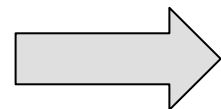


**Instructions for:**

**Form 3-C**

**Affidavit of Service by  
Personal Service**



## **Form 3-C - Affidavit of Service by Personal Service**

*The numbers on these instructions correspond with the numbers in the arrowboxes on the form. Use the form with the arrowboxes to guide you through filling out the blank form.*

1. Write the name of the county you are filing in by arrowbox 1. Write exactly what you wrote on Form 1, by arrowbox 1.
2. Write your name by arrowbox 2. Write your name exactly as you wrote it on Form 1, by arrowbox 2.
3. Write your spouse's name by arrowbox 3. Write your spouse's name exactly as you wrote it on Form 1, by arrowbox 3.
4. Write the docket number by arrowbox 4. The docket number is the number that the Prothonotary's Office wrote on Form 1, by arrowbox 4 at the time of filing.
5. Write the name of the **adult** person (**cannot be you**) who served your spouse Form 1 by arrowbox 5.
6. After the third party serves your spouse with Form 1, he/she will write the date he/she served your spouse by arrowbox 6.
7. After the third party serves your spouse with Form 1, he/she will write today's date by arrowbox 7.
8. After the third party serves your spouse with Form 1, he/she will sign by arrowbox 8.
9. File this form with the Prothonotary.

***Note: Because this is original service (see Introduction section), you must also provide a copy of the complete service document to the other party.***



**IN THE COURT OF COMMON PLEAS OF  
\_\_\_\_\_ COUNTY, PENNSYLVANIA**

_____ ,	:	<b>CIVIL ACTION – LAW</b>
<b>PLAINTIFF</b> (your full name)	:	
	:	
<b>vs.</b>	:	<b>Case No.</b> _____
	:	
	:	
_____ ,	:	
<b>DEFENDANT</b> (spouse's full name)	:	<b>IN DIVORCE</b>

**AFFIDAVIT OF SERVICE BY PERSONAL SERVICE**

I, \_\_\_\_\_, hereby depose and say that on this date, I personally served the above-captioned Defendant with a Complaint in Divorce and Notice to Defend and Claim Rights with Notice of Availability of Counseling, by personally handing the same to him/her on \_\_\_\_\_ (date).

I verify that the statements in this document are true and correct to the best of my knowledge, information, and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

Respectfully Submitted,

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person who Served Defendant  
(not Plaintiff)