24SA-MC00008

MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION

AFFIDAVIT OF RETURN OF SERVICE

IV–D CASE NUMBER:	COURT ORDER NUMBER
71840772	

INSTRUCTIONS TO PROCESS SERVER

AFTER COMPLETING THIS FORM, PLEASE RETURN IT TO: FAMILY SUPPORT DIVISION
PO BOX 6790
JEFFERSON CITY, MO 65102–6790

IF YOU WERE ABLE TO SERVE THE PERSON NAMED BELOW, PLEASE COMPLETE THE *SERVICE INFORMATION* SECTION OF THIS FORM.

IF YOU WERE UNABLE TO SERVE THE PERSON NAMED BELOW, PLEASE INDICATE WHY, AND INCLUDE THE DATE, TIME, AND LOCATION OF EACH ATTEMPTED SERVICE.

Service attempt info below

SERVICE INFORMATION

I SWEAR AND AFFIRM THAT I PERSONALLY SERVED HENRY ALAN SMITH WITH THE NOTICE&FINDING-FINANCIAL RESPONSIBILITY DATED, 9/13/23 BY:

☐ DELIVERING A COPY OF THE DOCUMENT TO THE ABOVE–NAMED PERSON AT:

_____, (ADDRESS)

ON _____ (DATE) AT _____ (TIME).

OR

☒ LEAVING A COPY OF THE DOCUMENT AT THE ABOVE–NAMED PERSON'S DWELLING PLACE OR USUAL PLACE OF ABODE, WITH A FAMILY MEMBER WHO IS AT LEAST 18 YEARS OF AGE:

NAME OF FAMILY MEMBER SERVED: [redacted]

RELATIONSHIP TO THE ABOVE–NAMED PARTY: [redacted]

FAMILY MEMBERS INCLUDE, IN ADDITION TO RELATIVES LIVING THEREWITH, ROOMMATES AND/OR ANY OTHER PERSON WHO MAKES HIS/HER RESIDENCE, DWELLING PLACE OR USUAL PLACE OF ABODE WITH THE ABOVE–NAMED PERSON.

SERVICE ABOVE WAS MADE AT THE FOLLOWING DATE, TIME AND ADDRESS:

[redacted] (ADDRESS).

ON December 16, 2023 (DATE) AT 11:18 am (TIME).

ALL DONE IN [redacted] COUNTY, MISSOURI.

NAME (PRINTED) OF DULY AUTHORIZED PROCESS SERVER (§454.465.5, RSMo)	SIGNATURE OF DULY AUTHORIZED PROCESS SERVER (§454.465.5, RSMo)
Wade M. Harris	Wade M. Harris

NOTARY PUBLIC EMBOSSER SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	Missouri	Greene
	SUBSCRIBED AND SWORN BEFORE ME, THIS 19th DAY OF December 2023	USE RUBBER STAMP IN CLEAR AREA BELOW
	NOTARY PUBLIC SIGNATURE: Lauren V Ford	MY COMMISSION EXPIRES: June 13 2027
	NOTARY PUBLIC NAME (TYPED OR PRINTED): Lauren V Ford	LAUREN V FORD Notary Public - Notary Seal STATE OF MISSOURI Dade County My Commission Expires: Jun. 13, 2027 Commission # 23530359

Electronically Filed - SALINE - January 29, 2024 - 10:06 AM

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STATE OF MISSOURI, DEPARTMENT OF SOCIAL SERVICES
BEFORE THE DIRECTOR, FAMILY SUPPORT DIVISION

BRITTANY ANNE HARRIS Petitioner vs. HENRY ALAN SMITH Respondent	County: SALINE COUNTY Court Order No.: IV–D Case No.: 71840772

CERTIFICATE OF MAILING

I, Kortney Nussbaum, hereby certify that:

(1) I am an employee or agent of the Family Support Division.

(2) I mailed a true copy of the:

Order

By:

First-class mail

on 1/26/24, to HENRY SMITH at the address listed on the Confidential Case Filing Sheet filed with the Court.

(3) The person to whom the document was mailed is:

The above–named respondent in the support action.

FSD Employee / Agent Signature

Date 1/26/24

Family Support Division PO Box 6790 Jefferson City, MO 65102–6790
Telephone Number (855) 454-8037

Not an Official Court Document

Electronically Filed - SALINE - January 29, 2024 - 10:06 AM

STATE OF MISSOURI, DEPARTMENT OF SOCIAL SERVICES
BEFORE THE DIRECTOR, FAMILY SUPPORT DIVISION

BRITTANY ANNE HARRIS Petitioner vs. HENRY ALAN SMITH Respondent	County: SALINE COUNTY Court Order No.: IV–D Case No.: 71840772

CERTIFICATE OF MAILING

I, Kortney Nussbaum, hereby certify that:

(1) I am an employee or agent of the Family Support Division.

(2) I mailed a true copy of the:

Order

By:

First-class mail

on 1/26/24, to BRITTANY HARRIS at the address listed on the Confidential Case Filing Sheet filed with the Court.

(3) The person to whom the document was mailed is:

The above-named petitioner in the support action.

FSD Employee / Agent Signature — Date 1/26/24

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Telephone Number (855) 454-8037

Electronically Filed - SALINE - January 29, 2024 - 10:06 AM

STATE OF MISSOURI, DEPARTMENT OF SOCIAL SERVICES
BEFORE THE DIRECTOR, FAMILY SUPPORT DIVISION

BRITTANY ANNE HARRIS Petitioner	County: SALINE COUNTY Court Order No.:
vs. HENRY ALAN SMITH Respondent	IV–D Case No.: 71840772

CERTIFICATE OF MAILING

I, Briana Williams, hereby certify that:

(1) I am an employee or agent of the Family Support Division.

(2) I mailed a true copy of the:

Notice/Finding Financial Responsibility
By:

First-class mail

on 9/18/23, to Brittany Harris at the address listed on the Confidential Case Filing Sheet filed with the Court.

(3) The person to whom the document was mailed is:

The above-named petitioner in the support action.

FSD Employee / Agent Signature — Date 9/18/23

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Telephone Number (855) 454-8037