

**Instructions:** You must fill out this form completely, legibly, and accurately. Failure to fill in your name, accurate case numbers, birthdate, contact information, complete the Declaration section, and/or properly sign the document in the multiple areas required may cause this document to be rejected for filing with the Court and to be returned to you. **Please Note:** The terms "case number", "cause number", "notice number", "ticket number", and "citation number" may be used interchangeably to refer to the court number assigned to your case.

<b>Spokane Municipal Court</b> <b>County of Spokane, State of Washington</b>
CITY OF SPOKANE, Plaintiff,  vs  _____ Defendant.

Case No 1: \_\_\_\_\_  
Case No 2: \_\_\_\_\_  
Case No 3: \_\_\_\_\_  
Case No 4: \_\_\_\_\_

**DECLARATION OF SERVICE**

I, \_\_\_\_\_, hereby declare as follows:  
Name of Individual Serving Documents

1. I am over the age of 18 years and  am the defendant in this action, or  am not a party to this action. If *not* a party, my business/residence address is:  
\_\_\_\_\_

2. On \_\_\_\_\_, I served  the Spokane City Prosecuting Attorney;  
Date of Service

Other: \_\_\_\_\_, with the following documents:  
Other Individual or Entity Served

- Notice of Hearing;  Motion - Continue;  Demand for Discovery;  Subpoena DT;
- Motion - Bench Warrant Recall;  Motion - Modify Financial Obligations;  Subpoena;
- Motion - Recall No Contact Order;  Motion - Release Weapons;

Other: \_\_\_\_\_  
Identify Other Document(s) Served

3. Address of service:

- Spokane City Prosecuting Attorney: 909 W. Mallon Ave, Spokane, Washington
- Spokane Police Department: 1100 W. Mallon Ave, Spokane, Washington
- Spokane Parking Services: 808 W. Spokane Falls Blvd, Suite 200, Spokane, Washington
- Other Service Address: \_\_\_\_\_

4. Service was made as indicated below:

- By personal delivery to the person or entity named above at the address of service.
- By mailing via the USPS, postage prepaid, to the person named at the address of service.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at \_\_\_\_\_, Washington on \_\_\_\_\_.  
City Where Signed Date Signed

Signature of Declarant

Declarant's Printed or Typed Name

By typing my name in a signature field and clicking "Submit", I agree that my typed name will be the electronic representation of my signature for all purposes, including legally binding agreements, declarations of fact under penalty of perjury, and acknowledgment of receipt of information and/or documents, just the same as a pen and paper signature.