

## IN THE \_\_\_\_\_ JUDICIAL CIRCUIT, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY, MISSOURI

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| Judge or Division: | | **Case Number:** | (Date File Stamp) |
| Affiant: (Name and Address) | | Court: (Name and Address) |
| Affidavit for Payment to Sheriff by Appointed Server  (To be included with Confirmation of Service as Evidence of Payment to the Deputy Sheriff  Salary Supplementation Fund Pursuant to Section 57.280, RSMo) | | | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Affiant), confirm on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)  that a payment was made to the sheriff’s office in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (county) for the amount of $\_\_\_\_\_\_\_\_\_\_\_\_ by check \_\_\_\_\_\_\_\_ (check number) for deposit into the deputy sheriff salary supplementation fund. | | | |
| I swear/affirm under penalty of perjury that these facts are true to my best knowledge and belief.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Affiant Signature | | | |
| *(Seal)* | Must be sworn before a notary public:  Subscribed and sworn to before me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).  My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Notary Public | | |