**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** |

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| **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 I was unable to effect service/execution for the following reason:  [ ] Nil Effects  [ ] Left Address  [ ] Withdrawn/held  [ ] New Address  [ ] Whereabouts Unknown  I gained entry into premises: [ ] Yes [ ] No  I made numerous attempts at varying times of the day and night to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 |