

**Superior Court of Washington  
County of**

In re:

and

Petitioner,

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 the following documents to (name) \_\_\_\_\_:
  - summons, a copy of which is attached
  - petition in this action
  - proposed parenting plan or residential schedule
  - proposed child support order
  - proposed child support worksheets
  - sealed financial source documents cover sheet and financial documents
  - financial declaration
  - Notice Re: Dependent of a Person in Military Service
  - notice of hearing for \_\_\_\_\_
  - motion for temporary order
  - motion for and ex parte order
  - motion for and order to show cause re: \_\_\_\_\_
  - declarations of \_\_\_\_\_
  - temporary order
  - 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. (File Affidavit of Publication separately.)
  - (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. (Tape 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 \_\_\_\_\_

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

File the original Return of Service with the clerk. Provide a copy to the law enforcement agency where protected person resides if the documents served include a restraining order signed by the court.