

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS
CIVIL COURT DEPARTMENT

In The Matter of

AND

Case No. _____

Division No. _____

CERTIFICATE OF SERVICE

I certify that I served on _____ a copy of
(Name of party/attorney being served)

_____ by:
(List all documents being served)

Mark all that apply

___ Depositing in the United States mail, postage prepaid, to:

(Last Known Address) (Date: DD/MM/YYYY)

___ Handing a true copy to the person at:

(Address) (Date: DD/MM/YYYY)

___ Leaving a true copy at their residence with: _____
(Name)

(Address) (Date: DD/MM/YYYY)

___ Faxing a true copy to fax number: _____
(Date: DD/MM/YYYY)

Your Signature: _____

Print Your Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____