IN THE DISTRICT COURT OF JOHNSON COUNTY, KS

Small Claims Division

| | | , Plaintiff | |
|---------|--|-----------------|-----------------------------------|
| | vs. | | Case No Div. M -2, Room 107 |
| | | | STRUCTION FORM |
| action | for | | ND PETITION in the above entitles |
| WHOSE | address for service is | | |
| Service | e is requested as indicated: | | |
| | Service through the office of the Sheriff of County State of Other than by certified mail Returns may be faxed to (913) 715-3401, 7 days a week, 24 hours a day. | | |
| | Service by an authorized F | Process Server. | |
| | Certified mail service by undersigned litigant or attorney, who understand that their responsibility to obtain service and to make the return to the Clerk. The postal receipt for service must be filed with the Clerk's office to prove service. | | |
| | Certified mail service by the office of the Sheriff of Johnson County, State of Kansas. The Sheriff of Johnson County does not do out-of-state service by certified mail. | | |
| Plainti | ff/Defendant signature | - | |
| Addres | SS | - | |
| Teleph | one | - | |

Email address