**IN THE DISTRICT COURT OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY, KANSAS**

In the Matter of the Adoption of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

a minor child Case No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pursuant to K.S.A. Chapter 59

**AFFIDAVIT OF SERVICE**

 I certify under penalty of perjury under the laws of the state of Kansas that I served the attached Notice of Hearing on Petition for Stepparent Adoption with Consents on [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of legal mother) and/or [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of legal father) and/ or [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of any other person to whom the Court ordered that notice be given) and all attorneys of record, if any, by certified mail on the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, at the time and place listed on the attached return receipt card.

(When you receive the signed “green card” back from the other party, attach it here and file this form with the Clerk of the District Court prior to hearing.)

 [ ]  Check here if service by certified mail was refused. If refused, I certify that I sent a true copy of the Notice of Hearing on Petition for Stepparent Adoption with Consents by first class mail to [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of legal mother) at the following address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and/or [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of legal father) at the following address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and/ or [ ]  (name of any other person to whom the Court ordered that notice be given) at the following address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ and such first class mailing has not been returned as undelivered for any reason.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Petitioner, Pro Se

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Fax #]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Email address]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_