(s) by:

- Delivery to the person(s) named above.
- By leaving a copy at the residence of the person(s) named above with a person of suitable age and discretion who is a resident therein.
- _____

5. I certify or declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at _____ on _____
Place Signed Date Signed

Printed Name Signature