

To be inserted by Court

Case Number:

Date Filed:

FDN:

ATTEMPTED SERVICE REPORT BY SHERIFF'S OFFICER

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

Filed by the Sheriff's Office

Full Name of Sheriff completing report

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[] Withdrawn/held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 the 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