09/07

STATE OF MICHIGAN PROBATE COURT MONTCALM COUNTY	PROOF OF SERVICE	FILE NO.

In the matter of: A. _____

1. **Titles of the papers** served: Report of Guardian of Person with Developmental Disabilities

☐ 2. According to court rule, I served by ☐ ordinary mail or ☐ certified mail (copy of return receipt attached) the papers listed above on:

Name of person served by mail	Address printed on envelope for mailing (including street number, street address, city, state and zip code)	Date envelope placed in box for delivery by USPS

☐ 3. According to court rule, I **personally handed** a copy of the papers listed above on:

Name of person served by handing the documents to them	Address where I was when document was handed to that person (including street number, street address, city, state and zip code)	Date I stood before the person and gave them the documents

Service must be completed on the ward (person for whom you have guardianship) and any other interested persons as defined by MCR 5.125.

☐ 4. After diligent search and inquiry, I have been unable to find and serve the following interested persons: _____
I have made the efforts listed in the attached Due Diligence Affidavit in attempting to serve process.

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge and belief.

Date: _____

_____
Signature of Person Completing Service

Do not write below this line – For court use only