**ATTEMPTED SERVICE REPORT**

Full name of person to serve: …………………………………………………………………………………**name**

SUPREME / DISTRICT / MAGISTRATES / YOUTH **Circle one** COURT OF SOUTH AUSTRALIA

COURT OF APPEAL **Circle 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.**

**Applicant ………………………………………………………………………………Full name**

**Respondent ………………………………………………………………………………Full name**

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

|  |
| --- |
| **Attempted Service/Execution Report****Mark appropriate sections below with an ‘x’**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Type: …………………………………I was unable to effect service/execution for the following reason:[ ] Nil Effects[ ] Left Address[ ] Withdrawn/held[ ] New Address[ ] Whereabouts UnknownI gained entry into premises: [ ] Yes [ ] NoI made numerous attempts at varying times of the day and night to contact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 [ ] NoI certify the above information to be true and correct to the best of my knowledge.…………………………………………Signature …………………………………………Name printed………………………….Date |