**ATTEMPTED SERVICE REPORT**

Full name of person to serve: [*name*]

[*SUPREME/DISTRICT/MAGISTRATES*] **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 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.**

First Applicant

First Respondent

First Interested Party

|  |
| --- |
| 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Type: I was unable to effect service/execution for the following reason:[ ] Nil Effects[ ] Left Address[ ] Withdrawn/held[ ] New Address[ ] Whereabouts UnknownI gained entry into premises: [ ] Yes [ ] NoI made numerous attempts at varying times of the day and night to contact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 |