

To be inserted by Court

Case Number:

Date Filed:

FDN:

### 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- Withdrawn/held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 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