To be inserted by Court					
Case Number:					
Date Filed:					
FDN:					
AFFIDAVIT OF	[FULL NAME OF DEPONENT] OF PROOF OF PERSONAL				
SERVICE ON A	N INDIVIDUAL BY SHERIFF'S OFFICER MADE ON [DATE]				
Full name of person to serve: [name]					
[SUPREME/DISTRICT/MAGISTRATES/ENVIRONMENT, RESOURCES AND DEVELOPMENT/YOUTH] Delete all but one COURT OF SOUTH AUSTRALIA [COURT OF APPEAL] If applicable CIVIL JURISDICTION [MINOR CIVIL] If applicable [NAME OF LIST] LIST If applicable					
Please specify the Full Name including capa if more than one party of the same type.	acity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable) for party. Each party should include a party number				
First Applicant					
First Respondent First Interested Party					
Filed by the Sheriff's Office					
Full Name of Sheriff's Officer	Full name				
Affidavit of Service Mark appropriate sections below with an 5	x'				
Process Type:					
I, [full name],					
□ swear on oath that:					
□ do truly and solemnly affirm that:					
1. I served [party title], [full name], with the document[s] described below by way of personal service on [name of person served] at [service location] on [date] at approximately [time].					
[] (a) th	ne document(s) served already on the Court file is/are as follows:				
	document description], dated [date], FDN [FDN] document description], dated [date], FDN [FDN]				

				[document description], dated [date], FDN [FDN] [document description], dated [date], FDN [FDN]
	[]	(b)	the document(s) served not on the Court file is/are as follows:
			[]	[document description], dated [date] [document description], dated [date] [document description], dated [date] [document description], dated [date]
2.				only selected above The document(s) served not on the Court file [is/are] exhibited to this affidavit it number].
3.	I identified the person served by: [details of how person served was identified]			
4.	I had the following conversation with that person: [details of any conversation about the document and the identity of that person].			
5.	[any other matter(s)]			
[Sworn/Affirmed] select one by the Deponent				
At [place]				
On [date]				
Signature of deponent				
before	e me	Signati	ure of a	attesting witness d witness – see rule 31.9
Printed name and title of witness Stamp here if applicable				
				 ed witness under section 27A(3) of the <i>Oaths Act 1936</i> .
ID nur	 mber	of witne	 SSS if app	olicable