

This NOTICE is for: _____ [Name of Person Being Served]

PROOF OF SERVICE

_____ I personally delivered the Notice and Petition to the person named above at _____
_____ [place] at _____ [date and time].

_____ I left the Notice and Petition in the proximity of the individual by _____
_____ after he/she refused to receive it when I offered it to him/her.

_____ I left the Notice and Petition at the individual's usual place of abode at _____
_____ [address]
with _____ [name], a person **over 15** years of age who is a
member of the named person's family, at _____ [date and time].

_____ I delivered the Notice and Petition to _____ [name],
an agent authorized by appointment or by law to receive service of summons on behalf of the person
named above at _____ [date and time].

I am the Petitioner, or an Attorney of Record for the Petitioner, and I served the Notice and Petition by
certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt
signed by the person named above.

_____ I am the Petitioner or an Attorney of Record for the Petitioner, and I mailed a copy of the Summons and
Complaint by First-class Mail to the Respondent named above together with two copies of an
Acknowledgment of Receipt; and I have attached hereto a receipt signed by the person named above.

_____ I delivered the Notice and Petition to the Superintendent of the hospital or institution where the person
named above is confined at _____ [date and time],
and notified the Superintendent of his or her duty to promptly deliver or communicate the notice to the
person named above.

_____ [other legal notice]: _____

_____ I was unable to execute service because: _____

Additional information regarding service or attempted service: _____

To be completed if service is by a sheriff or deputy sheriff:

Date: _____ SHERIFF OF _____ COUNTY, ARKANSAS

By: _____
[Signature of server]

[Printed name, title, and badge number]

To be completed if service is by a person *other* than a sheriff or deputy sheriff:

Date: _____ By: _____
[Signature of server]

[Printed name]

Address: _____

Phone: _____

Subscribed and sworn to before me this date: _____.

Notary Public

My commission expires: _____.