

**FILED**  
NOV 15 2023  
KITSAP COUNTY CLERK  
DAVID T. LEWIS III

Superior Court of Washington, County of KITSAP

In re:

Petitioner/s (person/s who started this case):

WOOD, Heather (mother)

And Respondent/s (other party/parties):

Feulner, Lenard (father)

No. 07-3-01713-1

Proof of Mailing or Hand Delivery  
(for documents after Summons and Petition)  
(AFSR)

**Proof of Mailing or Hand Delivery**  
**(for documents after Summons and Petition)**

**Warning!** Do **not** use this form to prove you mailed or delivered a Summons, Petition, Order to Go to Court, or any kind of Restraining Order. For those documents, use Proof of Personal Service (FL All Family 101), or if you have court permission to serve by mail, use Proof of Service by Mail (FL All Family 107).

I declare:

**1.** I am (check one): ☒ the Petitioner ☐ the Respondent ☐ (name):

and am competent to be a witness in this case.

**2.** On (date): 11/7/2023, I served copies of the documents listed in **3** below to  
(name of party or lawyer served): Lenard Feulner by:

☒ mail (check all that apply): ☐ first class ☐ certified ☐ other

4101 Anderson Hill RD SW, Port Orchard, WA 98367  
mailing address city state zip

☐ email to (address):  
(only if allowed by agreement, order, or your county's Local Court Rule)

☐ fax to (number):  
(only if allowed by agreement, order, or your county's Local Court Rule)

☐ Hand delivery at (time): ☐ a.m. ☐ p.m. to this address:



street address

city

state

zip

I left the documents (check one):

- ☐ with the party or lawyer named above.
- ☐ at his/her office with the clerk or other person in charge.
- ☐ at his/her office in a conspicuous place because no one was in charge.
- ☐ with (name): \_\_\_\_\_, at the address listed in court documents where the party agreed to receive legal papers for this case.
- ☐ (For a party or lawyer who has no office or whose office is closed) at his/her home with (name): \_\_\_\_\_, a person of suitable age and discretion who lives in the same home.

**3. List all documents you served (check all that apply):**

(The most common documents are listed below. Check only those documents that were served. Use the "Other" boxes to write in the title of each document you served that is not already listed.)

<input checked="" type="checkbox"/> Notice of Hearing <u>December 1, 2023</u>	<input type="checkbox"/> Notice Re Military Dependent
<input type="checkbox"/> Motion for Temporary Family Law Order <input type="checkbox"/> and Restraining Order	<input type="checkbox"/> Sealed Financial Documents
<input type="checkbox"/> Proposed Temporary Family Law Order	<input type="checkbox"/> Financial Declaration
<input checked="" type="checkbox"/> Proposed Parenting Plan	<input checked="" type="checkbox"/> Declaration of: <u>Michelle Robb</u>
<input type="checkbox"/> Proposed Child Support Order	<input checked="" type="checkbox"/> Declaration of: <u>Heather Wood</u> <u>Orsawa signature (NOTICE)</u>
<input type="checkbox"/> Proposed Child Support Worksheets	<input type="checkbox"/> Declaration of: _____
<input checked="" type="checkbox"/> Other: <u>Motion to apply Street</u>	<input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Other: <u>Scrutiny</u>	<input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Other: <u>Notice + Motion for</u>	<input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Other: <u>Special Settings / accommodation</u>	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

**4. Other:** \_\_\_\_\_

I declare under penalty of perjury under the laws of the state of Washington that the statements on this form are true.

Signed at (city and state): Rochester, WA Date: 11/14/2023



Signature

of server Print or type name of server

11/14/2023