

SHERIFF'S OFFICE

50 NORTH DUKE STREET, P.O. BOX 83480, LANCASTER, PENNSYLVANIA, 17608-3480 - (717) 299-8200

SHERIFF SERVICE PROCESS RECEIPT, and AFFIDAVIT of RETURN										PLEASE MAKE SURE FORM PRINTS LEGIBLY													
1. PLAINTIFF/S/										2. COURT DOCKET NUMBER													
3. DEFENDANT/S/										4. TYPE OF DOCUMENT TO BE SERVED													
SERVE AT		5. NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO BE SERVED																					
		6. ADDRESS (Street or RFD, Apartment No., City, Boro, Twp., State and ZIP Code)																					
7. INDICATE UNUSUAL SERVICE: DEPUTIZE _____ OTHER _____																							
Now, _____ 20____, I SHERIFF OF LANCASTER COUNTY, PA., do hereby deputize the Sheriff of _____ County to execute the writ and make return thereof according to law. This deputation being made at the request and risk of the plaintiff _____ Sheriff of Lancaster County																							
8. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE:																							
NOTE ONLY APPLICABLE ON WRIT OF EXECUTION: N.B. WAIVER OF WATCHMAN - Any deputy sheriff levying upon or attaching any property under within writ may leave same without a watchman, in custody of whomever is found in possession, after notifying person of levy or attachment, without liability on the part of such deputy or the sheriff to any plaintiff herein for any loss, destruction or removal of any such property before sheriff's sale thereof.																							
9. SIGNATURE OF ATTORNEY OR OTHER ORIGINATOR								Print Name				10. TELEPHONE NUMBER				11. DATE							
12. SEND NOTICE OF SERVICE COPY TO NAME AND ADDRESS BELOW:(This area must be completed if notice is to be mailed)																							
SPACE BELOW FOR USE OF SHERIFF ONLY – DO NOT WRITE BELOW THIS LINE																							
13. I acknowledge receipt of the writ Or complaint as indicated above								NAME of authorized LCSO Deputy or Clerk				14. DATE RECEIVED				15. EXPIRATION/HEARING DATE							
16. I Hereby CERTIFY and RETURN that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service as shown in "Remarks", <input type="checkbox"/> have executed as shown in "Remarks", the writ or complaint described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., at the address inserted below by handing a TRUE and ATTESTED COPY thereof.																							
17. <input type="checkbox"/> I hereby certify and return a NOT FOUND because I am unable to locate the individual, company, corporation, ect., named above.																							
18. Name and title of individual Served (if not shown above) (Relationship to Defendant)												19. <input type="checkbox"/> No Servic See Remarks Below											
20. Address of where served (Complete only if different than shown above)(Street or RFD, Apartment No., City, Boro,TWP, State and ZIP Code)												21. Date of Service				22. Time AM/PM <small>E.S.T/E.D.S.T</small>							
23. Attempts		Date		Miles		Dep. Int		Date		Miles		Dep. Int		Date		Miles		Dep. Int					
24. Advance Costs				25. Service Costs				26. Notary Costs				27. Mileage/Postage/N.F.				28. Total Costs				29. COST DUE OR REFUND			
30. Remarks S.T.A.																							
31. AFFIRMED and subscribed to before me this _____										SO ANSWER.													
34. day of _____ 20 _____										32. Signature of Dep Sheriff				33. Date									
37. _____										35. signature of Sheriff				36. Date									
Prothonotary/Deputy/Notary Public MY COMMISSION EXPIRES _____										CHRISTOPHER R. LEPLER, SHERIFF OF LANCASTER COUNTY PA													