**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** |

|  |
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| **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 Process Type:  I was unable to effect service/execution for the following reason:   * Nil Effects * Left Address * Withdrawn/held * New Address * Whereabouts Unknown   I gained entry into premises:   * Yes * No   I made numerous attempts at varying times of the day and night to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 Attempt  on date:[*date*] between the hours of: [*time*]and [*time*] by [*how*].  Second Attempt  on date: [*date*] between the hours of: [*time*]and [*time*] by [*how*].  Third Attempt  on 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 |