

STATE OF WYOMING ) IN THE CIRCUIT COURT  
 ) ss  
COUNTY OF \_\_\_\_\_ ) \_\_\_\_\_ JUDICIAL DISTRICT

Petitioner: \_\_\_\_\_, ) Case Number \_\_\_\_\_  
Person listed as Petitioner on the Petition )  
 )  
vs. )  
 )  
Respondent: \_\_\_\_\_ )  
Person listed as Respondent on the Petition )

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**RETURN/AFFIDAVIT OF SERVICE ON COMMERCIAL MOBILE  
SERVICE PROVIDER**

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**RETURN**

STATE OF WYOMING )  
 ) ss TO BE USED BY WYOMING SHERIFF, UNDER  
COUNTY OF \_\_\_\_\_ ) SHERIFF OR DEPUTY

I, \_\_\_\_\_, being a person over the age of 18 years and not a party to the above-entitled action, hereby certify and return that I received the hereunto annexed **Order for Transfer of Mobile Number Use and Financial Responsibility** on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and that I served the same upon \_\_\_\_\_, the commercial mobile service provider named in the attached Order, by delivering to and leaving with said provider's Registered Agent, \_\_\_\_\_, personally on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ a.m./p.m. at \_\_\_\_\_ (address and/or city), a true copy thereof.

\_\_\_\_\_  
Sheriff

\_\_\_\_\_  
By: Deputy Sheriff

Case Number: \_\_\_\_\_

**AFFIDAVIT OF SERVICE**

STATE OF WYOMING       )  
  ) ss    TO BE USED BY A PERSON OTHER THAN  
COUNTY OF \_\_\_\_\_ )       WYOMING SHERIFF, UNDER SHERIFF OR DEPUTY

I, \_\_\_\_\_, being a person over the age of 18 years and not a party to the above-entitled action, hereby certify and return that I received the hereunto annexed **Order for Transfer of Mobile Number Use and Financial Responsibility** on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and that I served the same upon \_\_\_\_\_, the commercial mobile service provider named in the attached Order, by delivering to and leaving with said provider's Registered Agent, \_\_\_\_\_, personally on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ a.m./p.m. at \_\_\_\_\_ (address and/or city), a true copy thereof.

By: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notarial Officer

My Commission Expires: