Rule 6.02(b)

FORM 22

DECLARATION OF SERVICE

*SERVICE OPTIONS UNDER THE CHILDREN, YOUTH AND FAMILIES ACT 2005

I,		of
	[full name]	J
		1
	[address]	
	[uuuress]	
	[occupation]	
de	eclare that I served a copy of the	
	[describe document]	- 1
or	n [name of person served]	
***	ho is the	7
vv	[capacity e.g. mother/father/child]	J
or	at am/pm by:	
	[date] [time]	
*	delivering it to the person personally at [address]	
]
		_
*	leaving it for the person at [address]	٦
be	eing the person's last known place of *residence/ *business with a person who apparently resided or wo	rked
th	ere and who apparently was not less than 16 years of age.	
*		
•••	posting it by *prepaid ordinary post/ *registered post at [address of posting]	7
]
	an envelope addressed to that person at that person's last known place of *residence/ *business. I obta	ined
th	is address from [specify]	
*	other [specify]	
	Calci Ispecty)	7

-	[Signature of person making this statutory declaration in the presence of the authorise statutory declaration taker]	d
Declared at	[place]	
In the State of Victoria on	[date]	
I am an authorised statutory dethe declaration:	ation witness and I sign this document in the presence of the person makig	,
	[Signature of authorised statutory declaration witness]
on	[date]	
	[Full name, statement of capaci in which the authorised affidav taker has authority to take th affidavit, and personal or professional address in legib writing, typing or stamp]	it ie
A person authorised under Parstatutory declaration.	f the Oaths and Affirmations Act 2018 to witness the signing of a	
	*Delete if not applicable	

I declare that the contents of this statutory declaration are true and correct and I make it knowing that making a statutory declaration that I know to be untrue is an offence.