

INSTRUCTIONS AND FORM FOR STATEMENT OF MAILING

If you have any legal questions while completing this form, it is highly recommended that you consult with an attorney. Court staff are unable to provide legal advice or assist with form completion. For specific questions related to the forms, you can also contact the Legal Form Help line at 1-855-784-0004 or email UJS staff at ujssrlhelp@uj.s.state.sd.us.

IMPORTANT NOTICE:

Complete this form only after you have mailed a copy of your document to the other party.

Complete this form by:

1. Complete the caption by filling in the county name, judicial circuit number, Plaintiff and Defendant name, and file number. All of this can be found on any previous filing completed in your case.
 - a. You can also contact the Clerk of Court, legal help line, or email UJS staff for this information.
2. In the first paragraph, enter your name on the line provided.
 - a. Mark the appropriate box of what you are mailing to the opposing party. Multiple boxes can be marked.
3. Enter the address of the opposing parties that you mailed the documents to.
4. Enter the date you mailed the documents as well as the city and state you mailed them from.
5. Sign and date.
6. File with the Clerk of Court.

COUNTY OF _____

_____ JUDICIAL CIRCUIT

<p>_____</p> <p>Plaintiff</p> <p>v.</p> <p>_____</p> <p>Defendant</p>	<p>Case No.: _____</p> <p style="text-align: center;">STATEMENT OF SERVICE BY MAIL</p>
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I, _____, the above-named **Plaintiff** / **Defendant** (check one), swear under oath that I served the opposing party with the: (mark all that apply)

- Motion to/for** _____
(What you are asking from the Court)
- Affidavit in Support of Motion**
- Supporting Document/Exhibits**
- Notice of Hearing**
- Responding Affidavit**

by placing a true and correct copy of the documents in an envelope addressed to the **Plaintiff** / **Defendant** (check one) in this matter, at:

(Opposing Party Name)

(Street Address)

(City, State, Zip Code)

on the _____ day of _____, 20____ and depositing the envelope, with sufficient postage, in the United States Mail from _____, _____.

(City) (State)

I declare under penalty of perjury under the law of South Dakota that the foregoing is true and correct.

Signed on the _____ day of _____, _____ at _____.
(Date) (Month) (Year) (City or other location, and State)

 Plaintiff / **Defendant** Signature (check one)

 Plaintiff / **Defendant** Name (check one)

Address

City, State, Zip Code

Phone Number