

IN THE CIRCUIT COURT OF _____, ARKANSAS

NUMBER _____

**IN THE MATTER OF THE APPOINTMENT OF _____
TO SERVE LEGAL PROCESS**

AFFIDAVIT OF APPLICANT

Comes now, _____, the Applicant, and being first duly sworn, upon his/her oath deposes and says:

1. I am a resident _____, _____ County, Arkansas, and my address is _____.

2. My occupation is _____, and I am employed by _____, whose address is _____.

3. I have filed an application requesting [renewal of] approval from the Circuit Court of _____ County to serve process in accordance with the Rules of Civil Procedure and the laws of the State of Arkansas. [Applicant was appointed to serve legal process in _____ Count[y][ies] _____ by order of the circuit court dated _____, a copy of which is attached hereto as Exhibit A.]

4. In support of the Application, Applicant states that I meet the minimum qualifications to serve process:

(A) I am eighteen years of age or older and a citizen of the United States.

(B) I have a high school diploma or equivalent.

(C) I have not been convicted of a crime punishable by imprisonment for more than one year or a crime involving dishonesty or false statement, regardless of the punishment.

(D) I hold a valid driver's license from one of the United States.

[(F) *Any additional qualifications of the judicial circuit*]

5. I am familiar with, and have read and understand, Rules 4, 5, and 45 of the Rules of Civil Procedure and represent to the Court that I am familiar with the requirements of the service of civil process in the State of Arkansas and with the various documents to be served. I will comply with the requirements set forth in those rules and the orders of the court. I further state that I will endeavor to stay current with any changes to the law concerning the service of process as well as the Rules of Civil Procedure pertaining thereto.

6. I will carry a certified copy of my order of appointment, and a valid driver's license, when serving process and will, upon request or inquiry, present this identification at the time service is made.

FURTHER AFFIANT SAYETH NOT.

Applicant

Typed Name

Address

STATE OF ARKANSAS)
COUNTY OF _____)

Subscribed and sworn to or affirmed before me this _____ day of _____
_____, 20_____, at _____.

Notary Public

My Commission Expires:
