

**DISTRICT COURT OF THE KAW NATION  
Drawer 50  
698 Grandview Drive  
Kaw City, OK 74641  
(580) 269-2552 x 111**

Please fill out paperwork completely. Please hand write your signatures. Yellow highlighted items require you to circle a choice.

THANK YOU

This form packet is supplied by the Kaw Nation Court Clerk's Office. Nothing in these forms is to be construed as providing legal advice. It is highly recommended that you review these documents with an attorney. The Kaw Nation Court Clerk, Kaw Nation District Court, nor the Kaw Nation shall be liable for any use of the following forms.

Parties seeking an Order of the Court are responsible for completing all required documents. The Court Clerk cannot fill out the form for you nor can they give out legal advice. The Kaw Nation does not provide lawyers, legal advice, or legal assistance. If you need legal advice or representation, you must retain an attorney at your expense. Your selected Attorney **must** be registered to practice law with the Kaw Nation Bar Association prior to representing you in the Kaw Nation District Court. You may contact the Court Clerk for a current list of KNBA attorneys.

All fees, including service fees, must be paid **at the time of** filing. Fees cannot be waived unless a Paupers Affidavit has been filed and approved by the Judge prior to filing. This form may be requested from the Court Clerk.

**INSTRUCTIONS FOR FILING**

1. **FILING FEE** - A filing fee of **\$75.00** is required when filing a Petition for Divorce. Most other filings are **\$50.00**. There is no cost to file a Protective Order, but there is a service fee. See below. Please be prepared to inform the Court Clerk as to which type of Process Service you will be utilizing at the time of filing your packet.
2. **SERVICE FEE** - All parties must be notified of the filing of a Petition and any pending hearings. Respondents are allowed twenty (20) days from service of a Petition to file an answer with the Court. It will be at least a month from your file date before a court date will be set unless the Respondent signs a Waiver. A Notice of Hearing and/or Summons may be served by Tribal Police within Kay and Osage County for a Service Fee of **\$50.00**. If the parties reside outside of the Kay and Osage County areas, a private process server may need to be hired for service at a starting rate of **\$99.00**. You will be billed for the remaining due amount. The Notice may also be served through Certified Mail. A Service Fee of **\$17.00** will be assessed for the Court Clerk to mail the Notice.
3. **PUBLICATION FEE** - It is required by law that Notice be given to the Respondent, so it is necessary to have a current mailing and physical address for this person. If you **do**

**not have** an address, additional charges will need to be paid to obtain Notice by Publication in the local newspaper. THIS FEE CANNOT BE WAIVED AND WILL NEED TO BE PAID WHEN FILING FORMS. A fee of **\$75.00** (average publication cost) will be assessed. Keep in mind that the fee assessed for publication is an average cost and it could cost more. If the cost is more than \$75.00, you will be responsible for the balance due at the end of publication.

4. To begin the filing process, the following required documents must be submitted to the Court Clerk:
  - Copy of your Driver's License (or State ID)
  - Copy of your Marriage Certificate
  - Copies of Birth Certificates
  - Copies of Death Certificates (if applicable)
  - Copies of CDIB Cards
  - Contact Information Sheet
  - Petition
  - Financial Affidavit (Divorce)
  - Statement of Facts (Guardianship)
  - OK Sex Offenders Registration Affidavit (Adoption, Custody and Guardianship)
  - Request for Hearing
  - Summons
  - Filing and Service Fees
5. Please ensure that all required documentation has been attached and provided at the time of filing your Petition. Make sure that you completely fill out the documents and attach the required documentation. Documents that are not completely filled out can delay the process of your case. Parties are responsible for completing their own petition forms. The court clerk cannot give legal advice or assist you in filling out the forms.
6. Once your Petition and all required documentation has been received, a Notice of Hearing will be issued by the Court Clerk informing all parties of the date and time of the scheduled hearing.
7. In an adoption, you **MUST** have an attorney. Also, once the Petition is filed, an in-home study must be completed before the adoption can be finalized (unless it is a stepparent adoption).

# CONTACT INFORMATION

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**Petitioner's Full Name:** \_\_\_\_\_

Previous Names: \_\_\_\_\_

If Married, To Whom: \_\_\_\_\_ Date: \_\_\_\_\_ City/County/State: \_\_\_\_\_

Divorced or Separated From: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address (Including County): \_\_\_\_\_

Physical Address (Including County): \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

CDIB No: \_\_\_\_\_ Tribe: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Born in City/County/State: \_\_\_\_\_ Birth Certificate #: \_\_\_\_\_

DL No: \_\_\_\_\_ DL State: \_\_\_\_\_ DL Exp: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Race: \_\_\_\_\_

Distinguishing Features (Tattoos, Scars, etc.) \_\_\_\_\_

Attorney: \_\_\_\_\_

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**Respondent's Full Name:** \_\_\_\_\_

Previous Names: \_\_\_\_\_

If Married, To Whom: \_\_\_\_\_ Date: \_\_\_\_\_ City/County/State: \_\_\_\_\_

Divorced or Separated From: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address (Including County): \_\_\_\_\_

Physical Address (Including County): \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

CDIB No: \_\_\_\_\_ Tribe: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Born in City/County/State: \_\_\_\_\_ Birth Certificate #: \_\_\_\_\_

DL No: \_\_\_\_\_ DL State: \_\_\_\_\_ DL Exp: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Race: \_\_\_\_\_

Distinguishing Features (Tattoos, Scars, etc.) \_\_\_\_\_

Attorney: \_\_\_\_\_

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## Additional Information Form

(IT IS THE RESPONSIBILITY OF THE PARTIES TO NOTIFY THE COURT OF ANY INFORMATION CHANGE)

1. Have you used Kaw Nation District Court before?

Yes / No

If Yes, please list the case number(s) below.

Case Number(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are you currently involved in any cases outside of Kaw Nation District Court?

Yes / No

If Yes, please list the case number(s) below.

Case Number(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you currently have any current or former custody cases?

Yes / No

If Yes, please list the case number(s) below.

Case Number(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Instructions**

Complete the following form to request a search of the Child Abuse and Neglect Information System (CANIS) for a prospective guardian of a child not in DHS custody. The search and report of CANIS information is provided to assist in evaluating the safety of the home in which a child is placed.

A timely completed search requires that:

- all applicable information regarding the applicant is provided, including all current and former names used by the applicant;
- all applicable information regarding other adults in the household is provided, including all current and former names;
- the applicant has signed the form; and
- the form and verification of guardianship petition/filing is transmitted by:
  - secure email to: [canisguardianship@okdhs.org](mailto:canisguardianship@okdhs.org)
  - fax to: 405-669-9252 or
  - mail to:  
Oklahoma Human Services  
Child Welfare Services - Statewide Hotline LOC# 100-B  
Child Abuse and Neglect Information System  
P.O. Box 25352  
Oklahoma City, OK 73125

**This request will not be completed when required verification is not included.**

Results are returned to the requesting court or the court listed in the filing. Results are not returned to any attorney or individuals requesting guardianship. Provide mail or email address for the court:

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Contact CANIS Guardianship at 405-325-2481 if you have any questions.

**Please allow up to four weeks for processing the search request.**

## Request

Oklahoma Human Services (OKDHS) is requested to conduct a Child Abuse and Neglect Information System search for the guardianship applicants named below.

## Guardianship Applicant One

Guardianship applicant full name \_\_\_\_\_

Aliases, including maiden name, former married name, and all other names \_\_\_\_\_

Date of birth \_\_\_\_\_

Social Security number \_\_\_\_\_

Phone number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP code \_\_\_\_\_

Mailing address, if different than residence \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP code \_\_\_\_\_

Years at current residence: \_\_\_\_\_ Previous county of residence: \_\_\_\_\_

Previous street address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP code \_\_\_\_\_

Dates resided \_\_\_\_\_

Previous street address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP code \_\_\_\_\_

Dates resided \_\_\_\_\_

Previous street address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP code \_\_\_\_\_

Dates resided \_\_\_\_\_

## Unsworn Declaration Under Penalty of Perjury

I certify that a guardianship is being pursued through Case Number \_\_\_\_\_, Judge \_\_\_\_\_, \_\_\_\_\_ County Court. The search report is used for this purpose only. I further certify under penalty of perjury under the laws of the State of Oklahoma that the foregoing is true and correct to the best of my information and belief.

Applicant signature \_\_\_\_\_

Date \_\_\_\_\_

## Guardianship Applicant Two

Guardianship applicant full name \_\_\_\_\_

Aliases, including maiden name, former married name, and all other names \_\_\_\_\_

Date of birth \_\_\_\_\_

Social Security number \_\_\_\_\_

Phone number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP code \_\_\_\_\_

Years at current residence: \_\_\_\_\_ Previous county of residence: \_\_\_\_\_

Previous street address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP code \_\_\_\_\_

Dates resided \_\_\_\_\_

Previous street address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP code \_\_\_\_\_

Dates resided \_\_\_\_\_

Previous street address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP code \_\_\_\_\_

Dates resided \_\_\_\_\_

### Unsworn Declaration Under Penalty of Perjury

I certify that a guardianship is being pursued through Case Number \_\_\_\_\_, Judge \_\_\_\_\_, \_\_\_\_\_ County Court. The search report is used for this purpose only. I further certify under penalty of perjury under the laws of the State of Oklahoma that the foregoing is true and correct to the best of my information and belief.

Applicant signature \_\_\_\_\_

Date \_\_\_\_\_

## Other Adults in the Household



Full name

Aliases, including maiden name, former married name, and all other names

Date of birth

Social Security number

Phone number

Address

City

State

ZIP code

Years at current residence: \_\_\_\_\_ Previous county of residence: \_\_\_\_\_

Previous street address

City

State

ZIP code

Dates resided

Previous street address

City

State

ZIP code

Dates resided

Previous street address

City

State

ZIP code

Dates resided

Full name

Aliases, including maiden name, former married name, and all other names

Date of birth

Social Security number

Phone number

Address

City

State

ZIP code

Years at current residence: \_\_\_\_\_ Previous county of residence: \_\_\_\_\_

Previous street address

City

State

ZIP code

Dates resided

Previous street address

City

State

ZIP code

Dates resided

Previous street address

City

State

ZIP code

Dates resided



Full name \_\_\_\_\_

Aliases, including maiden name, former married name, and all other names \_\_\_\_\_

Date of birth \_\_\_\_\_ Social Security number \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Years at current residence: \_\_\_\_\_ Previous county of residence: \_\_\_\_\_

Previous street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ Dates resided \_\_\_\_\_

Previous street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ Dates resided \_\_\_\_\_

Previous street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ Dates resided \_\_\_\_\_

#### Note

For a guardianship, the court must have a background check for a prospective guardian and all other household members 18 years of age and older consisting of a review of national fingerprint-based criminal background search or an Oklahoma State Bureau of Investigation name-based criminal history background check, a search of the Sex Offenders Registry maintained by the Department of Corrections (DOC), and a CANIS search.

A prospective guardian can request national fingerprint-based criminal background search directly from the Federal Bureau of Investigation (FBI) by applying online at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks#Submit-a%20Request%20to%20the%20FBI>.

A search of the Sex Offenders Registry maintained by DOC can be accessed online at: <https://sors.doc.state.ok.us/svor/f?p=119:1>.

**IN THE DISTRICT COURT FOR THE KAW NATION  
KAW CITY, OKLAHOMA**

IN RE: THE GUARDIANSHIP OF \_\_\_\_\_ )  
\_\_\_\_\_, DOB \_\_\_\_\_ )  
\_\_\_\_\_, DOB \_\_\_\_\_ ) Case No. GD-\_\_\_\_\_  
\_\_\_\_\_) )  
**Minor Child(ren) Under the Age of 18** )

**PETITION FOR APPOINTMENT OF A GUARDIAN**

COMES NOW the Petitioner(s) \_\_\_\_\_,  
and petitions this Court for the appointment of a guardian of  
\_\_\_\_\_, and in support of **his/her** Petition,  
informs the Court as follows:

1. That \_\_\_\_\_ is a minor ☐ male ☐ female, and was born on  
the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in the State of  
\_\_\_\_\_;
2. That \_\_\_\_\_ is a minor ☐ male ☐ female, and was born on  
the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in the State of  
\_\_\_\_\_;
3. That the biological **mother** of the minor child(ren) is  
\_\_\_\_\_. Her present address is:  
\_\_\_\_\_, and she **is/is not** an  
enrolled member of the ☐ Kaw Nation ☐ \_\_\_\_\_, a federally  
recognized Tribe;
4. That the biological **father** of the minor child(ren) is  
\_\_\_\_\_. His present address is:  
\_\_\_\_\_, and he **is/is not** an enrolled  
member of the ☐ Kaw Nation ☐ \_\_\_\_\_, a federally recognized Tribe;
5. That the Petitioner (1) is an adult person who resides at  
\_\_\_\_\_ and whose date of birth is the \_\_\_\_\_ day of  
\_\_\_\_\_. Petitioner (1) ☐ is ☐ is not employed;
6. That the Petitioner (2) is an adult person who resides at  
\_\_\_\_\_ and whose date of birth is the \_\_\_\_\_ day of  
\_\_\_\_\_. Petitioner (2) ☐ is ☐ is not employed;
7. That the Petitioner(s) **is/are** the ☐ maternal ☐ paternal (relationship)  
\_\_\_\_\_ ☐ other to the minor child(ren), and **is/are not**  
enrolled members of \_\_\_\_\_;

8. That this Court has proper jurisdiction or authority to hear this case for the following reason:

- ☐ The child(ren) is/are an enrolled member of the Kaw Nation;
- ☐ The child(ren) is/are eligible to be an enrolled member of the Kaw Nation;
- ☐ The child(ren) is/are enrolled, or eligible to be enrolled, or member of any Indian Tribe residing in Kay County or Osage County, Oklahoma;

9. The child(ren) has/have no assets (real or personal property) of an equitable monetary value. It is not anticipated that the child(ren) will have any income annual or otherwise nor will the child(ren) have anything of any equitable monetary value over the period of one (1) year;

10. Appointment of a guardian of both the person of the minor and the estate/property of the minor is necessary to provide for the general welfare of the child and to allow us (the Petitioners) to authorize medical and education services for the child;

11. The parents are unable to care for the child at this time because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. It is in the best interest of the child that Petitioners be appointed as guardian of both the person of the minor(s) and the estate/property of the minor(s);

13. The Petitioner knows of no persons or organizations nominated by will or other writing to serve as guardian;

14. That Petitioner is unaware of the existence or identity of any attorney representing the child(ren) listed in the Petition;

15. That Petitioner is qualified as guardian of the child(ren) listed and the Petitioner is not a minor, incapacitated, or partially incapacitated, nor a convicted felon, is not bankrupt, nor is he/she insolvent, or under any financial obligation to the Ward or subject to a conflict of interest which would preclude, or be substantially detrimental to his/her ability to act in the best interest of the minor child(ren).

WHEREFORE, Petitioner respectfully requests that this Court set a date for hearing on this Petition, order such notice as required by law and upon hearing this Petition, and appoint Petitioner guardian of the child(ren) listed in this Petition.

\_\_\_\_\_  
Petitioner (1)'s Printed Name

\_\_\_\_\_  
Petitioner (2)'s Printed Name

**VERIFICATION**

I/We, \_\_\_\_\_ and \_\_\_\_\_, of  
lawful age, being first duly sworn upon oath depose and state: I/we are the  
Petitioner(s) named above; I/we have read the foregoing document and  
understand its contents; I/we hereby state that the facts set forth in the foregoing  
document are true and correct to the best of my/our knowledge and belief.

\_\_\_\_\_  
Petitioner (1)'s Signature

\_\_\_\_\_  
Petitioner (2)'s Signature

STATE OF OKLAHOMA    )  
COUNTY OF \_\_\_\_\_ )

SUBSCRIBED AND SWORN to before me on this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
Notary Public

Commission expires on: \_\_\_\_\_

Commission No.: \_\_\_\_\_

### **STATEMENT OF FACTS BY PROPOSED GUARDIAN(S)**

1. Are you or is anyone living in your home currently charged with or been convicted of a crime? ( ☐ ) YES ( ☐ ) NO
2. Are you or is anyone living in your home required to register as a sex offender? ( ☐ ) YES ( ☐ ) NO
3. Have you or has anyone living in your home had a restraining order or protective order filed against him/her in the last ten (10) years? ( ☐ ) YES ( ☐ ) NO
4. Have you or has anyone living in your home been charged with, arrested for, or convicted of any form of child abuse, neglect or molestation?  
5. ( ☐ ) YES ( ☐ ) NO
6. Have you or has anyone living in your home had any reports alleging any form of abuse, neglect, or molestation made to any agency charged with protecting children (e.g. Oklahoma Child Protective Service or Kaw Nation Social Services) or any other law enforcement agency regarding him/her or anyone living within your home? ( ☐ ) YES ( ☐ ) NO
7. Have you filed for or received protection under the federal bankruptcy laws? ( ☐ ) YES ( ☐ ) NO
8. Have you ever had a license, certificate, permit, or registration required by the laws of any state for the practice of a profession or occupation suspended or revoked? ( ☐ ) YES ( ☐ ) NO
9. Have you or anyone living in your home habitually used any illegal substances or abused alcohol? ( ☐ ) YES ( ☐ ) NO
10. Have you ever been removed as a guardian in any other case? ( ☐ ) YES ( ☐ ) NO
10. Have you or anyone living in your home been charged with, arrested for, or convicted of a crime involving illegal substances or alcohol? ( ☐ ) YES ( ☐ ) NO

11. Have you or anyone living in your home had a social worker, parole officer, or probation officer assigned to him/her? ( ) YES ( ) NO
12. Have you or anyone living in your home received services from a psychiatrist, psychologist, or therapist for a mental health related issue? ( ) YES ( ) NO
13. Do you or anyone living in your home suffer from a mental illness? ( ) YES ( ) NO

### VERIFICATION

I/We, \_\_\_\_\_, proposed guardian(s) herein, being duly sworn to tell the truth and being of lawful age above eighteen (18) years of age, hereby verify that the answers and information I/we have provided in the Statement of Facts are in fact true and correct to the best of my/our knowledge and belief, under penalty of perjury.

\_\_\_\_\_  
Proposed Guardian (1) Printed Name

\_\_\_\_\_  
Proposed Guardian (2) Printed Name

\_\_\_\_\_  
Proposed Guardian (1) Signature

\_\_\_\_\_  
Proposed Guardian (2) Signature

### CERTIFICATION

I, \_\_\_\_\_, Court Clerk/Administrator of the District Court, certify that \_\_\_\_\_ and \_\_\_\_\_ personally appeared before me on \_\_\_\_\_, 20\_\_\_\_ and being duly sworn, executed the above verification in my presence.  
Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Court Clerk

\_\_\_\_\_, )  
Petitioner, )  
 )  
vs. ) Case No. \_\_\_\_\_  
 )  
 )  
\_\_\_\_\_, )  
Respondent. )

IN RE: \_\_\_\_\_, )  
 \_\_\_\_\_ )  
 DOB: \_\_\_\_\_ )

Case No. \_\_\_\_\_

I am not a person subject to registration under the Oklahoma Sex Offenders Registration Act. I am not married to or living with such a person, or a person who has been convicted of or has charges pending for a felony or any relevant misdemeanor, nor is anyone living with me or frequently present in my home previously been convicted of, or has charges pending for, a felony or any relevant misdemeanor.

Commission No.: \_\_\_\_\_

**IN THE DISTRICT COURT FOR THE KAW NATION  
KAW CITY, OKLAHOMA**

Petitioner,	,	)	
	)	)	
vs.	)	)	Case No. _____
	)	)	
Respondent.	,	)	
	)	)	

**OR**

IN RE: _____,	)	
	)	Case No. _____
DOB: _____	)	

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**REQUEST FOR HEARING**

Petitioner, \_\_\_\_\_, requests this Court schedule a hearing on Petitioner's Petition.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Petitioner's Printed Name

\_\_\_\_\_  
Petitioner's Signature



**IN THE DISTRICT COURT FOR THE KAW NATION  
KAW CITY, OKLAHOMA**

	,	)	
Petitioner,	,	)	
	,	)	
vs.	,	)	Case No. _____
	,	)	
	,	)	
Respondent.	,	)	

**OR**

IN RE: _____,	)	
	)	Case No. _____
DOB: _____	)	

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**SUMMONS**

THE KAW NATION TO/FROM:

List Petitioner's Name and Address	List Respondent's Name and Address
From _____	To _____
_____	_____
_____	_____

To the above-named Respondent:

You are ordered and directed to appear at the District Court for the Kaw Nation, in Kaw City, Oklahoma, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at 10:00 am.

**If you fail to appear and/or file an answer to the Petition attached hereto within twenty (20) days of receiving this Summons, a default judgment may be rendered against you.**

You may seek the advice of an attorney in any matter connected with this suit or your answer. Such attorney should be consulted immediately.

Issued this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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Court Clerk

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**HOW DO YOU WANT THE RESPONDENT TO BE SERVED?** ☐ Certified Mail \$17

☐ Process Server \$50 and up

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**AFFIDAVIT OF SERVICE**

**SERVICE BY PROCESS SERVER**

I, \_\_\_\_\_, hereby certify that I served this  
Summons together with a copy of the Petition upon \_\_\_\_\_  
at \_\_\_\_\_ am/pm on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
and made the return according to law, and that I am duly authorized to endorse  
this affidavit, so help me God.

\_\_\_\_\_  
Police Officer/Process Server

First Attempt: \_\_\_\_\_

Second Attempt: \_\_\_\_\_

Final Attempt: \_\_\_\_\_

Subscribed to and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_.  
20\_\_\_\_\_.

Notary Public's Signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_

My commission number: \_\_\_\_\_

**CERTIFICATION OF SERVICE BY MAIL**

I hereby certify that I mailed copies of the foregoing Summons with a copy of the  
Petition attached to the following named parties at the address shown by certified  
mail, addressee only, return receipt requested, on the \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Court Clerk