

<b>POKAGON BAND OF POTAWATOMI INDIANS TRIBAL COURT</b>	<b>PROOF OF SERVICE OR ATTEMPTED SERVICE</b>	<b>CASE NO.</b>
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58620 Sink Road, P.O. Box 355, Dowagiac, MI 49047

Phone (269) 783-0505 Fax (269) 783-0519

Petitioner name, address, telephone:	<b>V.</b>	Respondent name, address, telephone:
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**In the Matter of:** \_\_\_\_\_

I served the  Petitioner  Respondent (list all documents served) \_\_\_\_\_  
 \_\_\_\_\_ as follows:

**SERVICE BY MAIL**

First-class mail, postage fully paid to the last known address as stated above.  
 Registered or Certified Mail, return receipt requested, restricted delivery to the addressee, to the last known address as stated above (copy of return receipt attached).

**PERSONAL SERVICE**

I personally served a copy of the above-stated documents on the  Petitioner  Respondent as follows:

Name	Complete Address of Service	Day, Date and Time of Service

**ATTEMPTED SERVICE**

I have personally attempted to serve a copy of the above-stated documents, together with any attachments on the  
 Petitioner  Respondent and have been unable to complete service for the following reasons:

Name	Complete Address of Service	Day, Date and Time of Service

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

**ACKNOWLEDGMENT OF SERVICE**

I, \_\_\_\_\_, acknowledge that I have received the above-stated documents together with any  
 \_\_\_\_\_  
 Acknowledging Party

attachments on \_\_\_\_\_,  
 \_\_\_\_\_  
 Day, Date, and Time

\_\_\_\_\_ on Behalf of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Acknowledging Party