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DISTRICT COURT OF THE STATE OF WASHINGTON  
FOR THE COUNTY OF

v.

Plaintiff(s),

Defendant(s).

SMALL CLAIM NO. \_\_\_\_\_

CERTIFICATE OF SERVICE

[Completed by the person who handed the  
Small Claim to the Defendant(s)].

I DECLARE:

1. I am over the age of 18 years, and I am not a party to this action.
2. I served \_\_\_\_\_ [Name of Defendant] with a NOTICE OF SMALL CLAIM:
3. Service was made pursuant to Limited Jurisdiction Court Civil Rule 4(d)

CHECK ONE:

- 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.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ : \_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at \_\_\_\_\_ [Place], on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [Date].

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Emerald Legal Service  
803 Vandercook Way, Suite 8  
Longview, WA 98632  
(360) 261-0879

*Complete the section below only if fees were paid to the person performing service.*

Fees:

Service \_\_\_\_\_  
Mileage \_\_\_\_\_  
Total \_\_\_\_\_