To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

POS-020(P)

| SHORT TITLE: | CASE NUMBER: |
|---|---|
| | |

## ATTACHMENT TO PROOF OF PERSONAL SERVICE—CIVIL (PERSONS SERVED)

*(This Attachment is for use with form POS-020)*

| Name of Person Served | Address *(number, street, city, and zip code)* | Date and Time of Service |
|---|---|---|
| | | Date: _____ Time: _____ |
| | | Date: _____ Time: _____ |
| | | Date: _____ Time: _____ |
| | | Date: _____ Time: _____ |
| | | Date: _____ Time: _____ |
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