

**District Court of Washington
County of**

vs.

Petitioner,

Respondent.

No.

**Return of Service
(Optional Use)
(RTS)**

I Declare:

1. I am over the age of 18 years, and I am not a party to this action.

2. I served the following documents to (name) _____:

- summons (in substantially the same form as RCW 4.28.110), a copy of which is attached
- petition in this action
- notice of hearing
- temporary protection order
- notice of claim
- other:

3. The date, time and place of service were:

Date: _____ Time: _____ a.m./p.m.

Address: _____

4. Service was made:

- by delivery to the person named in paragraph 2 above.
- by delivery to (name) _____, a person of suitable age and discretion residing at the respondent's usual abode.
- [if authorized by the Court] by publication as provided in RCW 4.28.100. An Affidavit of Publication has been filed separately.
 - in addition to the publication as noted above, a copy mailed by certified mail return receipt requested to the last known address of the person named in paragraph 2. Return receipt attached. The copy was mailed on (date) _____.
 - in addition to the publication as noted above, because the address of the person named in paragraph 2 is unknown, a copy mailed by certified mail return receipt requested to: _____, who is:
 - the parent or nearest living relative of person named in paragraph 2.
 - other: _____.
- Return receipt attached. The copy was mailed on (date) _____.
- [if authorized by RCW 12.40.040] by mailing a copy by certified mail return receipt requested with the signature of the person named in paragraph 2 on the return receipt. Return receipt attached. The copy was mailed on (date) _____.

5. Service of Notice on Dependent of a Person in Military Service.

- The Notice to Dependent of Person in Military Service was served on mailed by first class mail on (date) _____.
- Other:

6. Other:

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

Signed at (city) _____, (state) _____, on (date) _____.

Signature

Print or Type Name

Fees:
 Service _____
 Mileage _____
 Total _____

File the original Return of Service with the clerk. Provide a copy to the law enforcement agency where protected person resides if the documents served include a restraining order signed by the court.