IN THE CIRCUIT CO	URT OF	}			
		}			
	COUNTY, ARK	ANSAS }			
PROBATE DIVISION		}			
IN THE MATTER OF	CASE NO: _	PR			
PETITIONER(S)					
	PROBA	TE NO	FICE		
ATTN:_			(PERSON B	EING SERVED)	
If you object to this Petit to file your objections in	all of the attached paperwork. on, you should respond by filinay affect important rights. Petitioner if there is no attorney	You should also	send a copy of your	_	_
Attorney (or Petitioner): Address:			Clerk :		
	is set in this case for the (a.m./p.m.) in front of J				
in the co	ourtroom located at:				•
OR	has not yet been set and you	will be notified	<u>later</u> .		
<u>aff</u>	If you do not attend the lecting you and/or the people		•••		
Title and printed name		Signa	ture		

This	NC	TT	CE	iç	for

PROOF OF SERVICE

_ I personally delivered the Notice and Petition to the person named	above at
[place] at	[date and time].
I left the Notice and Petition in the proximity of the individual by	
after he/she refused to receive it when	I offered it to him/her.
I left the Notice and Petition at the individual's usual place of abou	de at
	[address]
with [name], a per	rson <u>over</u> 15 years of age who is a
member of the named person's family, at	[date and time].
I delivered the Notice and Petition to	[name],
an agent authorized by appointment or by law to receive service	of summons on behalf of the person
named above at	[date and time]
I am the Petitioner, or an Attorney of Record for the Petitioner, ar	nd I served the Notice and Petition by
certified mail, return receipt requested, restricted delivery, as show	n by the attached signed return receipt
signed by the person named above.	
I am the Petitioner or an Attorney of Record for the Petitioner, and	l I mailed a copy of the Summons and
Complaint by First-class Mail to the Respondent named above toge	ether with two copies of an
Acknowledgment of Receipt; and I have attached hereto a receipt s	signed by the person named above.
I delivered the Notice and Petition to the Superintendent of the hos	spital or institution where the person
named above is confined at	[date and time],
and notified the Superintendent of his or her duty to promptly deliv	ver or communicate the notice to the
person named above.	
[other legal notice]:	
I was unable to execute service because:	
1 was unable to execute service because.	
onal information regarding service or attempted service:	
and information regarding service of attempted service.	

Γο be completed if servi	ice is by a sheriff	or deputy sheriff:	
Date:	SHEI	RIFF OF	COUNTY, ARKANSAS
	By:	- C	
		[Signature of serve	er]
		[Printed name, titl	a and hadge number
Γο be completed if servi	ice is by a person		
	ice is by a person		f or deputy sheriff:
Γο be completed if servi	ice is by a person	Signature of serve	f or deputy sheriff:
To be completed if servi	ice is by a person	other than a sherif	f or deputy sheriff:
Γο be completed if servi	ice is by a person	Signature of serve	f or deputy sheriff:
To be completed if servi	ice is by a person	[Signature of serve	f or deputy sheriff:
o be completed if servi	ice is by a person By:	[Signature of serve	f or deputy sheriff: