

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF

Amended

Name _____

Date of Birth _____

**Affidavit of Service
(Guardianship,
Conservatorship,
Protective Placement or
Protective Services)**

Case No. _____

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

the original of which is on file

a copy of which is attached

to the following named persons at the address/facsimile number listed:

See attached

NAME	ADDRESS	TYPE OF SERVICE***

*** TYPE OF SERVICE: Refer to Wisconsin Statutes for proper manner of service.

Type of Service:

- Personal Service
- Mail
- Certified mail return receipt requested
- FAX with transmittal receipt

State of _____

County of _____

Subscribed and sworn to before me on _____

Notary Public/Court Official

Name Printed or Typed

My commission/term expires: _____

Signature

Name Printed or Typed

Address