

IN THE CIRCUIT COURT OF THE STATE OF OREGON
IN AND FOR THE COUNTY OF DESCHUTES
SMALL CLAIMS DEPARTMENT

NOTICE OF SUBSTITUTE SERVICE

Small Claim Number:

DEFENDANT(S)

ADDRESS

Enclosed is a copy of the Claim and Notice served upon you by substitute service as follows:

Date Served _____

Time Served _____

Location _____

Dated this ____ day of _____, 200__.

Plaintiff's Signature

I, _____, certify that I mailed a certified true copy of the small claim

and return of summons and a true copy of this notice to the above-named defendant(s) at

_____ AM/PM on the ____ day of _____, 200__.

PLAINTIFF'S SIGNATURE