

SHORT TITLE:  _____	CASE NUMBER:  _____
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**ATTACHMENT TO PROOF OF PERSONAL SERVICE—CIVIL (PERSONS SERVED)**

*(This Attachment is for use with form POS-020)*

<u>Name of Person Served</u>	<u>Address (number, street, city, and zip code)</u>	<u>Date and Time of Service</u>
		Date: _____ Time: _____
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