

IN THE DISTRICT COURT OF SPOKANE COUNTY WASHINGTON

Plaintiff(s),

vs.

Defendant(s).

SMALL CLAIMS NO. _____

CERTIFICATE OF SERVICE

*****THIS DOCUMENT MUST BE FILED WITH
COURT
BEFORE THE HEARING DATE*****

I DECLARE that I am **not the Plaintiff, Defendant or a Witness**, or Other interested party in this matter. I am over the age of 18 and a resident of the State of Washington. I served the following documents:

- NOTICE OF SMALL CLAIMS NOTICE OF SMALL CLAIMS COUNTERCLAIM by:

PERSONAL SERVICE RCW 4.28.080(16)

I served the Notice by delivering a true copy to the Defendant, personally in SPOKANE County, State of Washington, as follows:

Name of Defendant/Plaintiff:

Address Where Served:

Date of Service:

SUBSTITUTE SERVICE RCW 4.28.080(16)

I served the Notice by delivering a true copy to the Defendant's usual place of residence in SPOKANE County, State of Washington, and leaving it with a person over 12 years of age residing there, as follows:

Name of Defendant/Plaintiff:

Address Where Served:

Date of Service:

Name of Person Receiving Copy:

SERVICE BY MAIL RCW 12.40.040; RCW 4.28.080(17) *MUST attach both the postal receipt AND the return receipt signed by the defendant* I served the Notice by depositing in the United States Post Office in _____ County, State of _____, a true copy of the Notice enclosed in a sealed envelope having adequate postage and sent Certified Mail, Restricted Delivery, Return Receipt Requested, as follows:

Name of Defendant/Plaintiff:

Address Mailed:

Date Mailed:



SERVICE ON A BUSINESS RCW 4.28.080(9)

I served the Notice by delivering a true copy to the Registered Agent as follows:

Name of Registered Agent:

Address Mailed:

Date Mailed:

Manner Served:

- Personal Service
- Service by Mail (**MUST** attach both the postal receipt AND the return receipt signed by the Registered Agent)

I, the undersigned, declare under penalty of perjury that the foregoing is true and correct and that I was at the time of service of the above notice(s) a resident of the State of Washington over the age of 18 years **and not a party to the above-referenced claim.**

Server's Name (Printed) _____ Server's Signature _____ Date _____

Server's Phone No. _____ Server's Address _____ City _____ State _____ Zip Code _____

***If there is a Service Fee Cost, please attach the invoice/receipt.*

When completed, return to:
 Spokane County District Court
 Civil & Small Claims
 PO Box 2352
 Spokane WA 99210