

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF Multnomah

Case No:

20CV19618

Andy Ngo, an individual  
and  
Benjamin Bolen

Petitioner  
Plaintiff

Respondent  
Defendant

**CERTIFICATE OF SERVICE**

(ORCP 7D(2))

- (a) Personal Service
- (b) Substitute Service
- (c) Office Service
- (d) Service by Mail

I, (name) Carole Caldwell, declare that I am a resident of the state of Oregon. I am a competent person 18 years of age or older. I am not a party to or lawyer in this case, and not the employee of a party. I certify that the person served is the person named below. I served true copies of the original (check all that apply):

- ~~Petition and Summons~~ and Complaint
- Information about mediation
- Notice of Confidential Information Form (CIF) Filing
- Notice of Statutory Restraining Order Preventing Dissipation of Assets
- Order to Show Cause re: Modification with Motion and Declaration
- Information about continuing insurance coverage (COBRA)
- Uniform Support Declaration
- Other information provided by the court clerk (name all forms or documents served) \_\_\_\_\_

Other (name all forms or documents served) True copy of Certificate of Service by substitute Service stating the date, time, and place at which substitute service was made.

by (check a, b, c, or d and complete all information):

(a)  **Personal Service** on (date) \_\_\_\_\_, at \_\_\_\_\_ a.m./p.m., to { Petitioner  Respondent} (name) \_\_\_\_\_ in person at the following address \_\_\_\_\_ in the County of \_\_\_\_\_, State of \_\_\_\_\_.

(b)  **Substitute Service** on (date) \_\_\_\_\_, at \_\_\_\_\_ a.m./p.m., by delivering them to the following address \_\_\_\_\_ in the County of \_\_\_\_\_, State of \_\_\_\_\_. Delivered to (name) \_\_\_\_\_, who is a person age 14 or older and who lives there.

(Complete the section below only if the server also did the follow-up mailing required by ORCP 7D(2)(b). If a person other than the server did the follow-up mailing, that person must complete a separate Certificate of Service Mailing.)

On (date) \_\_\_\_\_, I personally deposited a true copy of the same documents served with the U.S. Postal Service, via first class mail, in a sealed envelope, postage paid, addressed to the party to be served:  Petitioner  Respondent (name) \_\_\_\_\_

\_\_\_\_\_, at the party's home address listed above, together with a statement of the date, time and place that the documents were hand-delivered to the party's dwelling (residence).


(c)  **Office Service** on (date) \_\_\_\_\_, at \_\_\_\_\_ a.m./p.m., by delivering them to the office of the party to be served, located at: (address) \_\_\_\_\_, during normal working hours for that office, where I left the documents with (name) \_\_\_\_\_, who is a person apparently in charge, to give the documents to the party to be served. (Complete the section below only if the server also did the follow-up mailing required by ORCP 7D(2)(c). If a person other than the server did the follow-up mailing, that person must complete a separate Certificate of Service Mailing.)

On (date) \_\_\_\_\_, I personally deposited a true copy of the same documents served with the U.S. Postal Service, via first class mail, in a sealed envelope, postage paid, addressed to the party to be served:  Petitioner  Respondent (name) \_\_\_\_\_, at the party's:  home address at: \_\_\_\_\_, **OR**  business address above, together with a statement of the date, time and place that the documents were hand-delivered to the party's office.

(d)  **Service by Mail, Return Receipt Requested** on (date) 8/21/2020, I personally deposited **two** true copies with the U.S. Postal Service. **One** by first class mail, and the **other** by certified or registered mail, Return Receipt Requested, or by express mail, postage paid, addressed to the party to be served:  Petitioner  Respondent Defendant Benjamin Bolen (name), at the party's home address located at: 32832 S. Meridian Rd. Woodburn, OR 97071 (address). (NOTE: If mailed Return Receipt Requested, the return receipt must be attached to this Certificate of Service.)

**I hereby declare that the above statements are true to the best of my knowledge and belief, and that I understand they are made for use as evidence in court and I am subject to penalty for perjury.**

8/21/2020  
Date

  
Signature of Server  
Carole Caldwell  
Print Name

If person serving is NOT a sheriff or sheriff's deputy, address and phone number of server:  
Carole Caldwell, 3425 SE Yamhill St., Ste 100  
Portland, OR 97214