

## **PROCEDURES: HOW TO SERVE COURT PAPERS BY SHERIFF (Termination of Parental Rights)**

- STEP 1: GO.** Contact the Sheriff's Office in the county where the other party lives. Bring your court papers with you or send a copy of the court papers to the Sheriff's Office if the other party does not live in the same county as you do.
- STEP 2: WRITE.** Fill out the attached sheet for identifying the other party and bring:
- Other party's set of copies of the court papers (Petition and Notice of Hearing).
  - A picture or a written physical description of the other party.
  - A written description of the automobile the other party drives.
  - The address (home and/or work) where other party can be served.
- STEP 3: WAIT.** The Sheriff will mail you a copy of the Affidavit of Service after he or she serves the other party with the papers. (The Sheriff may also file these papers instead of sending them back to you.)
- STEP 4: GO.** Go to your court hearing. Bring a copy of the Petition, Citation Notice of Hearing, and Affidavit of Service from the Sheriff's Office.

YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_ County Sheriff  
(COUNTY)

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF PERSON TO BE SERVED:  
COURT CASE NUMBER:

I have enclosed a copy of the Petition and Citation Notice of Hearing. Please serve these papers on the other party. His or her current address and physical description are:

\_\_\_\_\_  
(OTHER PARTY'S NAME)

\_\_\_\_\_  
(HOME ADDRESS)

\_\_\_\_\_  
(WORK ADDRESS)

\_\_\_\_\_  
(HOME CITY/STATE/ZIP)

\_\_\_\_\_  
(WORK CITY/STATE, ZIP)

SEX	RACE	BIRTH	HGT.	WGT.	EYES	HAIR	SSN

Please return a notarized Affidavit of Service to my address at your earliest convenience. The Court requires that each document served be named in the Affidavit of Service.

- I also enclose a deposit for \$125. I understand there is a \$10.00 service fee, \$1.50 per mile, one way, for each attempt at service travel fee, and a \$5.00 notary fee. I understand the difference between my deposit and the fees accrued for service will be billed or returned to me. **OR,**
- I also enclose a certified copy of the Order for Deferral of fees for Service of Process.

Thank you for your cooperation in this matter.

Enclosures

\_\_\_\_\_  
(YOUR SIGNATURE)