

To be inserted by Court

Case Number:

Date Filed:

FDN:

### 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- Withdrawn/held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 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