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READT no: _

(READT use only)

(Witness name)

Statement of Service of Witness Summons

In the matter of

Full name of person served

Address where the summons was served

Document served by	(Bailiff name)				
Date of service	1	1	(day/month/year)	Time of service	
Bailiff contact phone	number				
Bailiff Signature					

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If document was unable to be served, please give reasons why							
Bailiff Signature			Nam	ne			
Date	1	Ι	(day/month/year)				

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