

IN THE INTEREST OF

Amended

**Declaration of Service
(Chapter 48 and 938)**

Name

Date of Birth

Case No. _____

I, [Name] _____ of [City] _____, State of _____,
being sworn, state that on [Date] _____, I provided copies of the following documents:

The following names and addresses:

See attached

1. Name: _____
Address: _____
Type of Service: Mail Personal Service Certified mail Registered mail with return receipt requested Publication
2. Name: _____
Address: _____
Type of Service: Mail Personal Service Certified mail Registered mail with return receipt requested Publication
3. Name: _____
Address: _____
Type of Service: Mail Personal Service Certified mail Registered mail with return receipt requested Publication
4. Name: _____
Address: _____
Type of Service: Mail Personal Service Certified mail Registered mail with return receipt requested Publication
5. Name: _____
Address: _____
Type of Service: Mail Personal Service Certified mail Registered mail with return receipt requested Publication
6. Name: _____
Address: _____
Type of Service: Mail Personal Service Certified mail Registered mail with return receipt requested Publication
7. Name: _____
Address: _____
Type of Service: Mail Personal Service Certified mail Registered mail with return receipt requested Publication

Refer to Wisconsin Statutes for proper manner of service.

**I declare under the criminal penalty of false swearing
that the information I have provided is true and
accurate.**



Petitioner's Signature

Name Printed or Typed

Address

Email Address

Telephone Number

Date

State Bar No. (if any)