**AFFIDAVIT OF SERVICE**

Your State )

 ) ss:

Your County )

 I, Your Name, being duly sworn, deposes and says: I am not a party to this action and am over 18 years of age. On the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, I served the within Notice of Motion with attached Verified Show Cause upon the names and addresses are set forth below, by mailing a true copy of the attached papers, enclosed and properly sealed in a postpaid envelope, which I deposited in an official depository under the exclusive care and custody of the United States Postal Services within the State of New York addressed to:

Your County District Attorney Address City, State, and zip code

Others if necessary

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTARY**

Your State, Your County on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ before me, the subscriber, personally appeared Your Name to me known to be the living (wo)man describe herein and who executed the forgoing instrument and sworn before me that (s)he executed the same as their free will act and deed.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary