

**AFFIDAVIT AND CLAIM
Small Claims**

Case No. _____

PROOF OF SERVICE

TO PROCESS SERVER: You are to serve this affidavit and claim no later than 7 days before the hearing date. You must make and file your return with the court clerk. If you are unable to complete service, you must return this original and all copies to the court clerk.

CERTIFICATE / AFFIDAVIT OF SERVICE / NONSERVICE

| | | |
|--|-----------|---|
| <input type="checkbox"/> OFFICER CERTIFICATE I certify that I am a sheriff, deputy sheriff, bailiff, or appointed court officer (MCR 2.104[A][2]), and that: (notarization not required) | OR | <input type="checkbox"/> AFFIDAVIT OF PROCESS SERVER Being first duly sworn, I state that I am a legally competent adult who is not a party or an officer of a corporate party, and that: (notarization required) |
|--|-----------|---|

- I served personally a copy of the affidavit and claim,
- I served by registered or certified mail (copy of return receipt attached) a copy of the affidavit and claim,
- together with _____, on the defendant(s):
Attachment _____

| | | |
|----------------|-----------------------------|-----------------|
| Defendant name | Complete address of service | Day, date, time |
| | | |
| Defendant name | Complete address of service | Day, date, time |
| | | |
| Defendant name | Complete address of service | Day, date, time |
| | | |

- I have personally attempted to serve the affidavit and claim, together with any attachments on the following defendant(s) and have been unable to complete service.

| | | |
|----------------|-----------------------------|-----------------|
| Defendant name | Complete address of service | Day, date, time |
| | | |
| Defendant name | Complete address of service | Day, date, time |
| | | |
| Defendant name | Complete address of service | Day, date, time |
| | | |

I declare that that statements above are true to the best of my information, knowledge, and belief.

| | | | |
|-----------------------|----------------|-----|------------------|
| Service fee | Miles traveled | Fee | |
| \$ | | \$ | |
| Incorrect address fee | Miles traveled | Fee | TOTAL FEE |
| \$ | | \$ | \$ |

Signature _____

Name (type or print) _____

Title _____

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires: _____ Signature: _____
Date Deputy court clerk/Notary public

Notary public, State of Michigan, County of _____

ACKNOWLEDGMENT OF SERVICE

I acknowledge that I have received service of the affidavit and claim, together with _____
Attachment

_____ on _____
Day, date, time

_____ on behalf of _____
Signature