IN THE CIRCUIT COURT OF WASHINGTON COUNTY, ARKANSAS DOMESTIC DIVISION

PLAINTIFF:		
vs.	Case No.	
DEFENDANT:		
SUMMONS		
THE STATE OF ARKANSAS TO:		
Address:		
A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you receive it) or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.		
The answer or motion must also be served on the opposing party, or their attorney, whose name and address is:		
Additional Notices:		
If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.		
	KYLE SYLVESTER, CIRCUIT CLERK WASHINGTON COUNTY COURTHOUSE 280 North College, Suite 302 Fayetteville, AR 72701	
	DEPUTY CLERK	
	DATE:	

CASE No.

This Summons is for:

(Name of person being served)

PROOF OF SERVICE

☐ I personally delivered the summons and complaint to the individual at	
[place] on	[date];or
☐ I left the summons and complaint in the proximity of the individual by	
after he/she refused to receive it when I o	offered it to him/her; or
☐ I left the summons and complaint at the individual's dwelling, house or usual pl	lace of abode at
[address] with	
[name], a person at least 14 years of age who resides there, on	[date];or
☐ I delivered the summons and complaint to	[name of individual],
an agent authorized by appointment or by law to receive service of summons on b	pehalf of
[name of person being served] on	[date];o
I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I see Complaint on the defendant by certified mail, return receipt requested, restricted of the attached signed return receipt.	
I am the plaintiff in this lawsuit, and I mailed a copy of the summons and comp to the defendant together with two copies of a notice and acknowledgment and re- notice and acknowledgment form within twenty days after the date of mailing.	
Other [specify]:	
I was unable to execute service because:	
My fee is \$	

To be completed if service is by a sheriff or deputy sheriff:

Date:	SHERIFF OF	COUNTY,
	STATE OF	
	BY:[Signature of server]	
	[Printed name, title, and badge r	number]
To be completed if service is by a pe	erson other than a sheriff or dep	uty sheriff:
Date:	By:[Signature of server]	
	[Printed name]	
Address:		
Phone:		
STATE OF	_	
COUNTY OF	_	
Subscribed and sworn to before me this	date:	
	Notary Public	
My commission expires:		
Additional information regarding service		