FORM UJS-183 REV. 07/2022

, at the following mailing address:

from		(city where documents were mailed from
	County,	(state where
documents were mailed from).		
Date this	_ day of	, 20
		Plaintiff's Signature
		Typed or Printed Name
		Mailing Address
		City, State and Zip Code
		Telephone Number

ADMISSION OF SERVICE OF SUMMONS & COMPLAINT (PATERNITY ACTION)

I,		(insert the name of the Defendant),
		(Paternity Action), South Dakota Parenting Guidelines, the
Complaint (Paternity A	ction), and the No	otice and Admission of Service of Summons & Complaint in
the above-captioned ma	atter at (insert the	city, county and state where you were when you received the
document):		
		(city)
		(county)
		(state).
statements contained in t Dated this		, 20
		Signature of Defendant
		Typed or Printed Name
		Mailing address
		City, State and Zip Code
		Telephone Number

AFFIDAVIT OF MAILING

l,	, being sworn, state that on	
1, (Full legal name of Plaintiff)		
, 20	, I sent the following documents:	
• SLIMMONS (DATEDNITY ACTIO	NAT).	
SUMMONS (PATERNITY ACTION);SOUTH DAKOTA PARENTING GUIDELINES;		
COMPLAINT (PATERNITY ACT NOTICE & ADMISSION OF SERV	VICE OF SUMMONS & COMPLAINT	
• NOTICE & ADMISSION OF SER (PATERNITY ACTION)	VICE OF SUMMONS & COMPLAINT	
by placing true and correct copies in an envelope a	ddressed to:	
	at	
Full legal name of Defendant	Defendant's mailing address	
in the City of	_, State of,	
Zip Code and depositing the env	elope, with sufficient postage, in the United States	
	1 2 7	
Mail at		
(city and state mailed from)		
Dated this day of	20	
Dated this day of		
	Plaintiff's Signature	
	(Date and sign in front of Notary Public/Clerk)	
	D. J. D. J. J. CO. A. J.	
Sworn/affirmed before me this day of	Print Plaintiff's Name	
, 20	Mailing Address	
Notary Public/Clerk of Court		
If Notary, my commission expires:	City/State/Zip	
J , J	· 1	
(SEAL)	Phone No	
	PHANE INA	

FORM UJS-183B REV. 07/2022