Superior Court of Washington
County of Spokane

In re: Petitioner, and Respondent.	**No.** **Return of Service (Optional Use) (RTS)**

I Declare:

1. I am over the age of 18 years, and I am not a party to this action.

2. I served _____ [Name] with the following documents:

[ ] summons, a copy of which is attached, and petition in this action
[ ] Notice Re: Dependent of a Person in Military Service
[ ] parenting plan or residential schedule
[ ] child support order
[ ] child support worksheets
[ ] sealed financial source documents cover sheet and financial documents
[ ] financial declaration
[ ] notice of and motion for temporary order
[ ] motion for and ex parte order
[ ] adequate cause notice of hearing
[ ] declarations of _____
[ ] motion for and order to show cause re: _____
[ ] other:

3. The date, time and place of service were (if by mail refer to Paragraph 4 below):

Date: _____Time: _____ a.m./p.m.

Address: _____

_____

4. Service was made pursuant to Civil Rule 4(d):

[ ] by delivery to the person named in paragraph 2 above.
[ ] by delivery to _____ [Name], a person of suitable age and discretion residing at the respondent's usual abode.
[ ] by publication as provided in RCW 4.28.100. (A copy of the summons is attached.)
[ ] (check only if there is a court order authorizing service by mail) by mailing two copies postage prepaid to the person named in the order entered by the court on _____ [Date]. One copy was mailed by ordinary first class mail, the other copy was sent by certified mail return receipt requested. (Attach return receipt below.) The copies were mailed on _____ [Date].

5. Service of Notice on Dependent of a Person in Military Service.

[ ] The Notice to Dependent of Person in Military Service was [ ] served on [ ] mailed by first class mail on _____ [Date].
[ ] Other:

6. Other:

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at _____, [City] _____ [State] on _____ [Date].

_____ _____
Signature Print or Type Name

Fees:

Service _____
Mileage _____
Total _____

(Attach Return Receipt here, if service was by mail.)