

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

Amended

IN THE MATTER OF

Name _____

Date of Birth _____

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

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: _____

This notarial act involved the use of communication technology.

Signature _____

Name Printed or Typed _____

Address _____

Email Address _____

Telephone Number _____

Date _____