|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) | IN THE FAMILY COURT  |
|  | ) |       JUDICIAL CIRCUIT |
| COUNTY OF      | ) |  |
|  | ) |  |
|  | ) |  |
|       | ) | **AFFIDAVIT OF SERVICE** |
| Plaintiff, | ) |  |
| vs. | ) |  |
|  | ) |  |
|       | ) |  |
| Defendant. | ) | Docket No.       |

 Personally appeared before me, the affiant, who being duly sworn, states that ([ ] he/[ ] she) served the      in this action on       (Party Served).

Service was completed in the following manner:

(check one)

[ ]  Personally served on       (Party served).

[ ]  Served at their residence by leaving the documents with       (Name of the person served) the       (Relationship of the person served) of the person served, a person of age and discretion.

Service was completed at this address:       at their residence by leaving the documents with       (Name of the person served) the       (Relationship of the person served) of the person served, a person of age and discretion.

[ ]        (Name of the person served) the       (Relationship of the person served) of       (Corporation name). Service was competed at this address:       on       (date) at

([ ] A.M./ [ ] P.M.) (time).

[ ]  Unable to locate and serve after diligent efforts to do so. The process is returned unexecuted. The following service attempts were made:      .

Affiant is not a party to this action, is not less than eighteen (18) years of age and has no interest in or connection to this action.

Custodial parent (if applicable):

Sworn to before me this

\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

Notary Public of South Carolina Affiant Signature

My Commission expires: \_\_\_\_\_\_\_\_\_