

STATE OF VERMONT

SUPERIOR COURT

FAMILY DIVISION

Unit

Case No. _____

Plaintiff Name	DOB	V.	Defendant Name	DOB
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RETURN OF SERVICE

On _____ I served the following documents upon _____

ORDER(S):

MOTION(S):

<input type="checkbox"/> Child Support <input type="checkbox"/> Interim <input type="checkbox"/> Temp <input type="checkbox"/> Final <input type="checkbox"/> Contempt Order <input type="checkbox"/> Domestic Scheduling Order <input type="checkbox"/> Entry Order Re: <input type="checkbox"/> Final Order/Decree: <input type="checkbox"/> Divorce <input type="checkbox"/> Parentage <input type="checkbox"/> Dissolution <input type="checkbox"/> Legal Separation <input type="checkbox"/> Genetic Testing Order <input type="checkbox"/> Interim Domestic Order <input type="checkbox"/> Medical Support Order <input type="checkbox"/> Parentage <input type="checkbox"/> PRR/PCC Order/Parenting Plan <input type="checkbox"/> Interim <input type="checkbox"/> Temp <input type="checkbox"/> Final <input type="checkbox"/> Qualified Domestic Relations Order (QDRO) <input type="checkbox"/> Show Cause Order <input type="checkbox"/> Temporary Order <input type="checkbox"/> Other:	<input type="checkbox"/> Contempt <input type="checkbox"/> Child Support <input type="checkbox"/> Other <input type="checkbox"/> Dismissal <input type="checkbox"/> Enforce: <input type="checkbox"/> Child Support <input type="checkbox"/> Final Order <input type="checkbox"/> PRR <input type="checkbox"/> PCC <input type="checkbox"/> Alimony <input type="checkbox"/> Extend Relief From Abuse Order <input type="checkbox"/> License Suspension <input type="checkbox"/> Modify: <input type="checkbox"/> Child Support <input type="checkbox"/> PRR <input type="checkbox"/> PCC <input type="checkbox"/> Alimony <input type="checkbox"/> Modify Relief From Abuse Order <input type="checkbox"/> Reconsider <input type="checkbox"/> Vacate Order <input type="checkbox"/> Wage Withholding <input type="checkbox"/> Other Motion:
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DOCUMENTS INITIATING A CASE:

OTHER:

<input type="checkbox"/> Summons and Complaint for: <input type="checkbox"/> Divorce <input type="checkbox"/> Parentage <input type="checkbox"/> Civil Union Dissolution <input type="checkbox"/> Income & Expense Affidavit - Blank	<input type="checkbox"/> Notice of Appearance (Attorney or SRL) <input type="checkbox"/> Income & Expense Affidavit (Form 813) prepared by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> IFP Application <input type="checkbox"/> Notice of Hearing or Hearing Cancellation <input type="checkbox"/> Affidavit in Support of Motion <input type="checkbox"/>
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To Servicing Law Enforcement Agency: Please complete this form by checking *all* documents provided to the party above.

By delivering a copy of these documents to:

Date	Officer's Name, Title and Agency	Officer's Signature

Fees		
	Service Fee	\$
miles at \$.	per mile	\$
Total		\$