

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

Case No: 20CV19618

ANDY NGO, an individual, plaintiff  
Petitioner

and

ROSE CITY ANTIFA, an unincorporated association; JOHN HACKER  
an individual;  
Respondent

**CERTIFICATE OF SERVICE**  
(ORCP 7D(2))

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

I, (name) Dan Chastain License #78492, 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
- 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) \_\_\_\_\_

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

(a)  **Personal Service** on (date) July 6th, 2020, at 1930 hrs. a.m./**p.m.** to {  Petitioner  Respondent } (name) JOHN COLIN HACKER in person at the following address 704 NE 113th Ave, Portland OR 97220 in the County of Multnomah, State of Oregon.

(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) \_\_\_\_\_, 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 (name) \_\_\_\_\_, at the party's home address located at: \_\_\_\_\_ (address). (NOTE: If mailed Return Receipt Requested, the return receipt must be attached to this Certificate of Service.)

---

---

**Certificate of Document Preparation.** Check all that apply:

- I chose this form for myself and completed it without paid help.  
 A legal help organization helped me choose or complete this form, but I did not pay money to anyone.  
 I paid (or will pay) \_\_\_\_\_ for help choosing, completing, or reviewing this form.

**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.**

07/06/2020  
Date

Dan Chastain  
Signature of Server

DAN CHASTAIN  
Print Name

*If person serving is NOT a sheriff or sheriff's deputy, address and phone number of server:*

12042 SE Sunnyside Rd. #488 Clackamas, OR 97015

503-482-9120