**ATTEMPTED SERVICE REPORT**

Full name of person to serve: [*name*]

[*SUPREME/DISTRICT/MAGISTRATES/YOUTH*] **Select one** COURT OF SOUTH AUSTRALIA

[*COURT OF APPEAL*] **If applicable**

SPECIAL STATUTORY JURISDICTION

[*NAME OF LIST*] LIST **If applicable**

**Please specify the Full Name including capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable) for each party. Each party should include a party number if more than one party of the same type.**

[***FULL NAME*]**

**Applicant**

[***FULL NAME*]**

**Respondent**

|  |
| --- |
| Filed by |
| Full Name |  |
| **Full Name** |

|  |
| --- |
| **Attempted Service/Execution Report**Person/s to be served:Process Type: I was unable to effect service/execution for the following reason:* Nil Effects
* Left Address
* Withdrawn/held
* New Address
* Whereabouts Unknown

I gained entry into premises: * Yes
* No

I made numerous attempts at varying times of the day and night to contact the above person/s. These include:First Attempton date:[*date*] between the hours of: [*time*]and [*time*] by [*how*].Second Attempton date: [*date*] between the hours of: [*time*]and [*time*] by [*how*]. Third Attempton date: [*date*] between the hours of: [*time*]and [*time*] by [*how*]. I ascertained the following additional information/new address: [*information/new address*]Attached is a copy of the Property Identification Inventory: * Yes
* No

I certify the above information to be true and correct to the best of my knowledge.…………………………………………Signature …………………………………………Name printed………………………….Date |