

SAGINAW CHIPPEWA TRIBAL COURT
6954 E. BROADWAY
MT PLEASANT, MI 48858
(989)775-4800

CASE NUMBER: _____

IN THE MATTER OF: _____

PERSON TO BE SERVED: _____

ADDRESS/PLACE TO BE SERVED: _____

OFFICER'S NAME	PERSON CONTACTED	DATE/TIME SERVED	DISPOSITION

CERTIFICATE OF SERVICE

I, _____ BEING FIRST DULY SWORN, DEPOSE AND STATE THAT ON THE _____ DAY OF _____, 20____, I SERVED A COPY OF THE _____ IN PERSON TO THE ABOVE NAMED INDIVIDUAL.

DATE

POLICE OFFICER/PROCESS SERVER