

<input type="checkbox"/>	EXPEDITE
<input type="checkbox"/>	Hearing is set Date: Wednesday, Time: 2:00 p.m. Judge/Calendar: State Family Law
<input checked="" type="checkbox"/>	No hearing scheduled.

Superior Court of Washington, County of Thurston

In re Parentage:
State of Washington
Petitioner,
vs.

JASON MICHAEL FORD
Father

KIRSTEN MICHELLE HARRIS
Mother
Respondents.

NO: 10-3-01258-4

Return of Service - Modification

No Mandatory Form Developed

Server declares;

1. I, Emily Johnson, am not a party to this case. I am 18 or older.

2. I served JASON MICHAEL FORD with the following documents:

A petition for modification of child support.

A summons.

Notice Re: Dependent of a Person in Military Service.

The Washington State Child Support Schedule Worksheet.

Financial Declaration completed by

A blank set of the Washington State Child Support Schedule Worksheet to be completed by the responding party. A blank response form.

A blank financial declaration form.

3. The date, time and place of service were (if by mail or publication refer to Paragraph 4 below):

Date: _____

Time: _____

Address: _____

4. Service was made pursuant to RCW 26.09.175 (2) and (3) by:

A certified mail requiring a return receipt as provided in RCW 26.09.175(2). (Attach return receipt below.) The copies of the papers were mailed on August 23, 2018.

5. Service of Notice on Dependent of a Person in Military Service.

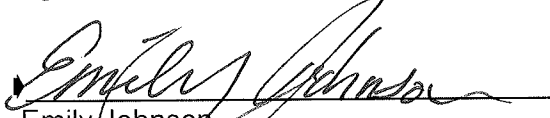
[] The Notice to Dependent of Person in Military Service was [] served on [] mailed by first class mail on _____.



[] Other:

6. Other

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at Olympia, Washington on August 31, 2018.


Emily Johnson

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">Complete items 1, 2, and 3.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <i>Victoria (Agent)</i> C. Date of Delivery <i>8/30/18</i></p>
<p>1. Article Addressed to:</p> <p><i>Jason Ford</i> KNOWN TO WSSR</p> <p><i>2144122</i></p>  <p>9590 9402 3197 7166 3908 57</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p><i>7003 2260 0003 2914 6465</i> stricted Delivery</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt