

**SERVICE OTHER THAN BY VIRGINIA SHERIFF**

Case No.: .....

COMMONWEALTH OF VIRGINIA Va. Code §§ 8.01-296, 8.01-320, 8.01-325, 8.01-511

General District Court

Juvenile and Domestic Relations District Court

v./ In re: .....

is the name and address of the person upon whom service of the following is to be made.

Warrant in Debt

Summons for Unlawful Detainer

Visitation

Garnishment Summons

Custody

Support

.....

I, the undersigned, swear/affirm that:

- 1.  I am an official or an employee of an official who is authorized to serve process of type described in the attached PROOF OF SERVICE and my title and bailiwick are:

OR

I am a private process server: .....  
NAME

ADDRESS AND TELEPHONE NUMBER

- 2. I am not a party to, or otherwise interested in, the subject matter in controversy in this case.
- 3. I am 18 years of age or older.
- 4. I served, as shown below, the above-named person upon whom service of process was to be made with copies described above.

Date and time of service: .....

Place of service: .....  
STREET ADDRESS, CITY AND STATE

Method of service:

(If served outside of Virginia, use only personal service.)

<input type="checkbox"/> Personal Service	<input type="checkbox"/> Other (allowed only in Virginia)
<input type="checkbox"/> Being unable to make personal service, a copy was delivered in the following manner: <input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above. List name, age of recipient, and relation of recipient to party: ..... <input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode (other authorized recipient not found). <input type="checkbox"/> (Garnishment Summons Only) Copy mailed to judgment debtor after serving the garnishee on date of service below unless a different date of mailing is shown. ..... DATE OF MAILING	
<input type="checkbox"/> Not Found	

DATE OF SIGNATURE

SIGNATURE OF PERSON SERVING

Name (print or type): .....

State of .....  City  County of .....

Subscribed and sworn to/affirmed before me this day by

DATE

NOTARY PUBLIC

(My Commission Expires .....) )

NOTARY REGISTRATION NUMBER